

FOR COURT USE ONLY

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| <p>AUTHORIZED FAX FILER</p> | |
| <p>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME: Family Justice Center</p> | |
| <p>PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:</p> | |
| <p>DOMESTIC VIOLENCE FACSIMILE TRANSMISSION COVER SHEET</p> | |

CASE NUMBER:

TO THE COURT:

Please find the following transmitted documents marked below:

| <u>Document Name</u> | <u>Form No.</u> |
|--|-----------------|
| <input type="checkbox"/> Request for Order (Domestic Violence Prevention) | DV-100 |
| <input type="checkbox"/> Child Custody, Visitation, and Support Request (Domestic Violence Prevention) | DV-105 |
| <input type="checkbox"/> Notice of Court Hearing (Domestic Violence) | DV-109 |
| <input type="checkbox"/> Temporary Restraining Order and Notice of Hearing (CLETS-TRO) | DV-110 |
| <input type="checkbox"/> Answer to Temporary Restraining Order | DV-120 |
| <input type="checkbox"/> Reissue Temporary Restraining Order | DV-125 |
| <input type="checkbox"/> Restraining Order after Hearing (CLETS-OAH) (Order of Protection) | DV-130 |
| <input type="checkbox"/> Child Custody and Visitation Order | DV-140 |
| <input type="checkbox"/> Proof of Service (In Person) (CLETS) | DV-200 |
| <input type="checkbox"/> Confidential CLETS Information | DV-260 |
| <input type="checkbox"/> Request to Renew Restraining Order | DV-700 |
| <input type="checkbox"/> Notice of Hearing to Renew Restraining Order | DV-710 |
| <input type="checkbox"/> Application for Waiver of Court Fees and Costs (In Forma Pauperis) | FW-001 |
| <input type="checkbox"/> Order on Application for Waiver of Court Fees and Costs (In Forma Pauperis) | FW-003 |
| <input type="checkbox"/> Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA) | FL-105 |
| <input type="checkbox"/> Financial Statement / Income and Expense Declaration | FL-155/FL-150 |
| <input type="checkbox"/> Declaration in Support of Ex Parte Application for Orders | FM-1013 |
| <input type="checkbox"/> Request for Sheriff to Serve and Sheriff's Fee Statement | FM-1041 |
| <input type="checkbox"/> Other: | |
| <input type="checkbox"/> CHECK HERE IF RESUBMITTING DOCUMENTS | |

NUMBER OF PAGES ATTACHED: _____