

Clerk stamps below when form is filed.

Empty box for clerk stamps.

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.**