WV-620

Response to Request to ☐ Modify ☐ Terminate Workplace Violence Restraining Order

Clerk stamps date here when form is filed.

Use this form to respond to the *Request to Modify or Terminate Workplace Violence Restraining Order* (form WV-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 other party at the address in 2 below. Use form WV-250, *Proof of Service of Response by Mail.*

Fill in court name and street address:

Superior Court of California, County of

Fill in case number:

Case Number:

1 Party Filing Response

a. Your Full Name: _____

b. ☐ Petitioner ☐ Respondent

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

Name: _____ State Bar No.: _____

Firm Name: _____

c. 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: _____

The court will consider your response at the hearing. Write your hearing date, time, and place from form WV-610 item 3 here.

Hearing Date è Date: _____

Time: _____

Dept.: _____ Room: _____

2 Other Party

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-Mail Address: _____

3 Response

a. ☐ I agree to the ☐ Modification ☐ Termination of the order.

b. ☐ I do not agree to the ☐ Modification ☐ Termination
(Specify why you disagree in item 4 on page 2.)

c. ☐ I agree to the following orders *(specify below or in item 4 on page 2):*

_____

_____

_____

_____

_____

_____

Case Number:

4 ☐ Reasons I Do Not Agree to the ☐ Modification ☐ Termination

☐ *Check here if there is not enough space below for your answer. Put your complete answer on an attached sheet of paper and write "Attachment 4—Reasons I Disagree" as a title. You may use form MC-025,* Attachment.

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 Party Filing This Response:

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

For your protection and privacy, please press the Clear This Form button after you have printed the form.

Print this form | Save this form | Clear this form