

Clerk stamps date here when form is filed.

1 Party Seeking Modification/Termination

- a. Your Full Name: _____
- b. Protected person Restrained person
- c. Your Lawyer (if you have one for this case)
 Name: _____ State Bar No.: _____
 Firm Name: _____
- d. 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: _____

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 Current Order

- a. The current order is a/an:
 - Civil Harassment Restraining Order After Hearing (form CH-130)
 - Order Renewing Civil Harassment Restraining Order (form CH-730)
- b. The current order expires on (date): _____
- c. A copy of the current order is attached.

4 Request to Modify Restraining Order

- a. I ask the court to modify the current order as follows (specify requested changes referring to the item number in order that you want to change or delete):
 - Check here if there is not enough space for your answer. Attach a sheet of paper and write "Attachment 4a —Requested Changes" for a title. You may use form MC-025, Attachment.



6 **Lawyer's Fees and Costs**

I ask the court to order payment of my: a. Lawyer's fees b. Court costs

The amounts requested are:

<u>Item</u>	<u>Amount</u>	<u>Item</u>	<u>Amount</u>
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

Check here if there are more items. Put the items and amounts on the attached sheet of paper or form MC-025 and write "Attachment 6—Lawyer's Fees and Costs" for a title.

Date: _____

Lawyer's name (if any)

▶ _____
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