

Clerk stamps date here when form is filed.

**Use this form to respond to the *Request to Terminate Gun Violence 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 *Proof of Service of Response by Mail* (form GV-200-INFO).

**① Petitioner**

a. Your Full Name or Name of Law Enforcement Agency:

\_\_\_\_\_

- I am:  A family member of the Respondent.  
 An officer of a law enforcement agency.  
 An employer of the Respondent.  
 A coworker of the Respondent.  
 An employee or teacher of a secondary or postsecondary school that the Respondent has attended in the last 6 months.

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 email. Law enforcement officer, give agency information.)

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

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

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

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

Fill in court name and street address:

**Superior Court of California, County of**

Fill in case number:

**Case Number:**

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: \_\_\_\_\_



