

Clerk stamps below when form is filed.

1 Your name (protected person):

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 phone # (optional): (_____) _____

Your lawyer (if you have one): (Name, address, phone #, and State Bar #):

2 Name of person you want protection from (restrained person):

Describe that person: Sex: M F Ht.: _____ Wt.: _____

Race: _____ Hair Color: _____

Eye Color: _____ Age: _____ Date of Birth: _____

Court name and street address:

Superior Court of California, County of

Case Number:

3 I ask the court to renew the Restraining Order After Hearing (DV-130).

- a. The order was first made on (date:) _____
- b. The order ends on (date:) _____
- c. The order has been renewed _____ times.
- d. I want the order to be renewed for _____ years.
- e. The order is attached.

4 I ask the court to renew the order because: (Check all that apply)

- a. The person in **2** has abused and/or harassed me since the order was made.
- b. I am afraid of the person in **2**.
- c. Other: (Explain below or attach an additional page. Write "Form DV-700, Item 4c" at the top. The court can renew the order even if there has been no abuse since your last request.)

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.