DV-100 Request for Order	Clerk stamps di *9075936*
Your name (nerson asking for protection):	FILED
Your address (skip this if you have a lawyer): (If you want your address to be private, give a mailing address instead):	MAR 1 5 2011
City: OFFUND State: A Zip: 94612 Your telephone number (optional):	CLERK OF THE SUPERIOR COURT Deputy
Your lawyer (if you have one): (Name, address, telephone number, and State Bar number): AM AN ATDRNEY	Superior Court of California, County of
PLEASE REFER TO MY WORK CONTACT INFO ABOVE Name of person you want protection from:	RENE C. DAVIDSON COURTHOUSE 1225 FALLON STREET COURTHOUSE OAKLAND, CA STREET O. ALAND, DA 94612
JOEL B. YOUNG	Clerk fills in case number when form is filed
Description of that person: Sex: M F Height: 6 2 / (6 3 n)	
Weight: 195 Race: Black/White Hair Color: Black Eye Color: Byown Age: 33/34 Date of Birth: August 177	Case Number 565774
Besides you, who needs protection? (Family or household members): Full Name	
Age Lives with	h you? How are they related to you?
Yes	No
Yes L	No
Yes L	
Check here if you need more space. Attach Form MC-020 and write "Di your statement. NOTE: In any item that asks for Form MC-020, you can instead.	NoNo
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.	
and the transferred to the together.	
e. We are relatives, in-laws, or related by adoption (specify relationship f. We are dating or used to date.	p):
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:	6
Child's Name:	Date of Birth
Citità s ivanie,	Control of the Contro
Check here if you need more space. Attach Form MC-020 and write	"DV-100 Ham 45" E
i. We have signed a voluntary Declaration of Paternity for our child or	children. (Attach a convitivos have
one.) This is not a Court Order to	, you have

	·	Case Number:
Yòur	name:	
	Other Court Cases a. Have you and the person in ② been involved in another court case? 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 Parent Domestic Violence Criminal Juvenile Child Support	age/Paternity
(b. Are there any domestic violence restraining/protective orders now (crimina No \square Yes If yes, attach a copy if you have one.	ıl, juvenile, family)?
7 F	If the person listed in 2 is ordered to stay away from all the places listed of	ne or any of the people listed in (3) follow, stalk, molest, destroy ck movements is or mail or e-mail is or locations of any protected ds good cause not to make the order way from (check all that apply) child care The Charty Bar Assaichon the events in the context of the co
10 🗆	to get to his or her home, school, job, or place of worship? Yes New Y	(address) usi fill out and attach
vised July 1, 2	This is not a Court Order	

		Case Number:
Your n	ame:	
11) 🕅	Record Unlawful Communications	
<u>(12)</u> \Box	I ask for the right to record communications made to me by the person i	n (2) that violate the judge's orders.
	I ask the court to give <i>only</i> me temporary use, possession, and control o	f the proporty Uses II
	- The state of the	the property listed here:
13 🗆	Animals: Possession and Stay-Away Order	
	l ask for the sole possession, care, and control of the animals listed below	w. I ask the court to order the person in
	yards away from and not take sell transfer	angum bar ganagal I
	strike, threaten, harm, or otherwise dispose of the following animals:	
	I ask for the animals to be with me because:	
(14) XX	Debt Payment	
N T	I ask the court to order the person in 2 to make these payments while the	o ouder 'e '
/)-	Check here if you need more space. Attach Form MC-020 and write	"DV-100 tom 14 Dake Brown
	by your statement.	
	Pay to: Amount: \$	Due date:
	Pay to: For: Amount: \$	Due date:
(15) 🗆	Property Restraint	
2000	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 porrow against, sell, hide, or get rid of or destroy any no	ccacciona au : .
	usual course of business or for necessities of life. I also ask the judge to o any new or big expenses and to explain them to the court.	rder the person in ② to notify me of
16)	Attorney Fees and Costs	
	I ask that the person in \bigcirc pay some or all of my attorney fees and costs. You must complete and file Form FL-150, Income and Expense Declaration	¥
\sim		on.
17)	Payments for Costs and Services	
	I ask that the person in 2 pay the following:	
į	You can ask for lost earnings or your costs for services caused directly by property, medical care, counseling, temporary housing, etc.). You must be beginned will request what they included the services in	the person in (2) (damaged
,	TECHTING. I WITH TEMPLEST PUPLED THE PROSPECT WITH TAMPLE CATERIOR.	
	Pay to: UCSF Medical Center For medical Sen	aras Amount & TRA
I	Pay to: For:	Amount: \$
18) 🖫 E	Batterer Intervention Program	Amount. p
) · I	ask the court to order the person listed in 2 to go to a 52-week batterer	nlervention program and all
ŗ	proof of completion to the court.	mervention program and snow
9) No I	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.		
	THE STANSON OF THE PROPERTY OF	

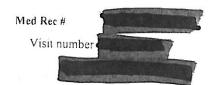
			Case Number:
You	r na		odde Hamber,
20		More Time for Notice I need extra time to notify the person in 2 about these papers. Because want the papers served up to days before the date of the hearing. If necessary, add additional facts:	of the facts explained on this form, I For help, read Form DV-210-INFO
21)	Þ	Other Orders What other orders are you asking for? Return any and all of mine that remain at his residence. Check here if you need more space. Attach Form MC-020 and write "	1
22	l be <i>If th</i>	your statement. Ins or Other Firearms elieve the person in ② owns or possesses guns or firearms. Yes the judge approves the order, the person in ② will be required to sell to a ns or firearms that he or she owns or possesses.	No. T. I don't know
23)	a. [b. \ c. \	scribe the most recent abuse. Date of most recent abuse: Monday, March 7, 2011 Who was there? Me, July Young, and for part of the time, "What did the person in 2 do or say that made you afraid? July Young his me on my head, neck and face. I have a form my visit on March 9, 2011. July his me twice, remains from my head.	attached a report from ucstoning a very large quantity of
į	d. D	Describe any use or threatened use of guns or other weapons:	
	L Q If	Describe any injuries: Whiplash, Swallen eyelid, Swallen Checkbone See altached report from UCSF. dated 3 9 11 Did the police come? No Yes If yes, did they give you an Emergency Protective Order? Yes Noteach a copy if you have one. Check here if you need more space. Use Form MC-020 and write "DV-your statement. Check here if the person in 2 has abused you (or your children) other MC-020 to describe any previous abuse.	lo
1	dec orre	clare under penalty of perjury under the laws of the State of California that	the information above is true and
	Date:		
$\overline{T}_{\underline{t}}$	ype	or print your name Sign your name	

UCSF

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

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 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

Copy for Patient

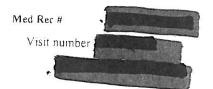
UCSF Clinic and Physician phones, addresses, and maps are available on the web at



Medical Center at University of California, San Francisco 505 Parnassus Ave., San Francisco CA 94143-0208

(415) 353 1037

Emergency Department



Date of visit Wed, Mar 9, 2011

Discharge Instructions

-----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

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

- * 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 treatmentEnd of Standard Instruction Set	Î
CUSTOM INSTRUCTIONS: The following additional instructions were give domestic violence resources as instructed You will need further outpatient diagnostic testing or treatment as suggested assessment begun in the ED. If you have problems arranging followup at UC	
Please make an appointment with your regular provider as needed, phone . A will probably need a referral from your primary MD. phone If you have problems arranging recommended followup, you can call 415 353	Appointments are required for all clinics and you
MEDICATION RECONCILIATION	

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Emergency Department



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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