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ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, state bar number, and address):</i> ADDRESS WHERE YOU WANT MAIL SENT: TELEPHONE NO. <i>(Optional):</i> _____ FAX NO. <i>(Optional):</i> _____ ATTORNEY FOR <i>(Name):</i> _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PERSON SEEKING ORDER: PERSON TO BE RESTRAINED:	
REGISTRATION OF FOREIGN DOMESTIC VIOLENCE RESTRAINING ORDER AND ORDER (CLETS)	CASE NUMBER:

1. I am one of the persons listed as a protected person in the attached domestic violence restraining order issued by a court of another state, United States territory, military tribunal, tribal court, or the District of Columbia.

2. The restrained person is *(name)*: _____ Defendant/Respondent Plaintiff/Petitioner

Sex: M F Ht.: _____ Wt.: _____ Hair Color: _____ Eye Color: _____ Race: _____ Age: _____ Date of Birth: _____

3. The order was issued by the court of the *(specify name and jurisdiction of issuing court)*:

4. The attached copy is a true and correct copy of the order. The order is currently valid and in full force and effect and has not been modified, amended, rescinded, or superseded by any other orders. The restrained person was not the initial petitioner for a protective order or, if he or she was, I filed a written pleading for protection and the court made specific findings that each party was entitled to a protective order.

5. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

..... _____

(TYPE OR PRINT NAME) (SIGNATURE OF DECLARANT)

ORDER

6. The attached foreign domestic violence restraining order is registered and is valid and enforceable in the State of California, until it is modified by the issuing court or it expires by its terms.

Date:

JUDICIAL OFFICER

(Note: No filing fee is required for registration of the foreign domestic violence restraining order.)