

Clerk stamps date here when form is filed.

1 Your name (person asking to reissue order): \_\_\_\_\_

Your address (skip this if you have a lawyer): (If you want your address to be private, give a mailing address instead): \_\_\_\_\_

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

Your telephone (optional): ( \_\_\_\_\_ ) \_\_\_\_\_

Your attorney (if you have one): (Name, address, telephone number and State Bar number): \_\_\_\_\_

Fill in court name and street address:

**Superior Court of California, County of**

2 Name of person you want protection from: \_\_\_\_\_

Court fills in case number when form is filed.

**Case Number:**

3  I ask the Court to reissue the Temporary Restraining Order specified on Form CH-120.

a. The last Temporary Restraining Order was issued on (date): \_\_\_\_\_

b. The last hearing date was (date): \_\_\_\_\_

c. The Order was reissued \_\_\_\_\_ times.

4  I ask the court to reissue the Order because (check one):

a.  I could not get the Order served before the hearing date.

b.  The date of the hearing was changed because we were sent to mediation or other dispute resolution services.

c.  Other (specify): \_\_\_\_\_

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 a Court Order.**

Clerk will fill out section below.

5 The request to reissue the Temporary Restraining Orders is:

a.  Granted                      b.  Denied

The Order listed in ③ is reissued and reset for hearing in this court on the date and time below.  
Unless the court extends the time, the Order will end on the date and time below.

**Hearing Date** → Date: \_\_\_\_\_ Time: \_\_\_\_\_

Dept.: \_\_\_\_\_ Room: \_\_\_\_\_

Name and address of court if different from above: \_\_\_\_\_

All orders in the Temporary Restraining Order stay in effect unless this order changes them.

(Continued on next page)



Case Number: \_\_\_\_\_

Your Name: \_\_\_\_\_

- ⑥ If this Order is granted, a copy of this Order must be served on the person in ② before the hearing, along with the other documents requesting orders to stop harassment.
- ⑦ By the close of business on the date this Order is made, a copy of this Order and any proof of service forms must be delivered to the law enforcement agency listed in ⑧ by:
  - the person in ①.
  - the attorney of the person in ①.

⑧ The law enforcement agency listed below will serve the person in ② with a copy of this Order and any attached orders:

Name of law enforcement agency: \_\_\_\_\_

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

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

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

\_\_\_\_\_  
*Judicial Officer*



**Requests for Accommodations**

Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available if you ask at least 5 days before the hearing. Contact the clerk's office for *Request for Accommodations by Persons with Disabilities and Order* (form MC-410). (*Civil Code, § 54.8*)

(Clerk will fill out this part)  
**—Clerk's Certificate—**

*Clerk's Certificate*  
[seal]

I certify that this *Reissue Temporary Restraining Order* is a true and correct copy of the original on file in the court.

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

Clerk, by \_\_\_\_\_, Deputy

**This is a Court Order.**