SAMPLES

RENEW CHRO

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

Rev. 1/1/2025

				ATTACHMENT CV-5014
Vous logal para	TTODUEY FOR BARTY	*NOTE: Your contact	ct inforr	nation will be seen by the
Your legal nam	е	Restrained Person s	so use	a mailing address that
Your address		is safe on all your	forms.	It cannot be left blank.
ATTORNEY FOR (Name):		You do not need to	o list a	phone number or email
SUPERIOR COURT OF	CALIFORNIA, COUI	address.*		
STREET ADDRESS:	191 North First Street, Sa			
MAILING ADDRESS: CITY AND ZIP CODE:	191 North First Street San José, CA 95113			
BRANCH NAME:	Downtown Courthouse			
Person/Entity Seeking Protecti	on: Your legal na	me		
Person From Whom Protection	n is Sought: Restrain	ed person's legal na	me	
	I SUPPORT OF EX P	PARTE APPLICATION FOR ORDERS	R	Court case #'s only
				Do NOT use police card/report #'s
I, the undersigned, declare:				
1. I am (choose one):		on or Entity Seeking Protecti		
	self-represented F other (explain):	Person or Entity Seeking Pro		
2. The opposing party is	_	torney: Yes No	Cho	ose one
		=	mber. If y	ou checked "no", fill in the other party's
name address, and tel	Restrained pers	son's legal name (or	their a	ttorney)
Party/Attorney name: _	rtootramou por			ttorriegy
Address/Telephone nu	mber: Restrained	person's address ar	nd pho	ne number
	the parties to this case	been involved Choose or	ne hoth	her in another Civil, Family, Probate
Juvenile, or Criminal C	ourt Case?	No If "yes		
4. NOTICE	ias to the ennacing n	arty and/or their attorney by	the fello	using mathad.
a. THAVE given not	——————————————————————————————————————	arty and/or their attorney by	the iono	wing method:
	LEAVE	THIS SECTIO	N B	LANK
- Havo 1000110a 00	mmaaon macano omo	. party nao roootroa my papor	o do Iono	we. (decembe)
h LUAVE NOT circ		t for orders because (Cheek		annly Var must symbol halous.
				apply. You must explain below): ate Postsecondary School Violence,
/ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		Workplace Violence Act restra		-
~ -	=	sult before the matter can be h	_	
☐ It is impo	ssible to give notice.			
	r party agrees to the ord			
c. Explanation: A hearing bet	ween the parties is alre:	ady set I am asking that this m	notion be	heard at the same time
		n the time required by law.		
X I fear for my p	hysical safety (and that	of others, if applicable).		
Other:				
I declare under penalty of p	erjury that the forgoing	is true and correct.		
Today's date	Print you	ır legal name		Sign your name
Date	Print Name		Decla	rant's Signature

INSTRUCTIONS

Please refer to Santa Clara County Local Civil Rules for more information. This form is not for use in restraining order applications filed at Family Court.

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 filling, 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 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 restraining order application and submit them as follows:

- If Civil Harassment, Workplace Violence, Private Postsecondary School Violence, or Transitional Housing Misconduct; to the Civil Division Clerk's Office at 191 North First Street, San José, CA 95113
- If Elder or Dependant Adult Abuse; to the Family Division Clerk's Office at 201 North First Street,
 San José, CA 95113

	CH-710 Notice of Hearing to Renew Restraining Order	Clerk stamps date here when form is filed.
1	Protected Person	
	a. Your Full YOUR NAME	
	Your Name Firm address will be seen by the Restrained Person so use a mailing address that is safe on all your forms. b. Your inform	Fill in court name and street address:
	home instead. You do not have to give tell-phone, fax, or e-mail.):	Superior Court of California, County of Santa Clara 191 North First Street
	Address:	191 North First Street
	City: YOUR ADDRESS State: Zip:Zip:	San Jose, CA 95113
	E-Mail Address:	COURT CASE #S ONLY DO NOT USE POLICE CARD/REPORT #S
2	Restrained F RESTRAINED PERSON'S	NAME
	Address City: RESTRAINED PERSON'S AD	DDRESS —
	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. address of court if different from above:
_	Date: Time: 191 North	h First Street CA 95113
Ĺ	LEAVE BLANK, CLERK WILL FILL	THIS IN FOR YOU

At the hearing, the judge can renew the current restraining order for up to another five 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:

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(4	1

Service and Response

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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"*?



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.

