

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

- Fill out this form and then take it to the court clerk.
- Have someone—**age 18 or older**—not you or anyone in ③ on Form DV-130 serve the person in ① by mail with a copy of this form and any attached pages. (Use Form DV-250, Proof of Service by Mail.)

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:**

**① Protected Person** (See Form DV-700, item ①):

\_\_\_\_\_

**② Restrained Person:**

Your lawyer in this case (if you have one):

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

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

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

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

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

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

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

**③ Response**

- a.  I agree to renew the order.
- b.  I do not agree to renew the order.

**④**  I ask the court not to renew the order because (specify):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check here if you need more space. Attach a sheet of paper and write "DV-720, Reason to Not Renew" for a title.

The court will consider your Response at the hearing. Write your hearing date, time, and place from Form DV-710, item ③ here:

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

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

**You must continue to obey the current restraining order on Form DV-130 (Restraining Order After Hearing) until the hearing.** If you do not come to the hearing, the court may renew the order against you 5 years or permanently.

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

Date: \_\_\_\_\_  
Your lawyer's name, if you have one

\_\_\_\_\_  
Lawyer's signature