

**Use this form to respond to the *Request to Terminate  
Firearms Restraining Order (Form GV-600).***

- Fill out this form and then take it to the court clerk.
- Have someone age 18 or older—**not you**—mail a copy of this form and any attached pages to the Respondent at the address in **(2)** below. Use Form GV-250, *Proof of Service of Response by Mail*.

Clerk stamps date here when form is filed.

**1 Petitioner**

a. Your Name: \_\_\_\_\_  
 I am:  A family member of the Respondent.  
 A law enforcement officer employed by  
 (name of law enforcement agency): \_\_\_\_\_  
 \_\_\_\_\_  
 Your Lawyer (if you have one for this case):  
 Name: \_\_\_\_\_ State Bar No.: \_\_\_\_\_  
 Firm Name: \_\_\_\_\_

Fill in court name and street address:

**Superior Court of California, County of**  
\_\_\_\_\_  
\_\_\_\_\_

Fill in case number:

**Case Number:**  
\_\_\_\_\_

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. Law enforcement officer, give agency information.)  
 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 GV-610 item **(3)** here.

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

**2 Respondent**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**3 Response**

- a.  I do not oppose termination of the order.
- b.  I oppose termination of the order for the following reasons (specify below):  
 Check here if there is not enough space for your answer. Put your complete answer on an attached sheet of paper and write "Attachment 3b—Reasons Not to Terminate" for a title. You may use Form MC-025, Attachment.

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



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*

### **To the Petitioner:**

Have someone age 18 or older—**not you**—mail a copy of this completed Form GV-620 to the Respondent or to the Respondent's lawyer, if any. This is called "service by mail." The person who serves the form by mail must fill out Form GV-250, *Proof of Service by Mail*. Have the person who did the mailing sign the original. Take the completed Proof of Service form back to the court clerk or bring it with you to the hearing.