

**DV-100****Request for Order**

- 1 Your name (person asking for protection):

Your address (skip this if you have a lawyer): (If you want your address to be private, give a mailing address instead):

City: OAKLAND State: CA Zip: 94612

Your telephone number (optional):

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

I AM AN ATTORNEY

PLEASE REFER TO MY WORK CONTACT INFO ABOVE

- 2 Name of person you want protection from:

JOEL B. YOUNG

Description of that person: Sex: ☒ M ☐ F Height: 6'2" / 6'3"

Weight: 195 Race: Black/White Hair Color: Black

Eye Color: Brown Age: 33/34 Date of Birth: August '77

- 3 Besides you, who needs protection? (Family or household members):

Full Name	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 Form MC-020 and write "DV-100, Item 3—Protected People" by your statement. NOTE: In any item that asks for Form MC-020, you can use an 8 1/2 x 11-inch sheet of paper instead.

- 4 What is your relationship to the person in 2? (Check all that apply):

a. ☐ We are now married or registered domestic partners.

b. ☐ We used to be married or registered domestic partners.

c. ☐ We live together.

d. ☐ We used to live together.

e. ☐ We are relatives, in-laws, or related by adoption (specify relationship):

f. ☒ We are dating or used to date.

g. ☐ We are engaged to be married or were engaged to be married.

h. ☐ We are the parents together of a child or children under 18:

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

☐ Check here if you need more space. Attach Form MC-020 and write "DV-100, Item 4h" by your statement.

i. ☐ We have signed a Voluntary Declaration of Paternity for our child or children. (Attach a copy if you have one.)

**This is not a Court Order.**

**Request for Order**  
(Domestic Violence Prevention)

Clerk stamps d



9075936

**FILED**  
**ALAMEDA COUNTY**

**MAR 15 2011**

**CLERK OF THE SUPERIOR COURT**

By [Signature] Deputy

File in court name and street address:

Superior Court of California, County of

**RENE C. DAVIDSON COURTHOUSE**  
1225 FALLON STREET  
OAKLAND, CA 94612  
**JOHN W. HARTY COURTHOUSE**  
1700 12TH STREET  
OAKLAND, CA 94612

Clerk fills in case number when form is filed

Case Number **11565774**

Your name: \_\_\_\_\_

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

**5 Other Court Cases**

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

If yes, where? County: \_\_\_\_\_ State: \_\_\_\_\_

What are the case numbers? (If you know): \_\_\_\_\_

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

- ☐ Registered Domestic Partnership ☐ Divorce/Dissolution ☐ Parentage/Paternity ☐ Legal Separation  
☐ Domestic Violence ☐ Criminal ☐ Juvenile ☐ Child Support ☐ Nullity ☐ Civil Harassment  
☐ Other (specify): \_\_\_\_\_

- b. Are there any domestic violence restraining/protective orders now (criminal, juvenile, family)?  
☒ No ☐ Yes If yes, attach a copy if you have one.

**What orders do you want? Check the boxes that apply to your case. ☒**

**6 ☒ Personal Conduct Orders**

I ask the court to order the person in (2) not to do the following things to me or any of the people listed in (3):

- a. ☒ Harass, attack, strike, threaten, assault (sexually or otherwise), hit, follow, stalk, molest, destroy personal property, disturb the peace, keep under surveillance, or block movements  
b. ☒ Contact (either directly or indirectly), or telephone, or send messages or mail or e-mail

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

**7 ☒ Stay-Away Order**

I ask the court to order the person in (2) to stay at least 100 yards away from (check all that apply):

- a. ☒ Me  
b. ☐ The people listed in (3)  
c. ☒ My home  
d. ☒ My job or workplace

- e. ☐ The children's school or child care  
f. ☒ My vehicle

- g. ☒ Other (specify): Alameda County Bar Association + SF Bar Association events

If the person listed in (2) is ordered to stay away from all the places listed above, will he or she still be able to get to his or her home, school, job, or place of worship? ☒ Yes ☐ No (If no, explain): \_\_\_\_\_

**8 ☐ Move-Out Order**

I ask the court to order the person in (2) to move out from and not return to (address): \_\_\_\_\_

I have the right to live at the above address because (explain): \_\_\_\_\_

**9 ☐ Child Custody, Visitation, and Child Support**

I ask the court to order child custody, visitation, and/or child support. You must fill out and attach Form DV-105.

