

Clerk stamps date here when form is filed.

**Instructions:** Use this form to ask the court to reschedule the court date listed on form **DV-109**, *Notice of Court Hearing*. Read form **DV-115-INFO**, *How to Ask for a New Hearing Date*, for more information.

**1 My Information**

a. My name is: \_\_\_\_\_

b. I am the:

(1)  **Protected party** (skip to **2**).(2)  **Restrained party** (give your contact information below).

Address where I can receive mail:

This address will be used by the court and other party to notify you in this case. If you want to keep your home address private, you can use another address like a post office box or another person's address, if you have their permission. If you have a lawyer, give your lawyer's address and contact information.

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

My contact information (optional):

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Lawyer's information (skip if you do not have one):

Name: \_\_\_\_\_ State Bar No.: \_\_\_\_\_

Firm Name: \_\_\_\_\_

Fill in court name and street address:

**Superior Court of California, County of**

Fill in case number:

**Case Number:****2 Information About My Case**

a. The other party in this case is (full name): \_\_\_\_\_

b. I have a court date currently scheduled for (date): \_\_\_\_\_

**This is not a Court Order.**

**3 Is a Temporary Restraining Order in effect?**

- Yes. Date the order was made, if known: \_\_\_\_\_  
Please attach a copy of the order if you have one.
- No.
- I don't know.

**Notice:** If your court date is rescheduled, the *Temporary Restraining Order (form DV-110)* will remain in effect until the end of the new court date, unless otherwise ordered by the court.

**4 Why does your court date need to be rescheduled?**

- a.  I am the person asking for protection, and I need more time to have the restrained party personally served.
- b.  I am the restrained party, and this is my first request to reschedule the court date.
- c.  Other reason: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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*

Date: \_\_\_\_\_

\_\_\_\_\_  
*Lawyer's name, if you have one*

▲  
\_\_\_\_\_  
*Lawyer's signature*