ATTACHMENT – ADDITIONAL PROTECTED PERSONS

SHORT TITLE:	CASE NUMBER:

INSTRUCTIONS FOR USE

This form should be used as an attachment to list additional protected persons on:

□ **Domestic Violence Restraining Order (Item 3)**
(DV-100 **(Item 8)**; DV-110; DV-130)

□ **Elder/Dependent Restraining Order (Item 3)**
(EA-100 **(ITEM 6)**; EA-110; EA-130)

□ **Civil Harassment Restraining Order (Item 3)**
(CH-100; CH-110; CH-130)

□ **Workplace Violence Restraining Order (Item 4)**
(WV-100; WV-110; WV-130)

□ **CLETS (Item 4)**
(CLETS-001)

Additional protected (person(s) are:

a. Name: _____

Sex: M ☐ F ☐ Non-binary ☐ Age: ____ Lives with you? Yes ☐ N ☐ How is he/she/they related to you? _____

b. Name: _____

Sex: M ☐ F ☐ Non-binary ☐ Age: ____ Lives with you? Yes ☐ No ☐ How is he/she/they related to you? _____

c. Name: _____

Sex: M ☐ F ☐ Non-binary ☐ Age: ____ Lives with you? Yes ☐ No ☐ How is he/she/they related to you? _____

d. Name: _____

Sex: M ☐ F ☐ Non-binary Age: ____ Lives with you? Yes ☐ No ☐ How is he/she/they related to you? _____

e. Name: _____

Sex: M ☐ F ☐ Non-binary ☐ Age: ____ Lives with you? Yes ☐ No ☐ How is he/she/they related to you? _____

f. Name:

Sex: M ☐ F ☐ Non-binary ☐ Age: ____ Lives with you? Yes ☐ No ☐ How is he/she/they related to you? _____

g. Name: _____

Sex: M ☐ F ☐ Non-binary ☐ Age: ____ Lives with you? Yes ☐ No ☐ How is he/she/they related to you? _____