**10 ☐ Spousal Support**

You can make this request only if you are married to, or are a registered domestic partner of, the person in (2) and no spousal support order exists. To ask for spousal support, you must fill out, file, and serve Form FL-150 before your hearing.

**This is not a Court Order**

Your name: \_\_\_\_\_

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

**11 ☒ Record Unlawful Communications**

I ask for the right to record communications made to me by the person in (2) that violate the judge's orders.

**12 ☐ Property Control**

I ask the court to give *only* me temporary use, possession, and control of the property listed here:

**13 ☐ Animals: Possession and Stay-Away Order**

I ask for the sole possession, care, and control of the animals listed below. I ask the court to order the person in (2) to stay at least \_\_\_\_\_ yards away from and not take, sell, transfer, encumber, conceal, molest, attack, strike, threaten, harm, or otherwise dispose of the following animals: \_\_\_\_\_

I ask for the animals to be with me because: \_\_\_\_\_

**14 ☒ Debt Payment**

I ask the court to order the person in (2) to make these payments while the order is in effect:

☐ Check here if you need more space. Attach Form MC-020 and write "DV-100, Item 14—Debt Payment" by your statement.

Pay to: \_\_\_\_\_ For: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Due date: \_\_\_\_\_

Pay to: \_\_\_\_\_ For: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Due date: \_\_\_\_\_

**15 ☐ Property Restraint**

I am married to or have a registered domestic partnership with the person in (2). I ask the judge to order that the person in (2) not borrow against, sell, hide, or get rid of or destroy any possessions or property, except in the usual course of business or for necessities of life. I also ask the judge to order the person in (2) to notify me of any new or big expenses and to explain them to the court.

**16 ☐ Attorney Fees and Costs**

I ask that the person in (2) pay some or all of my attorney fees and costs.  
*You must complete and file Form FL-150, Income and Expense Declaration.*

**17 ☒ Payments for Costs and Services**

I ask that the person in (2) pay the following:

*You can ask for lost earnings or your costs for services caused directly by the person in (2) (damaged property, medical care, counseling, temporary housing, etc.). You must bring proof of these expenses to your hearing. I will request what my insurance will not cover.*

Pay to: UCSF Medical Center For: medical services Amount: \$ TBA

Pay to: \_\_\_\_\_ For: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

**18 ☒ Batterer Intervention Program**

I ask the court to order the person listed in (2) to go to a 52-week batterer intervention program and show proof of completion to the court.

**19 No Fee to Serve (Notify) Restrained Person**

*If you want the sheriff or marshal to serve (notify) the restrained person about the orders for free, ask the court clerk what you need to do.*

**This is not a Court Order.**

Your name: \_\_\_\_\_

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

**20** ☐ **More Time for Notice**

I need extra time to notify the person in **(2)** about these papers. Because of the facts explained on this form, I want the papers served up to \_\_\_\_\_ days before the date of the hearing. For help, read Form DV-210-INFO. If necessary, add additional facts: \_\_\_\_\_

**21** ☒ **Other Orders**

What other orders are you asking for? Return any and all personal possessions of mine that remain at his residence.

☐ Check here if you need more space. Attach Form MC-020 and write "DV-100, Item 21—Other Orders" by your statement.

**22** **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 the order, the person in **(2)** will be required to sell to a gun dealer or turn in to police any guns or firearms that he or she owns or possesses.

