

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address)	FOR COURT USE ONLY
TELEPHONE NO: FAX NO: E-MAIL ADDRESS (Optional): ATTORNEY FOR(Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF KERN STREET/MAILING ADDRESS: 1215 Truxtun Avenue CITY AND ZIP CODE: Bakersfield, CA 93301 BRANCH NAME: Metropolitan Division-Civil Department	
PLAINTIFF: DEFENDANT:	CASE NUMBER:
CIVIL HARASSMENT (LAW ENFORCEMENT INFORMATION)	

If you are filing at the Bakersfield-Metro location, you must complete this form, and submit it with your Request for Orders to Stop Harassment (CH-100), Notice of Hearing (CH-109), and Temporary Restraining Order (CH-100).

Please check the appropriate box so the court may direct it to the appropriate law enforcement agency.

- I live in the City of Bakersfield
- I live in the County of Kern

Date: _____

(Signature)