

Clerk stamps below when form is filed.

Fill in court name and street address:

Superior Court of California, County of

Fill in case number:

Case Number:

1 Name of Protected Person:

Your lawyer in this case (if you have one):

Name: State Bar No.:

Firm Name:

Address (If you have a lawyer for this case, give your lawyer's information. If you do not have a lawyer and want to keep your home address private, give a different mailing address instead. You do not have to give your telephone, fax, or e-mail.):

Address:

City: State: Zip:

Telephone: Fax:

E-Mail Address:

2 Name of Restrained Person:

Describe that person: Sex: M F Ht.: Wt.: Race: Hair Color: Eye Color: Age: Date of Birth:

3 I ask the court to renew the Restraining Order After Hearing (Form DV-130). A copy of the order is attached.

- a. The order ends on (date):
b. The order has been renewed times.
c. I want the order to be renewed for (check one):
5 years permanently

4 I ask the court to renew the order because: (Check all that apply. Explain why you are afraid of abuse in the future):

- a. The person in 2 has violated the order (explain what happened and when):
b. I am afraid that the person in 2 will abuse me in the future because:
c. Other (explain):
Check here if you need more space. Attach a sheet of paper and write "Form DV-700, Other" for a title.

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

Date:

Type or print your name

Sign your name

This is not a Court Order.