

Do You Need to Renew Your Civil Harassment Restraining Order, which is about to expire?

Step 1	<p>Complete the following forms in blue or black ink:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> CV-5014 Declaration Re: Notice Upon Ex Parte Application for Orders for Civil Harassment <input checked="" type="checkbox"/> CH-710 Notice of Hearing to Renew Restraining Order <input checked="" type="checkbox"/> CH-700 Request to Renew Restraining Order <input checked="" type="checkbox"/> DV-001 Confidential CLETS Information <input checked="" type="checkbox"/> CH-720 Response to Request to Renew Restraining Order <input checked="" type="checkbox"/> A copy of your current Restraining Order <p><i>Only complete the next form if you want to ask the Sheriff to serve your forms:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Local form FM-1041 Request for Sheriff to Serve and Sheriff's Fee Statement
Step 2	<p>Review: Bring your completed form to the Restraining Order Help Center at 170 Park Ave., San Jose to have them reviewed to make sure they are filled out correctly.</p>
Step 3 There is no filing fee.	<p>File: Turn in the original to the Court Specialist located in the Courthouse at:</p> <ul style="list-style-type: none"> • 191 North First Street, San Jose, CA 95113 Monday-Friday from 8:30am to 3:00pm. • The Court Specialist will give you a slip to let you know how to check if your forms are ready. If you lose that slip contact the Court Specialist at (408) 882-2100, option 6, then 5, then 4.
Step 4	<p>Service: After the filed copies are returned to you:</p> <ul style="list-style-type: none"> • Keep for your records—1 filed copy • If you did not ask the Sheriff to serve: At least 5 days before the court date serve 1 filed copy and a blank <i>CH-720 Response to Request to Renew Restraining Order</i> on the other party. "Service" means: someone, NOT you, who is at least 18 years old must hand deliver the filed copies to the restrained person. <p>Whoever does the service must complete the attached <i>Proof of Service (In Person)</i> form (CH-200) and give it back to you. You must file the original and a copy of this form at the Clerk's Office. The clerk will file stamp the copy and give it back to you. Keep this copy for your records.</p> <ul style="list-style-type: none"> • If you asked the Sheriff to serve your forms the court will forward your forms to the Sheriff's office. You can contact the Sheriff's office at (408)808-4800 to see if they were able to serve
Step 5	<p>Go to your court date.</p>

WHAT HAPPENS IF I DO NOT ASK TO RENEW MY RESTRAINING ORDER?

When your original Restraining Order was granted, the Judge set an end date. If you do not apply to renew the restraining order **before** that date, the orders will end and you will no longer have a restraining order protecting you from the other party. If that happens and you still want a restraining order, you will have to file a brand new request and follow the same procedure you went through to get your expired restraining order.

Please turn over for important information



HOW CAN I CHECK THE STATUS OF THE REQUEST TO RENEW A RESTRAINING ORDER I JUST FILED?

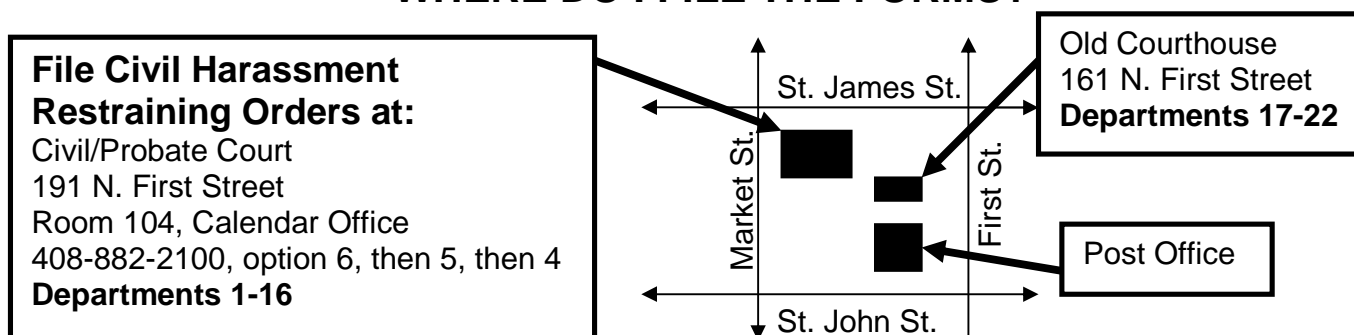
When you file your restraining order forms the Court Specialist at the courthouse will give you a slip with instructions on how to find out if your forms are ready. However, if you lose that slip, you can call the courthouse where you filed your forms between the hours of 8:30 am to 4:00 pm at the numbers listed below:

- Civil Court 191 North First Street, San Jose, CA (408) 882-2100, option 6, then 5, then 4.

