

## ATTACHMENT – ADDITIONAL PROTECTED PERSONS

SHORT TITLE:	CASE NUMBER:
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### 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 <input type="checkbox"/> F <input type="checkbox"/> Non-binary <input type="checkbox"/>	Age: ____	Lives with you? Yes <input type="checkbox"/> No <input type="checkbox"/>	How is he/she/they related to you? _____
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b. Name: \_\_\_\_\_

Sex: M <input type="checkbox"/> F <input type="checkbox"/> Non-binary <input type="checkbox"/>	Age: ____	Lives with you? Yes <input type="checkbox"/> No <input type="checkbox"/>	How is he/she/they related to you? _____
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c. Name: \_\_\_\_\_

Sex: M <input type="checkbox"/> F <input type="checkbox"/> Non-binary <input type="checkbox"/>	Age: ____	Lives with you? Yes <input type="checkbox"/> No <input type="checkbox"/>	How is he/she/they related to you? _____
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d. Name: \_\_\_\_\_

Sex: M <input type="checkbox"/> F <input type="checkbox"/> Non-binary <input type="checkbox"/>	Age: ____	Lives with you? Yes <input type="checkbox"/> No <input type="checkbox"/>	How is he/she/they related to you? _____
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e. Name: \_\_\_\_\_

Sex: M <input type="checkbox"/> F <input type="checkbox"/> Non-binary <input type="checkbox"/>	Age: ____	Lives with you? Yes <input type="checkbox"/> No <input type="checkbox"/>	How is he/she/they related to you? _____
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f. Name: \_\_\_\_\_

Sex: M <input type="checkbox"/> F <input type="checkbox"/> Non-binary <input type="checkbox"/>	Age: ____	Lives with you? Yes <input type="checkbox"/> No <input type="checkbox"/>	How is he/she/they related to you? _____
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g. Name: \_\_\_\_\_

Sex: M <input type="checkbox"/> F <input type="checkbox"/> Non-binary <input type="checkbox"/>	Age: ____	Lives with you? Yes <input type="checkbox"/> No <input type="checkbox"/>	How is he/she/they related to you? _____
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