

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 **CHOOSE ONE** attorney for Respondent/Defendant
 (2) self-represented **CHOOSE ONE** 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 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: ***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: _____

City: **YOUR ADDRESS** 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 protected person): **RESTRAINED PERSON'S ADDRESS**

3 Request to Renew Restraining Order

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

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

b. This is the first time I am filing 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**

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 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 IS TO EXPIRE.

(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 (if you know it): _____	COURT CASE #S ONLY 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: _____

Employment: _____

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

	Relation to Person in 1
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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 -
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