**23** Describe the most recent abuse.

a. Date of most recent abuse: Monday, March 7, 2011

b. Who was there? Me, Joel Young, and for part of the time, [redacted]

c. What did the person in **(2)** do or say that made you afraid?

Joel Young hit me on my head, neck and face. I have attached a report from UCSF from my visit on March 9, 2011. Joel hit me twice; removing a very large quantity of hair from my head.

d. Describe any use or threatened use of guns or other weapons: Ø

e. Describe any injuries: Whiplash, swollen eyelid, swollen cheekbone, sore neck, back + scalp. See attached report from UCSF dated 3/9/11

f. Did the police come? ☒ No ☐ Yes

If yes, did they give you an Emergency Protective Order? ☐ Yes ☐ No ☐ I don't know  
Attach a copy if you have one.

☐ Check here if you need more space. Use Form MC-020 and write "DV-100, Item 23—Recent Abuse" by your statement.

☐ Check here if the person in **(2)** has abused you (or your children) other times. Use Form DV-101 or Form MC-020 to describe any previous abuse.

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

Date: 3/15/11

[redacted]  
Type or print your name

[Signature]  
Sign your name

**This is not a Court Order.**



Medical Center at University of California, San Francisco  
505 Parnassus Ave., San Francisco CA 94143-0208  
(415) 353 1037

**Emergency Department**

**Discharge Instructions**

Date of visit Wed, Mar 9, 2011

Med Rec #

Visit number

----- DISCHARGE INSTRUCTIONS for ED VISIT -----

We have examined and treated you today on an emergency basis only. This is not a substitute for comprehensive medical care. You should perform the follow up care recommended below to complete this treatment. If you had tests such as x-rays or cultures, results obtained in the ED are preliminary, will be reviewed by other specialists after your visit, and final results may change. You should contact your primary physician to obtain the final interpretation of the results, especially x-ray results.

Patient [REDACTED] was evaluated and treated in the UCSF Medical Center Emergency Department by Lorraine Petti, PA-C, discharged from the ED on 3/9/2011 and given the following instructions for further care and outpatient follow-up.  
**DIAGNOSIS was: Assault, domestic violence with associated head injury, paracervical muscle strain and periorbital contusion**

ED visit was not work related.

A PRESCRIPTION was written for the patient for Valium 5 mg tabs # 15 1 po q 8 hrs prn. No refills. and for Ibuprofen 600 mg #30 Sig: 1 tab po tid with food prn no refills

----- STANDARDIZED INSTRUCTIONS -----

Your examination today shows a bruise or contusion, but no evidence of a broken bone or other serious injury. The area may be stiff/sore and discolored for a week or more, but you should start to feel better in the next few days.

**INSTRUCTIONS:**

- \*Apply cold compresses to the bruised/ injured area for the first 24 hours.
- \*Then apply warm soaks using a hot water bottle or heating pad; place a towel between the heat source and your skin so that you do not burn yourself.
- \*Take pain medications as directed.

**CALL YOUR DOCTOR OR RETURN TO THE EMERGENCY DEPARTMENT IF:**

- \* You have increasing pain or swelling after 48 hours.

-----End of Standard Instruction Set-----

You have suffered a minor head injury. You do not need remain in the hospital, but we strongly advise that someone stays with you for the next 24 hours.

**INSTRUCTIONS:**

- \*You may go to sleep but have someone check during the night to make sure you know who you are, where you are and that you are able to move about normally.
- \*Rest for the next 2- 3 days
- \*Avoid Aspirin and alcohol.

**CALL YOUR DOCTOR OR RETURN TO THE EMERGENCY DEPARTMENT IF YOU DEVELOP THE FOLLOWING:**

- \* Severe headaches not helped by pain medicine.
- \* Vomiting. {more than 2-3 times}.
- \* Mental confusion, restlessness, or personality changes.
- \* Increasing weakness, sleepiness, blackouts, or seizures.
- \* Loss of balance or trouble with movement or coordination.
- \* A clear or bloody drainage from the nose or ear.

