

# CLETS FORM

Case Number: \_\_\_\_\_

## 1) Person to be Protected (Full Name):

Gender \_\_\_\_\_ Race: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Hair color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Complete address: \_\_\_\_\_

Social Security Number or Immigration Number: \_\_\_\_\_

Vehicle (color, type, model, year): \_\_\_\_\_ License number/ State: \_\_\_\_\_

Phone number (optional): \_\_\_\_\_

Email Address (optional): \_\_\_\_\_

## 2) Full Name of Perpetrator/Aggressor:

Gender \_\_\_\_\_ Race: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Hair color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Complete address: \_\_\_\_\_

Social Security Number or Immigration Number: \_\_\_\_\_

Phone number: \_\_\_\_\_

Employment address: \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation Title: \_\_\_\_\_ Work hours (Days/Time): \_\_\_\_\_

ID/Driver's license (number/ State): \_\_\_\_\_

Vehicle (color, type, model, year): \_\_\_\_\_ Plate number and state: \_\_\_\_\_

Describe any marks, scars or tattoos that the abuser has and where:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional names the abuser may use:

\_\_\_\_\_  
\_\_\_\_\_



**SAFE  
FAMILY  
JUSTICE  
CENTERS**  
RIVERSIDE COUNTY

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**3) Guns and Firearms** Describe any guns or firearms that you know/believe person on (2) owns or has access to. (Number, type, locations, long gun, small gun)

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**4) Minor Children you want to protect:**

Full name:	DOB:	Gender:	Race:	Relationship to perpetrator:	Do they live with you?

**5) Additional people you want to protect:**

Full name:	DOB:	Gender:	Race:	Relationship to perpetrator:	Do they live with you?

Is there a pet you would like to protect: (Name, breed, color, age)

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Are you or have you ever been involved in another court case with the perpetrator/aggressor? Yes No

(Ex. Divorce, custody, or another restraining order) Case number: \_\_\_\_\_

Does the perpetrator/aggressor live with you? Yes No

Are you asking for move out order? Yes No

## Descriptions of Violence/Abuse

**\*\*Please include as much detail as possible so we may better assist you\*\***

Date of most recent incident: \_\_\_\_\_

Who was there? \_\_\_\_\_ Did they witness the incident? Yes No

What happened **just before** the abuse/incident started?

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What did the perpetrator/aggressor **do** to you?

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What did the perpetrator/aggressor **say** to you?

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Did the perpetrator/aggressor use or threaten to use any guns or weapons? Explain:

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Did the police come? Yes No What did they do? \_\_\_\_\_

Did the Police arrest someone? Who? \_\_\_\_\_

Did police grant you an Emergency Protective Order? Yes No When does it Expire? \_\_\_\_\_

Describe any physical injuries: *Did you and/or the police take pictures? Yes No*

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Describe any property damage: *Did you and/or the police take pictures? Yes No*

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Did the perpetrator/aggressor send you any text messages, instant messages, email or voice mail? If so, summarize what they said:

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**\*\*\*Describe additional acts of violence/abuse on additional paper if necessary\*\*\***



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