

# SAMPLES

RENEW CHRO

Please use the following samples to help you fill out the blank forms.



ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address) :

FOR COURT USE ONLY

YOUR NAME  
YOUR ADDRESS

\*NOTE: Your address will be seen by the Restrained Person so use a mailing address that is safe on all your forms. It cannot be left blank.\*

TELEPHONE NO.:

ATTORNEY FOR (Name): Self-Represented

SUPERIOR COURT OF CALIFORNIA, COUNTY

MAILING ADDRESS: 191 NORTH FIRST STREET

CITY AND ZIP CODE: SAN JOSE CALIFORNIA 951

BRANCH NAME: CIVIL DIVISION

PETITIONER/PLAINTIFF:

RESPONDENT/DEFENDANT:

COURT CASE #S ONLY  
DO NOT USE POLICE CARD/REPORT #S

PETITIONER=NAME PERSON WHO STARTED THIS COURT CASE\*  
RESPONDENT=THE OTHER PERSON'S NAME IN THE CASE\*

\*IF YOU HAVE A PREVIOUS COURT CASE TOGETHER, LOOK AT WHAT YOUR OLD PAPERS SAY  
\*IF YOU HAVE A PREVIOUS COURT CASE AND DON'T KNOW, ASK THE COURT STAFF

NUMBER:

I, the undersigned, declare:

1. I am (choose one):

- (1)  attorney for Plaintiff **CHOOSE ONE**  attorney for Respondent/Defendant
- (2)  self-represented  self-represented Respondent/Defendant
- (3)  other (explain):

2. The opposing party is represented by an attorney:

Yes  No **CHOOSE ONE**

IF THE RESTRAINED PERSON HAS AN ATTORNEY PUT THE ATTORNEY'S INFO HERE.

OR

IF THE RESTRAINED PERSON DOES NOT HAVE AN ATTORNEY, PUT THE RESTRAINED PERSON'S INFO HERE INSTEAD

3. OTHER CASES: Have the parties to this case been involved in litigation with each other in another Civil, Family, Probate, Juvenile, or Criminal Case?

Yes  No **CHOOSE ONE** the case number \_\_\_\_\_

4. NOTICE

A. I HAVE given notice to the opposing party and/or their attorney by the following method:

Personal delivery  Fax  Overnight Carrier  First Class Mail  Other:

Date:

I have received:

In person

Confirmation

SEE PAGE 2 FOR INSTRUCTIONS ABOUT HOW TO FILL THIS SECTION OUT.

B. I HAVE NOT given notice of the ex parte request for orders because (Check all that apply. You must explain below):

- Great or irreparable injury will result to me before the matter can be heard on notice.
- It is impossible to give notice.
- The other party agrees to the orders requested.
- No significant burden or inconvenience to the responding party will result from the orders requested.
- Other:

C. Explanation:

- A hearing between the parties is already set. I am asking that this motion be heard at the same time.
- I am unable to serve the other party within the time prescribed by law.
- I fear for my physical safety (and the safety of my immediate family, if applicable).
- Other:

I declare under penalty of perjury that the foregoing is true and correct.

TODAY'S  
DATE

SIGN YOUR NAME  
SIGNATURE OF DECLARANT

PRINT YOUR NAME  
PRINT NAME

## INSTRUCTIONS

### Please refer to Santa Clara County Local Civil Rules for more information

This form is required in Santa Clara County, if you are asking the Judge to make immediate orders without the other party being present for a hearing. These orders are called ex parte orders. This form must be completed in any case where ex parte orders are requested. If you have given notice to the other side of your case, you must state the form of notice given. Notice means providing the other side of the case, either the attorney or a self-represented party, with copies of any papers that you want the Judge to review and any orders that you are requesting. If you have not given notice, you must explain why you have not given notice. There are some circumstances when notice may be waived, such as cases involving allegations of domestic violence where the safety of a party or a child might be at risk if notice is given. It is up to the Judge in your case to determine whether notice will be required or not.

#### SECTION #1

State whether you are the Petitioner or the Respondent in the case. Once a case is filed, the parties keep the same status in the case. You do not change from the Respondent to the Petitioner by filing a new motion in the case. If you do not have an attorney, you are considered self-represented.

#### SECTION #2

If the other party is represented by an attorney, you must provide the Court with the attorney's name and address. If the other party is not represented by an attorney, you must provide the Court with the other party's address.

#### SECTION #3

It is very important to list all other cases in which you and the other party have been involved with the courts. This would include other Family Law, Probate, Juvenile, Restraining Order, Child Support, Civil, or Criminal matters. If you do not have the case number, please put unknown and list the county and the year of the filing, if possible.

#### SECTION #4A

**Unless notice is excused by the Court, you must provide notice of this motion to the other party before you deliver a copy to the Court. When you give such notice, specify how you did it (by fax, courier, or personally, for example) and at what time and date. Also, please explain how you know that the other side received copies of your papers and what response you were given.**

#### SECTION #4B

**If you did not give notice of this application, explain why in this section. Check as many boxes as apply. You may also write out any further explanation of your reasons for not giving notice.**

After this form is completed, attach it to your motion (or other ex parte request) and submit them to the Civil Division, Santa Clara County Superior Court, 191 North First Street, San Jose, CA 95113.

