

# SAMPLES

RENEW DVRO

REV. 1/1/2025

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



<p>ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):</p> <div style="border: 1px solid black; padding: 5px; margin: 5px;"> <b>Your name</b>  <b>Your address</b> </div> <p>TELEPHONE NO.:</p> <p>E-MAIL ADDRESS (Optional):</p> <p>ATTORNEY FOR (Name): <b>Self Represented</b></p> <p><b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA</b></p> <p>STREET ADDRESS: <b>201 N. First Street, San Jose, CA 95113</b></p> <p>MAILING ADDRESS: <b>191 N. First Street, San Jose, CA 95113</b></p> <p>CITY AND ZIP CODE:</p> <p>BRANCH NAME: <b>Family Justice Center Courthouse</b></p>	<p style="text-align: right; font-size: small;">FOR COURT USE ONLY</p> <div style="border: 1px solid black; padding: 10px; margin: 5px;"> <p><b>***IMPORTANT: Your contact information will be seen by the Restrained Person so use a SAFE mailing address. It cannot be left blank. You do not need to provide a phone number or email address.***</b></p> </div>
<p>PETITIONER:</p> <p>RESPONDENT:</p> <div style="border: 1px solid black; padding: 5px; margin: 5px;"> <p>PETITIONER=Name of Person Who Started This Case*</p> <p>*If you are opening a brand new court case</p> <p>*If you have a previous court case and don't know, ask Court Staff.</p> <p>RESPONDENT=The Other Person's Name In The Case</p> </div>	<p>CASE NUMBER:</p> <div style="border: 1px solid black; padding: 5px; margin: 5px;"> <p><b>COURT CASE #'s ONLY</b>  <b>DO NOT USE POLICE CARD/REPORT #'s</b></p> </div> <p>DEPARTMENT NUMBER:</p> <p>FCS NUMBER:</p>

I, the undersigned, declare:

- I am (choose one):
 

a. ☐ attorney for Petitioner **Check one** ☐ attorney for Respondent

b. ☒ self-represented Petitioner ☐ self-represented Respondent

c. ☐ other (explain):

☐ attorney for child(ren)
- The opposing party or minor children is represented by an attorney: ☐ Yes ☐ No  
 (If you checked "Yes", fill in the name, address, and telephone number of all attorneys.)  
 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.
- OTHER CASES:** Have the parties to this case been in another Family, Probate, Juvenile, or Criminal Court Case? ☐ Yes ☐ No If the answer is "Yes", fill in the case number: \_\_\_\_\_
- OTHER APPLICATIONS:** For another party, ☐ have ☐ have not made previous application(s) on the same issue. Orders were ☐ granted ☐ denied
- NOTICE**  
 a. **I HAVE given notice to all opposing parties and/or their attorney by the following method:**  
☐ Personal delivery ☐ Fax ☐ Overnight Carrier ☐ First Class Mail ☐ Other: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 I have received confirmation of service by: ☐ In person/telephone ☐ Written confirmation (check one below)  
 b. **I ask the Court to grant the orders requested in this declaration, you must check all that apply. In your declaration, you must provide facts that support the request except for Domestic Violence Prevention Orders.**  
☒ This is an application for a Domestic Violence Prevention Order.  
☐ This application is for a restraining order.  
☐ Giving notice to the parties.  
☐ Giving notice to the children who may be affected by the order.  
☐ Giving notice to the subject to disposition.  
☐ The parties to the request for emergency orders. Provide documentation of this agreement, and/or,

LEAVE THIS SECTION BLANK

PETITIONER=Name of Person Who Started This Case\*  
 \*If you are opening a brand new court case  
 \*If you have a previous court case and don't know, ask Court Staff.  
 RESPONDENT=The Other Person's Name In The Case

CASE NUMBER

COURT CASE #'s ONLY  
 DO NOT USE POLICE CARD/REPORT #'s

☐ The party made reasonable and good faith efforts to give notice to the other party, and further efforts to give notice would probably be futile or unduly burdensome (describe those efforts in detail below).

☐ Other: \_\_\_\_\_

c. **Further Explanation for Asking the Court NOT to Require Notice:**

- ☐ Additional pages are attached. Total number of attached pages:  
☐ Provide detailed factual explanation of any box checked under Paragraph 5.b. above. If you do not have enough room, attach additional pages or a separate sworn declaration of good cause:

No further explanation is required.  
 This is an application for a  
 Domestic Violence Prevention Act  
 (DVPA) Restraining Order.

I declare under penalty of perjury that the foregoing and any statement on attached pages are true and correct.

TODAY'S DATE

Date

PRINT YOUR NAME

Print Name

SIGN YOUR NAME

Signature of Declarant



PETITIONER:	CASE NUMBER
RESPONDENT:	

### **INSTRUCTIONS**

For more information please refer to Superior Court of California, County of Santa Clara Local Rules 5 A & B and California State Rules, Rules 5.151, 5.165, 5.167, and 5.170.

