

1 Your name (protected person):
_____Your address (*skip this if you have a lawyer*): (*If you want your address to be private, give a mailing address instead*):

City: _____ State: _____ Zip: _____

Your phone # (*optional*): (_____) _____Your lawyer (*if you have one*): (*Name, address, phone #, and State Bar #*):

Court name and street address:

Superior Court of California, County of

_____**Case Number:**

_____**2** Name of person you want protection from (restrained person):
_____Describe that person: Sex: ☐ M ☐ F Ht.: _____ Wt.: _____

Race: _____ Hair Color: _____

Eye Color: _____ Age: _____ Date of Birth: _____

3 I ask the court to renew the Restraining Order After Hearing (DV-130).

- a. The order was first made on (*date*): _____
- b. The order ends on (*date*): _____
- c. The order has been renewed _____ times.
- d. I want the order to be renewed for _____ years.
- e. The order is attached.

4 I ask the court to renew the order because: (*Check all that apply*)

- a. ☐ The person in **2** has abused and/or harassed me since the order was made.
- b. ☐ I am afraid of the person in **2**.
- c. ☐ Other: (*Explain below or attach an additional page. Write "Form DV-700, Item 4c" at the top. The court can renew the order even if there has been no abuse since your last request.*)

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***This is not a Court Order.**