HOW LONG CAN I ASK TO RENEW MY RESTRAINING ORDER?

You may only ask the Court to renew your restraining for up to 3 years. Civil Code of Procedure 527.6(j)

WHERE DO I FILE THE FORMS?



HOW CAN I GET THE FORMS?

There are a few ways that you can get the forms:

- hire an attorney (**Please note: we cannot help people who have attorneys.**);
- go online to the state's website, (<http://courts.ca.gov/selfhelp>); or Santa Clara County Superior Court's website at www.scscourt.org
- use legal self-help websites and books
- visit our **Restraining Order Help Center** in the courthouse located at the address shown below. Visit www.scscourt.org to learn about the Center's hours or call 408-534-5709:
 - 170 Park Avenue, San Jose, CA 95113 (M-F, 8:30am - 3:00pm)

Please note: we cannot help people who have attorneys.

Superior Court, County of Santa Clara
Restraining Order Help Center (MAIN LOCATION)
170 Park Avenue, San Jose, CA 95113
Self-Help Center/Family Law Facilitator's Office
99 Notre Dame Avenue, San Jose, CA 95113

VISIT US ONLINE:

www.scscourt.org
www.courts.ca.gov/selfhelp

EMAIL US:

www.scscourt.org
click "Self-Help" then click "Free & Low Cost Legal Help" then click "Self Help Question Form"

CALL US:

408-882-2926 (Self-Help)

BLANKS

RENEW CHRO

Please complete the following forms in blue or black ink.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address) : TELEPHONE NO.: _____ FAX NO.: _____ ATTORNEY FOR (Name): Self-Represented	FOR COURT USE ONLY CASE NUMBER: _____
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA MAILING ADDRESS: 191 NORTH FIRST STREET CITY AND ZIP CODE: SAN JOSE CALIFORNIA 95113 BRANCH NAME: CIVIL DIVISION	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT:	DEPARTMENT NUMBER: _____
DECLARATION RE: NOTICE UPON EX PARTE APPLICATION FOR ORDERS FOR CIVIL HARASSMENT (CCP §§ 527.6-527.8)	

I, the undersigned, declare:

1. I am (choose one):

- (1) attorney for Petitioner/Plaintiff attorney for Respondent/Defendant
 (2) self-represented Petitioner/Plaintiff self-represented Respondent/Defendant
 (3) other (explain): _____

2. The opposing party is represented by an attorney: Yes No

(If you checked "yes", fill in the attorney's name, address, and telephone number. If you checked "no", fill in the other party's name, address, and telephone number.)

Party/Attorney name: _____

Address/Telephone number: _____

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 If there has been another case, fill in 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: _____ Time: _____

I have received confirmation that the other party has received my papers as follows: (Check one below)

In person/telephone (describe): _____

Confirmation of receipt.

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: **This is an application for a Civil Harassment Restraining Order.**

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.

DATE

SIGNATURE OF DECLARANT

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.

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:

Case Number:

1 Protected Person

a. Your Full Name: _____

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

Name: Self-Represented State Bar No.: _____

Firm Name: Self-Represented

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.):

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

E-Mail Address: _____

2 Restrained Person

Full Name: _____

Address (if known): _____

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.

Hearing Date →

Date: _____ Time: _____

Dept.: _____ Room: _____

Name and address of court if different from above:

191 North First Street

San Jose, CA 95113

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: _____

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 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 Lawyer (if you have one for this case):

Name: Self-Represented State Bar No.: _____

Firm Name: Self-Represented

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.):

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:

Case Number: _____

2 Restrained Person

Full Name: _____

Address (if known): _____

City: _____ State: _____ Zip: _____

3 Request to Renew Restraining Order

I ask the court to renew the *Civil Harassment Restraining Order After Hearing* (Form CH-130). A copy of the order is attached.

a. The order ends on (date): _____

b. This is my first request to renew the order.

The order has been renewed _____ times.

c. I want the order to be renewed for three years other (specify): _____

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 Attached

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.

SHORT TITLE:

CASE NUMBER:

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

Page _____ of _____
(Add pages as required)

- 1
- 2
- 3
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(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>): _____

1 Person to Be Protected (*Name*): _____

Sex: M F Height: _____ Weight: _____ Race: _____

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

Mailing Address (*listed on restraining order*): _____

City: _____ State: _____ Zip: _____ Telephone (*optional*): _____

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

2 Person to Be Restrained (*Name*): _____

Sex: M F Height: _____ Weight: _____ Race: _____

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

Residence Address: _____

City: _____ State: _____ Zip: _____ Telephone: _____

Business Address: _____

City: _____ State: _____ Zip: _____ Telephone: _____

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: _____

Other names used by the restrained person: _____

3 Guns or Firearms Describe any guns or firearms that you believe the person in **2** owns or has access to (*Number, types, and locations*):

4 Other People to Be Protected

<u>Name</u>	<u>Date of Birth</u>	<u>Sex</u>	<u>Race</u>	<u>Relation to Person in 1</u>

Additional persons to be protected are listed on Attachment 4.