This form is required in Santa Clara County, if you are asking the Judge to make immediate orders (also known as emergency or ex parte orders) without the other party being present for a hearing. This form must be completed in any case where ex parte orders or emergency orders are requested. If you are required to give notice, notice must be given before 10:00 a.m. on the court day before the Judge reviews the application, or the application will be delayed another 24 hours. Notice means providing the other side of the case, either all other attorneys or any 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 given notice to the other side of your case, you must state the form of notice given. If you ask the Court to not require notice, you must explain why. Sometimes notice is not required, such as cases involving allegations of domestic violence or 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 any 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 #5a.**

Unless notice is excused by the Court, you must provide notice of this application to all other parties and attorneys 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), who received it and at what time and on which date. Also, please explain how you know that the other side received copies of your papers and what response you were given.

#### **SECTION #5c.**

**If you believe that you should not be required to give notice of this application and are asking the Court not to require notice, 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 or provide a separate declaration.**

After this form is completed, attach it to your application or motion and submit them to the Court Specialist's Office at the Family Court Facility where you are dropping off your paperwork for review.



**Notice of Hearing to  
Renew Restraining Order**

Clerk stamps date here when form is filed.

**SAMPLE  
ONLY  
Do not write  
on this copy!**

**Instruction:** The protected person must complete ① and ② only.  
The court will complete the rest of this form.

① **Protected Person (name):**

Your name

② **Restrained Person (full name):**

Restrained Person's name

Restrained Person's address

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

Fill in court name and street address:

**Superior Court of California, County of  
Santa Clara**

Street: 201 N. First St., San Jose, CA 95113

Mail: 191 N. First St., San Jose, CA 95113

Fill in case number:

**Case Number:**

③ **Court Hearing**

The judge has set a court hearing (court date) for the request to renew restraining order.

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

**The Restraining Order After Hearing (Order of Protection) stays in effect until the expiration date on that order or the**



**LEAVE BLANK**

**SAN JOSE, CA 95113**

ve: \_\_\_\_\_

④ **To the person in ②:**

- You **must** continue to obey the current restraining order until the expiration date on the current order or the hearing date, whichever is later.
- At the hearing: The judge can renew the current restraining order for at least five years or make it permanent. You can tell the judge why you agree or disagree with the request to renew the orders.
- If you do not attend the hearing, the judge can still renew the restraining order. If the judge renews the order you should receive a copy of the order at the address listed in ②. If your address is incorrect or not listed, contact the court.
- If the restraining order is renewed, you **must** obey the orders even if you do not attend the hearing. If you did not attend the hearing and want to know if the judge renewed the order, contact the court.
- If you want to respond in writing to the request to renew the restraining order, fill out form DV-720, *Response to Request to Renew Restraining Order*. File the original with the court, and have someone 18 or over—**not you**—mail a copy of it to the person in ① before the hearing. Also file form DV-250, *Proof of Service by Mail*, with the court before the hearing, and bring a copy to the court hearing.

**This is a Court Order.**



**5 To the Person in 1**

a. You must have the person in 2 personally served with a copy of all the forms listed below in 5 b by (date of deadline): 5 days before the hearing date

b. Forms to serve:

- DV-700, *Request to Renew Restraining Order* (file stamped);
- DV-710, *Notice of Hearing to Renew Restraining Order* (this form);
- DV-720, *Response to Request to Renew Restraining Order* (blank copy); and
- The current *Restraining Order After Hearing (Order of Protection)* that you want to renew (form DV-130, JV-255 or JV-265).

("Service" means someone 18 or over—not you or anyone else protected by the restraining order—must personally give the court forms to the person in 2). After the person has been served, file form DV-200, *Proof of Personal Service*, with the court clerk, and bring a copy to the court hearing. For help with service, read [form DV-200-INFO](#), *What Is "Proof of Personal Service"?*

**6 No Fee to Serve (Notify) Restrained Person**

The sheriff or marshal will serve this order for free. If you want the sheriff to serve your papers, (1) complete [form SER-001](#), *Request for Sheriff to Serve Court Papers*, and (2) give form SER-001 and a copy of this order to the sheriff.

**Judge's Signature**

Date:

LEAVE BLANK

LEAVE BLANK

 \_\_\_\_\_  
*Judge or 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 *Disability Accommodation Request* ([form MC-410](#)). (Civil Code section 54.8.)

(Clerk will fill out this part.)

**Instructions to Clerk:** The court must enter this order into CLETS or send this order to law enforcement to enter into CLETS. This must be done within one business day from the day the order is made.

**—Clerk's Certificate—**

*Clerk's Certificate*  
[seal]

I certify that this *Notice of Hearing to Renew Restraining Order* is a true and correct copy of the original on file in the court.

Date:

LEAVE BLANK

Clerk, by

LEAVE BLANK

, Deputy

Clerk stamps below when form is filed.

