



YUROK TRIBAL COURT

Mailing Address: P. O. Box 1027, Klamath, CA 95548
Phone: (707) 482-1350 • Fax: (707)482-0105

REQUEST FOR ORDERS TO STOP HARASSMENT – CIVIL (Form YTC-CH-100)

(1) Name of person asking for protection:

Address: (You may skip this if you have a lawyer or advocate. If you want your address to be private, give a mailing address instead):

City: State: Zip:

Your telephone number (optional):

Your lawyer or advocate (if you have one): (Name, address, telephone number, and State Bar number if applicable):

Is he/she a member of the Yurok Bar? Yes No

Are you an enrolled member of a federally recognized Tribe?

Yes No

If yes, which Tribe? (Specify):

Clerk stamps date here when form is filed.

Yurok Tribal Court
230 Klamath Blvd.
Klamath, CA
95548

Case Number:

(2) Name of person to be restrained:

Describe the person: Sex Male Female

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

Home Address (if you know):

City: State: Zip:

Work Address (if you know):

City: State: Zip:

Are they an enrolled member of a federally recognized Tribe? Yes No Unknown

If yes, which Tribe? (Specify):

(3) Besides the person asking for protection, who needs protection? (Family or household member. Person must live with you if you are asking for a protective order for them.)

Table with columns: Full Name, Sex, Age, Lives with you?, How are they related to you? Includes checkboxes for Yes/No.

Check here if you need more space. Attach a sheet of paper and write "YTC-CH-100, Item 3 – Describe Protected Persons" at the top of the page.

(4) Why are you filing in this Court? (Check all that apply):

- The person described under section (2) is a Yurok Tribal Member.
I was hurt (physically or emotionally) by the person described under section (2).
Other (specify):

PERSON ASKING FOR PROTECTION :	Case Number:
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(5) How do you know the person in (2)? (Describe):

(6) Describe how the person in (2) has harassed you:

- a. Date of most recent harassment: _____
- b. Who was there? _____
- c. Did the person described in (2) commit any acts of violence against you? Yes No
If yes, describe: _____
- d. Did the person in (2) engage in a course of conduct that harassed you and caused substantial emotional distress? Yes No
If yes, describe: _____
- e. Did the conduct of the person in (2) described above seriously alarm, annoy, or harass you? Yes No
If yes, describe: _____

x Check here if you need more space. Attach a sheet or paper and write "YTC-CH-100, Item 6—Harassment" at the top of the page.

Check the orders you want

(7) Stay-Away Orders

I ask the Court to order the person in (2) to stay at least (specify) _____ yards away from me and the people listed in (3) and the places listed below: (Check all that apply):

- a. My home
- b. My job or workplace
- c. My children's school or child care
- d. My vehicle
- e. Other (specify) (Includes animals): _____

If the Court orders the person in (2) to stay away from all the places listed above will that person still be able to get to his or her home, school, or job? Yes No

If no, explain: _____

(8) Personal Conduct Order

I ask the Court to order the person in (2) to NOT do the following things to me or anyone listed in (3):

- a. Harass, attack, strike, threaten assault (sexually or otherwise), hit, follow, stalk, destroy personal property, keep under surveillance, or block movement.
- b. Contact (either directly or indirectly), telephone, send message, mail, e-mail, or any other form of electronic message.

The person in (2) will also be ordered not to take any action to get the addresses or locations of any protected persons, their family members, or their caretakers unless the Court finds good cause not to make the order.

(9) Others to Be Protected

Should the other people listed in (3) also be covered by the orders described above?

- Yes No Does not apply

If yes, explain: _____

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(10) Other Orders

I ask the Court to order the person described in **(2)** to *(specify)*: _____

(11) Order About Guns or Other Firearms

I believe the person in **(2)** owns or possesses guns or firearms. Yes No I don't know

If the judge approves of this order, the person in (2) will be required to sell to a gun dealer or turn in to Law Enforcement any guns or firearms that he or she owns or possesses.

(12) Additional Relief

I ask the Court for additional relief as may be proper.

(13) Lawyer's/Advocate's Fees and Costs

I ask the Court to order payment of:

- a. Lawyer's/Advocate's fees
- b. Out-of-pocket expenses

The amounts requested are:

Item	Amount	Item	Amount
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

Check here if you need more space. Attach a sheet of paper and write "YTC-CH-100, item 14—Lawyer's/Advocate's Fees and Costs" at the top of the page.

(14) Temporary Orders

Do you want the Court to make orders now on the matters listed that will last until the hearing? Yes No

If yes, explain why you need these orders right

now. _____

Check here if you need more space. Attach a sheet of paper and write "YTC-CH-100, Item 15—Temporary Orders" at the top of the page.

(15) Other Court Cases

- a. Have you and the person in **(2)** been involved in a court case? Yes No

If yes, where? County: _____

What are the case numbers? *(If you know)*: _____

What kind of case(s)? *(Check all that apply)*:

- Registered Domestic Partnership Divorce/Dissolution Parentage/Paternity
- Legal Separation Domestic Violence Criminal Juvenile Child Support
- Nullity

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- b. Are there any restraining/protective orders now?
 Yes No *If yes, attach a copy if you have one.*

Number of pages attach to this form, if any: _____

Date: _____

Attorney's or Advocate's name (if applicable)

Attorney's or Advocate's signature (if applicable)

I declare under penalty of perjury that the information above is true and correct.

Date: _____

Type or print your name

Sign your name here

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(15) Declaration of Other Adults to be Protected

Additional adults from Section (3) above, each declare under penalty or perjury that the above information as attributed to them is true and correct.

Date: _____

Name of Adult in (3)



Signature of Adult in (3)

Date: _____

Name of Adult in (3)



Signature of Adult in (3)

Date: _____

Name of Adult in (3)



Signature of Adult in (3)

Date: _____

Name of Adult in (3)



Signature of Adult in (3)

Check here if you need more space. Attach a sheet of paper and write "YTC—CH—100, Item 16—Declaration of Other Adults to be Protected" at the top of the page.