

**California Law Enforcement Telecommunications System (CLETS)
Information Form**

- This form is submitted with the initial filing (*date*): _____
- This is an amended form (*date*): _____

Important: This form MUST NOT become part of the public court file. It is confidential and private.

Fill out as much of this form as you can and give it to the court clerk. If the court issues a restraining order, this form will provide law enforcement with information that will help them enforce it. If any of this information changes, fill out a new (amended) form.

Case Number (if you know it): _____
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1 Person to Be Protected (Name): _____

Sex: M F Height: _____ Weight: _____ Race: _____

Hair Color: _____ Eye Color: _____ Age: _____ Date of Birth: _____

Mailing Address (*listed on restraining order*): _____

City: _____ State: _____ Zip: _____ Telephone (*optional*): _____

Vehicle (*Type, Model, Year*): _____ (*License Number and State*): _____

2 Person to Be Restrained (Name): _____

Sex: M F Height: _____ Weight: _____ Race: _____

Hair Color: _____ Eye Color: _____ Age: _____ Date of Birth: _____

Residence Address: _____

City: _____ State: _____ Zip: _____ Telephone: _____

Business Address: _____

City: _____ State: _____ Zip: _____ Telephone: _____

Employer: _____

Occupation/Title: _____ Work Hours: _____

Driver's License Number and State: _____ Social Security Number: _____

Vehicle (*Type, Model, Year*): _____ (*License Number and State*): _____

Describe any marks, scars, or tattoos: _____

Other names used by the restrained person: _____

3 Guns or Firearms Describe any guns or firearms that you believe the person in **2** owns or has access to (*Number, types, and locations*):

4 Other People to Be Protected

Name	Date of Birth	Sex	Race	Relation to Person in 1

Additional persons to be protected are listed on Attachment 4.

This is not a Court Order—Do not place in court file.