

**CH-610**

**Notice of Hearing on Request to  
□ Modify □ Terminate  
Civil Harassment Restraining Order**

Party seeking order completes items ① and ②.

**① Party Seeking Modification/Termination**

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

b. Your Lawyer (*if you have one for this case*)

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

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

c. Your Address (*If you have a lawyer, give your lawyer's information. If you do not have a lawyer and want to keep your home address private, you may give a different mailing address instead. You do not have to give telephone, fax, or e-mail.*)

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

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

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

E-Mail Address: \_\_\_\_\_

Clerk stamps date here when form is filed.

Fill in court name and street address:

**Superior Court of California, County of**

Fill in case number:

**Case Number:**

**② Other Party**

a. Full Name: \_\_\_\_\_

b. Address (*if known*): \_\_\_\_\_

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

**③ Court Hearing**

The judge has set a court hearing date. *Court will fill in box below.*

**The current restraining order stays in effect unless terminated by the court.**

Name and address of court if different from above:

**Hearing Date**

Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Dept.: \_\_\_\_\_ Room: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**④ Service on Other Party**

a. Someone age 18 or older—**not you**—must serve a copy of the following forms on the other party:

- CH-600, *Request to Modify/Terminate Civil Harassment Restraining Order*;
- CH-610, *Notice of Hearing on Request to Modify/Terminate Civil Harassment Restraining Order* (this form);
- CH-620, *Response to Request to Modify/Terminate Civil Harassment Restraining Order* (blank copy).

The forms must be served on the other party \_\_\_\_\_ days before the hearing.



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- b. **If you are the restrained person:** You must have the protected person personally served with these forms. This requirement of personal service on the protected person is not a justification for you to violate the terms of the civil harassment restraining order.
  - c. **If you are the protected person:** The restrained person may be served with these forms by mail.
  - d. The person who serves the forms must fill out either form CH-200, *Proof of Personal Service*, or form CH-250, *Proof of Service of Response by Mail*. Have the person who served sign the original. Take the signed original proof-of-service form back to the court clerk for filing or bring it with you to the hearing. For help with personal service, see form CH-200-INFO, *What Is "Proof of Personal Service"?*.

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

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

**To the Other Party:**

If you wish to make a written response to this request to modify or terminate the current civil harassment restraining order, you may fill out form CH-620, *Response to Request to Modify/Terminate Civil Harassment Restraining Order*. File the original with the court before the hearing and have someone age 18 or older—not you—mail a copy of it to the other party at the address in ① at least \_\_\_\_\_ days before the hearing. Also file form CH-250, *Proof of Service of Response by Mail*, with the court before the hearing.

**Request for Accommodations**

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

(Clerk will fill out this part.)

**—Clerk's Certificate—**

I certify that this *Notice of Hearing on Request to Modify/Terminate Civil Harassment Restraining Order* is a true and correct copy of the original on file in the court.

*Clerk's Certificate**[seal]*

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

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