

Person seeking protection: _____

Case Number: _____

YUROK TRIBAL COURT

Request for Orders to Stop Civil Harassment

Form YCH- 100

Clerk stamps date here when form is filed.

**Yurok Tribal Court
Yurok Indian Reservation
P.O. Box 963
190 Klamath Blvd.
Klamath, CA 95548**

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 and/or Tribal Bar number)*:

2. Name of person to be restrained:

Describe the person: Sex: M F Weight: _____

Height: _____ Race: _____ Hair Color: _____

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

Tribal Affiliation (If you know) _____

Enrollment Status (if you know) _____

Home Address *(if you know)* _____

City: _____ State: _____ Zip: _____

Work Address *(if you know)*: _____

City: _____ State: _____ Zip: _____

Case Number: _____

3. Besides the person seeking protection, who needs protection? *(Family or household members)* If you are requesting protection for other persons over 18 years of age, each such person must sign this form on page 5 confirming that they are joining in the request.

Full Name	Sex	Age	Lives with you?	How are they related to you?
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

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

4. Why are you filing in this court? *(Check all that apply)*:

I live on the Yurok Reservation.

The person described under section (2) lives on the Yurok Reservation

Case Number: _____

Person seeking protection: _____

I was hurt (physically or emotionally) by the person described under section (2)

Other (specify): _____

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 or threaten to commit any acts of violence against you? Yes No

If yes, describe those acts or threats: _____

d. Did the person in engage in (2) 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

Check here if you need more space. Attach a sheet of paper and write "YCH-100, item 6 Harassment" at the top of the page.

Check the orders you want ✓

7. 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), or telephone, or send messages, or mail, e-mail, or any other form of electronic message.

8. Stay-Away Order

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

d. My vehicle

b. My job or workplace

e. Other (specify): _____

c. My children's school or child care

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: _____

9. Others to Be Protected

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

Case Number: _____

Person seeking protection: _____

Yes No Does not apply

If yes, explain: _____

10. Other Orders

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

11. Delivery of Orders to Law Enforcement

My lawyer, advocate or I will give copies of the orders to the following law enforcement agencies:

a. Name of Agency: _____

Address: _____

City: _____ State: _____ Zip: _____

b. Name of Agency: _____

Address: _____

City: _____ State: _____ Zip: _____

12. Temporary Orders

Do you want the court to make orders now on the matters listed in (7) – (10) 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 "YCH-100, item 12 Temporary Orders" at the top of the page.

13. Other Court Cases

Have you ever asked any court for other restraining orders against the person in (2)? Yes No

If yes, specify the courts and case numbers if you know them: _____

14. Time for Service

The Clerk of the Court shall, as soon as practicable, have served upon the person in (2) a copy of this request, any temporary protection order, and notice of the hearing of the request through the Yurok Tribe's Department of Public Safety.

15. Lawyer's and/or Advocate's Fees and Costs

I ask the court to order payment of:

a. Lawyer's/Advocates fees

b. Out-of-pocket expenses

The amounts requested are:

<u>Item</u>	<u>Amount</u>	<u>Item</u>	<u>Amount</u>
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

Check here if you need more space. Attach a sheet of paper and write "YTC-CH - 1, item 18 Lawyer's Fees and Costs" at the top of the page.

16. Number of Pages

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

Case Number:

Person seeking protection: _____

Date: _____

Lawyer's/Advocate's name (if applicable)

Lawyer's/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

Additional adults from Section 3 above, each declaring under penalty of 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 "YCH-100, item 16 Declaration of Other Adults to be Protected" at the top of the page.