

Clerk stamps date here when form is filed.

**Use this form to respond to the Request to Renew
Restraining Order (Form SV-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 SV-250, Proof of Service of Response by Mail.*)

(1) Petitioner (School Official)

Name: _____

Court name and street address:

Superior Court of California, County of**(2) Student (Protected Person)**

Name: _____

(3) Respondent (Restrained Person)

a. Name: _____

Fill in case number:

Case Number:Your Lawyer (*if you have one for this case*):

Name: _____ State Bar No.: _____

Firm Name: _____

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: _____

E-Mail Address: _____

The court will consider your *Response* at the hearing. Write your hearing date, time, and place from Form SV-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 MC-025, 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:

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