

SUPERIOR COURT OF CALIFORNIA, COUNTY OF ALPINE

STATE ROUTE 89, PO BOX 518 MARKLEEVILLE, CA 96120 (530) 694-2113

www.alpine.courts.ca.gov

ELECTRONIC SUBMISSION OF DOMESTIC VIOLENCE OR GUN VIOLENCE RESTRAINING ORDER FILINGS - INSTRUCTIONS

(Family Law Code § 6306.5(a)(1), Penal Code 18122(a))

WHERE TO SUBMIT YOUR COMPLETED FORMS: dvgvro@alpine.courts.ca.gov

File types accepted: .pdf (PDF)

All other file types will not be accepted for filing.

Things to consider when scanning documents:

- Confirm before submission that your scan captures the whole page so no part of the document is cut off.
- Confirm before submission that you use blue or black ink so that all writing is visible.
- Confirm before submission your scanner quality is at least 200 dpi so that the scanned image is not illegible.

Example of an accepted submission:

DV-100 Request for Domestic Violence Restraining Order	Clerk stamps date here when form is filed.
Instructions To ask for a domestic violence restraining order, you will need to complete this form and other forms (see page 12 for list of forms). If this case includes sensitive information about a minor child (under 18 years old), see form DV-160-18VQ. Privacy Protection For at Minor (Porson Under 18 Years Old). Dansetic Violence Prevention for more information on how to protect the child's information.	
	Fill in court name and street address:
Person Asking for Protection	Superior Court of California, County of
a Your name: Jane Doe	Alpine 14777 State Route 89
b. Your age: 2)	Markleeville CA 96120
c. (1) Address where you can receive court papers	The meeting of the C
(This address will be used by the court and by the person in 2 to ser	Court fills in case number when form is filed.
you official court dates, orders, and papers. For privacy, you may use	Case Number:
another address like a post office box, a Safe at Home address, or another person's address, if you have their permission and can get	
your mail regularly. If you have a lawyer, give their information.)	
Address: Po Box 123	
City: Markleeville State: CA Zip: 9	6120
d. (The court confact information (optional) (The court could use this information to contact you. If you don't war leave it blank or provide a safe phone number or email address. If you	at the person in ② to have this information have a lawyer, give their information.)
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City: Mackleeville. State: _CA Zip: _9 d. ① Your contact information (optional) (The court could use this information to contact you. If you don't wateave it blank or provide a safe phone number or cmail address. If you Telephone: _\(\)\(\)\(\)\(\)23-\(\)\(\)\(\)\(\)\(\)\(\)\(\)\(\)\(\)\(\	at the person in ② to have this information have a lawyer, give their information.)
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Example of a rejected submission:

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a. Your name: b. Your age: Ch. address where you can receive court papers Chis address will be used by the court and by the person in ② to send you official court dates, orders, and papers. For privacy, you mean other address like a post office box, a Safe at Home address, or another person's address, if you have their permission and can get your mail regularly. If you have a lawyer, give their information.) Address: City: State: Your contact information (optional) The court could use this information to contact you. If you don't want the cave it blank or provide a safe plone number or email address. If you have leave in the country of	for Count of Castfornia, County of
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ACSC (Rev. 6/23) Page 1 of 1