

Clerk stamps date here when form is filed.

1 Protected Person

a. Your Full Name: _____

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

Name: _____ State Bar No.: _____

Firm Name: _____

b. 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 Restrained Person

Full Name: _____

Address (if known): _____

City: _____ State: _____ Zip: _____

3 Hearing

There was a hearing on (date): _____ at (time): _____ a.m. p.m. Dept.: _____ Room: _____
(Name of judicial officer): _____ made the orders at the hearing.

These people were at the hearing:

a. The protected person c. The lawyer for the protected person (name): _____

b. The restrained person d. The lawyer for the restrained person (name): _____

Additional persons present are listed on Attachment 3.

4 Renewal and Expiration

The request to renew the attached *Civil Harassment Restraining Order After Hearing*, originally issued on (date) _____, is:

a. **GRANTED.** The attached order is renewed and will now expire on:

Time: _____ a.m. p.m. or midnight on (date): _____

If no expiration date is written here, the order expires three years from the date of the hearing in item **3**.

b. **DENIED.** The attached order expires as stated in item **4** of the order.

Date: _____

Judicial Officer

This is a Court Order.