Clerk stamps below when form is filed.

**1 Protected Person**

a. Your Full Name **YOUR NAME**

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

Name:

Firm Name:

b. Your Address (if known, use your home address instead.)

**\*NOTE:** Your address will be seen by the Restrained Person so use a mailing address that is safe on all your forms. It cannot be left blank.\*

Address: **YOUR ADDRESS**

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

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

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

Court name and street address:

**Superior Court of California, County of Santa Clara**  
191 North First Street  
191 North First Street  
San Jose, CA 95113  
Civil Division

Fill in case number

**COURT CASE #S ONLY**  
**DO NOT USE POLICE CARD/REPORT #S**

**2 Restrained Person**

Full Name: **RESTRAINED PERSON'S NAME**

Address (if known): **RESTRAINED PERSON'S ADDRESS**

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

**To the Restrained Person**

**3 Court Hearing**

The judge has set a court hearing date. Court will fill in box below.

**The current restraining order stays in effect until the end of the hearing.**

Name and address of court if different from above:

191 North First Street

**LEAVE BLANK, CLERK WILL FILL THIS IN FOR YOU**

Civil Division

At the hearing, the judge can renew the current restraining order for up to another three years. You *must* continue to obey the current restraining order until the hearing. At the hearing, you can tell the judge if you do not want the order against you renewed. If the restraining order is renewed, you *must* obey the order even if you do not attend the hearing.

If you wish to make a written response to the request to renew the restraining order, you may fill out Form CH-720, *Response to Request to Renew Restraining Order*. File the original with the court before the hearing and have someone age 18 or older—not you—mail a copy of it to the protected person at the address in ① at least **2** days before the hearing. Also file Form CH-250, *Proof of Service of Response by Mail*, with the court before the hearing.

**This is a Court Order.**



**To the Protected Person:**

**4 Service and Response**

Someone age 18 or older—**not you or anyone else protected by the restraining order**—must personally serve (give) a copy of the following forms on the restrained person at least **5** days before the hearing.

- CH-700, *Request to Renew Restraining Order*;
- CH-710, *Notice of Hearing to Renew Restraining Order* (this form);
- CH-720, *Response to Request to Renew Restraining Order* (blank copy);
- CH-130, the current *Civil Harassment Restraining Order After Hearing* for which renewal is requested.

After the restrained person has been served, file Form CH-200, *Proof of Personal Service*, with the court clerk. For help with service, read Form CH-200-INFO, *What Is “Proof of Personal Service”?*

Date **LEAVE BLANK**

**LEAVE BLANK**  
\_\_\_\_\_  
*Judicial Officer*



**Request for Accommodations**

Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available if you ask at least five days before the hearing. Contact the clerk’s office or go to [www.courts.ca.gov/forms](http://www.courts.ca.gov/forms) for *Request for Accommodations by Persons with Disabilities and Response* (Form MC-410). (Civ. Code, § 54.8.)

**This is a Court Order.**

Clerk stamps below when form is filed.

**1 Protected Person**

a. Your Full Name: **YOUR NAME**

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

Name: Self-Represented \_\_\_\_\_

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

b. Your Informal Home Address (instead of your home address):  
**\* NOTE: Your address will be seen by the Restrained Person so use a mailing address that is safe on all your forms. It cannot be left blank.\***

Address: **YOUR ADDRESS**

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

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

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

Court name and street address:

**Superior Court of California, County of Santa Clara**  
191 North First Street  
191 North First Street  
San Jose, CA 95113  
Civil Division

Fill in case number:

**COURT CASE #S ONLY  
DO NOT USE POLICE CARD/REPORT #S**

**2 Restrained Person**

Full Name: **RESTRAINED PERSON'S NAME**

Address (if different from your home address):  
City: **RESTRAINED PERSON'S ADDRESS**

**3 Request to Renew Restraining Order**

I ask the court to renew the *Civil Harassment Restraining Order* because a copy of the order is attached. **YOU MUST ATTACH A COPY OF THE CURRENT RESTRAINING ORDER**

a. The order ends on (date): **FILL IN DATE**

b.  This is the first time I have filed for this order.

The order has been renewed **CHOOSE ONE** times.

c. I want the order to be renewed for  three years  other (specify): **3 YEARS IS THE MAX**

d. I ask the court to renew the order because (explain below):

Check here if there is not enough space for your answer. Attach a sheet of paper and write "Attachment 3d—Reasons to Renew Order" for a title. You may use Form MC-025, Attachment.

**See Attachment 3d-Reasons to Renew Order**

I declare under penalty of perjury under the laws of the State of California that the information above is true

and signed on **TODAY'S DATE**

Date: **PRINT YOUR NAME**

Type or print your name

**SIGN YOUR NAME**

Sign your name

**This is not a Court Order.**





SHORT

# LAST NAME VS. LAST NAME

PERSON WHO FIRST STARTED THIS CASE GOES FIRST

COURT CASE #S ONLY  
DO NOT USE POLICE CARD/REPORT #S

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ATTACHMENT (Number) : 3d Reasons to Renew Restraining Order  
*(This Attachment may be used with any Judicial Council form.)*

Page \_\_\_\_\_ of \_\_\_\_\_  
*(Add pages as required)*

## Attachment 3d-Reasons to Renew Order

EXPLAIN TO THE COURT HERE WHY YOU WANT THIS RESTRAINING ORDER RENEWED.