This is not a Court Order—Do not place in court file.

If you want the Sheriff to
serve your papers,
sign and date the
next form.

Protected Person's Name:	Case Number:
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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:

Today's Date: _____

Sign Your Name Here

**Protected Person/Protected Person's Attorney –
Do not fill out anything below this line**

INFORMATION BELOW IS TO BE COMPLETED BY SHERIFF'S OFFICE PERSONNEL ONLY

Service of the order was made or attempted on (date):

Fee for Service: \$

Type or Print Name of Sheriff's Office Representative

Signature of Law Enforcement Representative

Title of Agency

Proof of Service

RENEW CHRO

If you want to find someone on your own to serve the forms, your server will complete the following form.

Clerk stamps date here when form is filed.

1 Person Seeking Protection

Name: _____

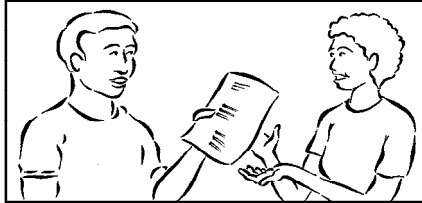
2 Person From Whom Protection Is Sought

Name: _____

3 Notice to Server

The server must:

- Be 18 years of age or older.
- Not be listed in items ① or ③ of Form CH-100.
- Give a copy of all documents checked in ④ to the person in ②. (You cannot send them by mail.) Then complete and sign this form and give or mail it to the person in ①.



Fill in 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:

Case Number:

PROOF OF PERSONAL SERVICE

4 I gave the person in ② a copy of the forms checked below:

- a. CH-109, *Notice of Court Hearing*
- b. CH-110, *Temporary Restraining Order*
- c. CH-100, *Request for Civil Harassment Restraining Orders*
- d. CH-120, *Response to Request for Civil Harassment Restraining Orders* (blank form)
- e. CH-120-INFO, *How Can I Respond to a Request for Civil Harassment Restraining Orders?*
- f. CH-130, *Civil Harassment Restraining Order After Hearing*
- g. CH-800, *Proof of Firearms Turned In or Sold* (blank form) Local Form CV-5014 Declaration Re: Notice Upon Ex Parte Application Orders for Civil Harassment; CH-710 Notice of Hearing to Renew Restraining Order;
- h. Other (*specify*): CH-700 Request to Renew Restraining Order; DV-001 Confidential CLETS Information; Blank CH-720 Response to Request to Renew Restraining Order

5 I personally gave copies of the documents checked above to the person in ② :

a. On (*date*): _____ b. At (*time*): _____ a.m. p.m.
 c. At this address: _____
 City: _____ State: _____ Zip: _____

6 Server's Information

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Telephone _____

(If you are a registered process server):

County of registration: _____ Registration number: _____

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 server's name

Server to sign here

Blank Response

For the Other Party

Leave Blank. These have to be served (hand delivered) to the other side along with a filed copy of your forms.

Clerk stamps date here when form is filed.

Use this form to respond to the Request to Renew Restraining Order (Form CH-700)

- Fill out this form and then take it to the court clerk.
- Have someone age 18 or older—**not the restrained person**—serve the protected person by mail with a copy of this form and any attached pages. (Use Form CH-250, Proof of Service or Response by Mail.)

1 Protected Person (Form CH-700, item 1)

Name: _____

2 Restrained Person

a. Your Name: _____

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 e-mail.):

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

E-Mail Address: _____

3 Response

- a. I agree to extend the order.
- b. I do not agree to extend the order.
- c. I agree to the following order instead (specify below):
 - Check here if there is not enough space for your answer. Attach a sheet of paper and write "Attachment 3c—Order Requested" for a title. You may use Form MC-025, Attachment.

- d. I ask the court not to renew the order for the following reasons (specify below):
 - Check here if there is not enough space for your answer. Put your complete answer on the attached sheet of paper or Form MC-025 and write "Attachment 3d—Reasons Not to Renew" for a title.

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:

Case Number:

The court will consider your *Response* at the hearing. Write your hearing date, time, and place from Form CH-710 item 3 here.

Hearing Date → Date: _____
Time: _____

Dept.: _____ Room: _____

You must continue to obey the current restraining order until the hearing. At the hearing, the court can extend the order against for up to another three years.

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