

Clerk stamps below when form is filed.

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.