GIVE DETAILS AND SPECIFICS OF WHAT THE PERSON HAS SAID OR DONE TO MAKE YOU FEARFUL FOR YOUR SAFETY AFTER THIS CURRENT RESTRAINING ORDER EXPIRES.

*(If the item that this Attachment concerns is made under penalty of perjury, all statements in this Attachment are made under penalty of perjury.)*





**California Law Enforcement Telecommunications System (CLETS)  
Information Form**

- This form is submitted with the initial filing (*date*): \_\_\_\_\_
- This is an amended form (*date*): \_\_\_\_\_

**Important: This form MUST NOT become part of the public court file. It is confidential and private.**

Fill out as much of this form as you can and give it to the court clerk. If the court issues a restraining order, this form will provide law enforcement with information that will help them enforce it. If any of this information changes, fill out a new (amended) form.

Case Number ( <i>if you know it</i> ): _____	<b>COURT CASE #S ONLY</b> DO NOT USE POLICE CARD/REPORT #S
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**1 Person to Be Protected** (*Name*): YOUR NAME

Sex:  M  F Height: \_\_\_\_\_ weight: \_\_\_\_\_ Race: \_\_\_\_\_

Hair Color: \_\_\_\_\_

Mailing Address: FILL OUT YOUR PERSONAL INFO HERE

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone (*optional*): \_\_\_\_\_

Vehicle (*Type, Model, Year*): \_\_\_\_\_ (*License Number and State*): \_\_\_\_\_

**2 Person to Be Restrained** (*Name*): RESTRAINED PERSON'S NAME

Sex:  M  F Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Race: \_\_\_\_\_

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Residence: FILL OUT THE RESTRAINED PERSON'S INFO HERE

City: \_\_\_\_\_

Business: FILL OUT AS MUCH AS YOU KNOW.

City: \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation/Title: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Driver's License Number and State: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Vehicle (*Type, Model, Year*): \_\_\_\_\_ (*License Number and State*): \_\_\_\_\_

Describe any marks, scars, or tattoos: \_\_\_\_\_

**3 Gun** FILL OUT IF YOU BELIEVE THE RESTRAINED PERSON HAS ACCESS TO ANY GUNS OR FIREARMS.

**4 Other People to Be Protected**

IF ANY PROTECTED PEOPLE ARE LISTED ON YOUR CH-140, FILL THIS SECTION OUT

Relation to Person in ①

Additional persons to be protected are listed on Attachment 4.

CHECK BOX IF YOU NEED MORE SPACE AND ATTACH A REGULAR SHEET OF PAPER (NOT BINDER PAPER) OR ASK STAFF FOR AN ATTACHMENT.



Protected Person's Name:

YOUR NAME

COURT CASE #S ONLY  
DO NOT USE POLICE CARD/REPORT #S

CONFIDENTIAL--DO NOT FILE IN COURT FILE

**Request for Sheriff to Serve and Sheriff's Fee Statement****I WANT THE SHERIFF TO SERVE THE ATTACHED LEGAL FORMS WITHIN SANTA CLARA COUNTY AT NO COST TO ME.**

To the Sheriff: Serve the attached legal forms on the Restrained Party in this case. Send a copy of the Proof of Service or any other documents to:

- the Protected Party's Attorney.  
 the Protected Party at the address listed below:

YOUR ADDRESS

Today's Date:

TODAY'S DATE

SIGN YOUR NAME

Sign your name here

**Protected Person/Protected Person's Attorney -****\*\*READ THIS BEFORE FILLING  
OUT THIS FORM.\*\***

FILL THIS FORM OUT IF YOU WANT THE SANTA CLARA COUNTY SHERIFF'S DEPT. TO SERVE THE RESTRAINED PERSON WITH THIS APPLICATION.

**IN ORDER TO APPLY:**

- (1) YOU MUST HAVE A HOME OR WORK ADDRESS OF THE RESTRAINED PERSON  
(2) THE RESTRAINED PERSON MUST LIVE/WORK IN SANTA CLARA COUNTY

- IF YOU DON'T APPLY, DO NOT FILL THIS FORM OUT.  
-IF YOU HAVE AN ADDRESS FOR THE RESTRAINED PERSON YOU MAY CONTACT THE LOCAL POLICE DEPARTMENT OF WHERE THE ADDRESS IS LOCATED AND REQUEST THEM TO SERVE THIS APPLICATION FOR YOU.  
-IF YOU GET THE RESTRAINED PERSON'S ADDRESS AFTER FILING, YOU MAY COME BACK TO COURT AND FILL OUT A NEW REQUEST TO HAVE THE SANTA CLARA COUNTY SHERIFF'S DEPT SERVE.