Head injuries may cause a headache, weakness, dizziness, nausea, and depression for up to 2 weeks or more after the injury. If any of these symptoms last for more than a week, you will need further medical attention.

Sorry, but UCSF policy does not allow us to dispense any medications or samples for you to take home.

ED phone access 415 353 1037

Problems with followup after ED visit 415 353 1550

UCSF Clinic and Physician phones, addresses, and maps are available on the web at

[http://www.ucsfhealth.org/adult/patient\\_guide/all\\_clinics.html](http://www.ucsfhealth.org/adult/patient_guide/all_clinics.html)

**Copy for Patient**





Medical Center at University of California, San Francisco  
505 Parnassus Ave., San Francisco CA 94143-0208  
(415) 353 1037

**Emergency Department  
Discharge Instructions**

Med Rec # [REDACTED]

Visit number [REDACTED]

Date of visit Wed, Mar 9, 2011

-----End of Standard Instruction Set-----

Your exam shows you have strained the muscles and ligaments in your neck. This injury is very common in car accidents. There may be a delay of several hours after the injury before the pain and stiffness appear. Your symptoms may be worse the next day. You can expect to be very sore for 2-3 days. These strains usually improve greatly with proper treatment in 1-2 weeks.

**INSTRUCTIONS:**

- \* Apply ice packs to your neck for 20 minutes every 3 hours for 24 hours.
- \* After 28 hours you may apply heat packs to the neck for 20 minutes every 4 hours or perform neck range of motion exercises in a hot shower several times a day.
- \* Take medications as prescribed. If your medication makes you drowsy, do not drive or operate machinery or drink alcohol.

**CALL YOUR DOCTOR OR RETURN TO THE EMERGENCY DEPARTMENT IF YOU DEVELOP THE FOLLOWING:**

- \* Increasing pain that radiates down your arm.
- \* Numbness or weakness in your arms, hands or legs.
- \* Failure to improve in 3 days.

-----End of Standard Instruction Set-----

Your exam shows you have a strained muscle. Most muscle pulls heal in just a few days; more severe strains may require weeks to heal.

**INSTRUCTIONS:**

- \* Rest and protect the affected area until pain with motion is gone.
- \* Apply ice packs for 20 minutes every 4 hours for the next two days. After two days you can use heat for 20 minutes at a time to relieve muscle spasm.
- \* Take medications as prescribed. If your medications make you drowsy do not drive or operate machinery or drink alcohol.

**CALL YOUR DOCTOR IF:**

- \* Your muscle strain is not improving after 1 week of treatment.

-----End of Standard Instruction Set-----

**CUSTOM INSTRUCTIONS:** The following additional instructions were given:  
domestic violence resources as instructed

You will need further outpatient diagnostic testing or treatment as suggested by your emergency provider to complete the assessment begun in the ED. If you have problems arranging followup at UCSF, call 415 353 1550

**----- RECOMMENDED FOLLOW UP CARE -----**

Please make an appointment with your regular provider as needed, phone . Appointments are required for all clinics and you will probably need a referral from your primary MD. phone  
If you have problems arranging recommended followup, you can call 415 353 1550

**----- MEDICATION RECONCILIATION -----**

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**Copy for Patient**



Medical Center at University of California, San Francisco  
505 Parnassus Ave., San Francisco CA 94143-0208  
(415) 353 1037 **Emergency Department**

Med Rec # [REDACTED]

Visit number [REDACTED]

Date of visit Wed, Mar 9, 2011

### Discharge Instructions

You should CONTINUE taking the medications listed here that you told us had been previously prescribed for you:

You should take the medications newly prescribed for you in this Emerg. Dept. visit, Valium 5 mg tabs # 15 1 by mouth every 8 hrs prn. ; Ibuprofen 600 mg #30 DOSING - 1 tab by mouth three times a day with food as needed. Also read and follow the more detailed instructions on the prescription container from the pharmacy.

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**Copy for Patient**