

**Use this form to respond to the Request to Renew  
Restraining Order (form WV-700)**

- Fill out this form and then take it to the court clerk.
- Have someone age 18 or older—**not you**—serve the petitioner by mail with a copy of this form and any attached pages. (*Use form \_\_\_\_\_, Proof of Service of Response by Mail.*)

**(1) Petitioner (Employer or Collective Bargaining Representative)**

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

Fill in court name and street address:

**Superior Court of California, County of \_\_\_\_\_**

**(2) Employee Who Petitioner Asserts Suffered Harassment, Violence, or Threat of Violence**

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

**(3) Respondent (Restrained Person)**

a. Your Name: \_\_\_\_\_

Your Lawyer (*if you have one for this case*): \_\_\_\_\_

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

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

Court fills in case number when form is filed.

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

b. Your Address (*you may give a mailing address if you want to keep your street address private; skip this if you have a lawyer*): \_\_\_\_\_

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

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

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

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

The court will consider your *Response* at the hearing. Write your hearing date, time, and place from form WV-710 item (4) here.

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

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

**You must continue to obey the current restraining order until the hearing.** At the hearing, the court can extend the order against you for up to another three years.

**(4) Response**

- I agree to extend the order.
- I do not agree to extend the order.
- I agree to the following order instead (*specify below*):

*Check here if there is not enough space for your answer. Attach a sheet of paper and write “Attachment 4c—Order Requested” for a title. You may use form \_\_\_\_\_, Attachment.*

\_\_\_\_\_

- I ask the court not to renew the order for the following reasons (*specify below*):

*Check here if there is not enough space for your answer. Put your complete answer on the attached sheet of paper or form MC-025 and write “Attachment 4d—Reasons Not to Renew,” for a title.*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**Case Number:**

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

*Lawyer's name, if you have one*

 *Lawyer's signature*

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*