CH-700 Request to Renew Restraining Order	Clerk stamps date here when form is filed.
Protected Person a. Your Full Name: YOUR NAME Your Selft Represented are one for this case): Na *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.* have to give telephone, fax, or e-mail.) Address: City: YOUR ADDRESS Zip:	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
E-Mail Address: Restrained Person Full Name: RESTRAINED PERSON'S NAME	COURT CASE #S ONLY DO NOT USE POLICE CARD/REPORT #S
Address (if known): RESTRAINED PERSON'S ADDRESS City: Request to Renew Restraining YOU MUST ATTACH CURRENT RESTRAINED PERSON'S ADDRESS City: YOU MUST ATTACH CURRENT RESTRAINED PERSON'S ADDRESS CITY YOU MUST ATTACH CURRENT RESTRAINED PERSON RESTR	H A COPY OF THE of the order NING ORDER Specify): a sheet of paper and write "Attachment
See Attachment 3d-Reasons I declare under penalty of perjury under the laws of the State of California than	
TODAY'S DATE Type or man some man. PRINT YOUR NAME not a Court Or SI	GN YOUR NAME

S	LAST NAME VS. LAST NAME COURT CASE #S ONLY DO NOT USE POLICE CARD/REPORT	#5
	PERSON WHO FIRST STARTED THIS CASE GOES FIRST easons to Renew	<i>"</i> C
1	ATTACHMENT (Number): Restraining Order (This Attachment may be used with any Judicial Council form.) Page of (Add pages as required Attachment 3d-Reasons to Renew Order	d)
3		
4		
5	EXPLAIN TO THE COURT HERE WHY YOU WANT	
6	THIS RESTRAINING ORDER RENEWED.	
7		
8	——GIVE DETAILS AND SPECIFICS OF WHAT	
9	THE PERSON HAS SAID OR DONE TO MAKE	
10	——YOU FEARFUL FOR YOUR SAFETY	
11	AFTER THIS CURRENT RESTRAINING ORDER	
12	EXPIRES.	
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		
23		
24		
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26		
27	(If the item that this Attachment concerns is made under penalty of perjury, all statements in this Attachment are made under penalty of perjury.)	of 1

Form Approved for Optional Use Judicial Council of California MC-025 [Rev. January 1, 2007] Martin Dean's

ESSENTIAL FORMS™

CLETS-001 Confidential Information for Law Enforcement

Instructions: If you are asking for a restraining order, you must complete this form and give it to the court clerk, along with the other court forms required in your case. If the judge grants the restraining order, information you give on this form will be entered into a database (called CLETS) to help law enforcement enforce the order. If information changes later, you may	
complete this form again and turn it in to the court. Court fills in case number when Your Case Number, if your C	ve order
Information that has a star (*) next to it is required. All other information is helpful.	oort #'s
Date received by court.	Date this form is turned in
Person You Want a Restraining Order Against Address:	
*Name: Restrained Person's Name and Address City: State: Other names used: List any other names the Restrained Person uses DOR and gonder D.O.B.:	
Other names used: List any other names the Restrained Person uses, DOB and gender D.O.B.: Marks, scars, or tattoos: SSN:	Gender:
Telephone: Complete as much information as possible about the restrained person	
Vehicle type:	
Name of employer	
Does the person sp	
If the Restrained Person have any firearms, firearm parts, ammunition or body armor, downard items they have in as much detail as possible and indicate where they are kept, if I	
what items they have in as much detail as possible and indicate where they are kept, if I Your Name: (Skip 3 and 4 if you are asking for a gun violence restraining order (form GV-100).) Your Information	known.
*Your Name: Your Name (Skip ③ and ④ if you are asking for a gun violence restraining order (form GV-100).) Your Information *Age: Condon: Manuary Age:	
what items they have in as much detail as possible and indicate where they are kept, if I *Your Name: Your Name (Skip ③ and ④ if you are asking for a gun violence restraining order (form GV-100).) Your Information *Age: Race: Complete this section as fully as possible. The items in bold are mandatory.	known.
*Your Name: Your Name (Skip 3) and 4) if you are asking for a gun violence restraining order (form GV-100).) Your Information *Age: Race: Complete this section as fully as possible. The items in bold are mandatory.	known.
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what items they have in as much detail as possible and indicate where they are kept, if I *Your Name: Your Name (Skip ③ and ④ if you are asking for a gun violence restraining order (form GV-100).) Your Information *Age: Race: Complete this section as fully as possible. The items in bold are mandatory. Do you speak English? Yes No (list language): 4 Other People You Want Protected *Name: If you asked to protect additional people, you must list them here. Complete	X (nonbinary
what items they have in as much detail as possible and indicate where they are kept, if I *Your Name: Your Name (Skip ③ and ④ if you are asking for a gun violence restraining order (form GV-100).) Your Information *Age: Race: Complete this section as fully as possible. The items in bold are mandatory. Do you speak English? ☐ Yes ☐ No (list language): 4 Other People You Want Protected *Name: If you asked to protect additional people, you must list them here. Complete the information as fully as possible. The items in bold are mandatory.	X (nonbinary
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what items they have in as much detail as possible and indicate where they are kept, if I *Your Name: Your Name (Skip ③ and ④ if you are asking for a gun violence restraining order (form GV-100).) Your Information *Age: Race: Complete this section as fully as possible. The items in bold are mandatory. Do you speak English? □ Yes □ No (list language): 4 Other People You Want Protected *Name: If you asked to protect additional people, you must list them here. Complete inthe information as fully as possible. The items in bold are mandatory.	X (nonbinary