**Instructions**

Use this form to renew *Restraining Order After Hearing* (form DV-130), or a juvenile restraining order (form JV-255 or JV-265) based on domestic violence. For more information about how to renew a restraining order, read form DV-700-INFO, *How Do I Ask the Court to Renew My Restraining Order.*)

Fill in court name and street address:

**Superior Court of California, County of Santa Clara**

Street: 201 N. First St., San Jose, CA 95113

Mail: 191 N. First St., San Jose, CA 95113

Fill in case number:

**1 Your Name:** **Your name****! Address where you can receive court papers**

**\*\*\*IMPORTANT:** Your contact information will be seen by the Restrained Person so use a SAFE mailing address. It cannot be left blank. You do not need to provide a phone number or email address.\*\*\*

**COURT CASE #'s ONLY**  
DO NOT USE POLICE CARD/REPORT #'sAddress: **List an address where you can receive court papers and is safe for the other party to see.**  
City: \_\_\_\_\_**! Your contact information (optional)**

(The court could use this information to contact you. If you don't want the person in **2** to have this information, leave this section blank. If you choose to fill it in, only list information that is safe for the other party to see.)

Tel: \_\_\_\_\_  
Email Address: \_\_\_\_\_**Your lawyer's information (if you have one)**Name: **Self-Represented** State Bar No.: \_\_\_\_\_

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

**2 Name of Restrained Person** **Restrained Person's name****This is not a Court Order.**

**3 Request to Renew**

a. When does your current restraining order expire?

(Expiration date: month, day, year): **Fill in the end date of your Restraining Order**

b. **Have you filed a renewal before? If so, how many times?**

☐ No ☐ Yes (If yes, how many times?) \_\_\_\_\_

c. **How long do you want the Restraining Order? 5 years is the minimum.**

☐ Five years ☐ Permanently ☐ Other (any length more than five years): \_\_\_\_\_

(Attach a copy of your current restraining order. Your current restraining order would be on form DV-130, DV-730, JV-255, or JV-265, and must have a judge's signature or stamp.)

**4 Reason for Renewal**

(In this section, explain why you want the judge to renew your restraining order.)

(Check all that apply)

a. ☐ I am afraid or worried that the person in (2) might abuse me in the future because:

**If you are fearful the Restrained Person may abuse you in the future, explain why here. You may also attach any evidence to support your fear.**

(For information about what "abuse" means under the law, go to [form DV-500-INFO](#), *Can a Domestic Violence Restraining Order Help Me?*)

**This is not a Court Order.**



**4** b. ☐ **The person in (2) has violated the order**

(Not the d

**If the Restrained Person has violated the current Restraining Order, fill in this section here. If you have any evidence of the violation, you may attach it as well.**

(1) Date violation happened (*give estimate if you don't know the date*): \_\_\_\_\_

Explain what the person in (2) did: \_\_\_\_\_

**Describe in detail how the Restrained Person violated the order.**

**How many times did they violate the order in this way?**

☐ Just this once   ☐ 2–5 times   ☐ Weekly   ☐ Other: \_\_\_\_\_

Give dates of other violations or estimates of when they happened, if known: \_\_\_\_\_

**If there was more than one violation, fill in this section about the other violation.**

(2) Date other violation happened (*give estimate if you don't know the date*): \_\_\_\_\_

Explain what the person in (2) did: \_\_\_\_\_

How often has the person in (2) violated the order like this?

☐ Just this once   ☐ 2–5 times   ☐ Weekly   ☐ Other: \_\_\_\_\_

Give dates of other violations or estimates of when they happened, if known: \_\_\_\_\_

c. ☐ **Other reason or violation (*explain*):**

**You may use this section to explain any other reasons you want the order renewed or to describe any other violations of the order. You may also attach an additional declaration if needed.**

☐ *Check here if you need more space. Attach a sheet of paper and write "Form DV-700, Reason for Renewal" for a title.*

**This is not a Court Order.**



**5** ☐ **Lawyer's Fees and Costs**

I ask that the person in (2) pay for some or all of my lawyer's fees and costs. (If you ask for fees and costs and the court grants your restraining order, the court must award you fees and costs if the respondent can afford to pay.)

**6** **Your Signature**

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

Date: \_\_\_\_\_

**Today's date****Print your name***Type or print your name***Sign your name***Sign your name***7** **Your lawyer's signature** *(if you have one)*

Date: \_\_\_\_\_

**Self-Represented***Lawyer's name**Lawyer's signature***Your Next Steps**

- After you complete this form, complete items 1 and 2 of form DV-710, Notice of Hearing to Renew Restraining Order.
- File this form and form DV-710 with the court clerk. You must do this before your restraining order expires.
- Once you get your forms back from the court, have someone "serve" a copy of all forms on the person in (2). The sheriff or marshal can do this for free. See form SER-001, Request for Sheriff to Serve Court Papers. Learn more about service at <https://selfhelp.courts.ca.gov/sheriff-serves-your-request-restraining-order>.
- Learn more about how to prepare for your hearing at <https://selfhelp.courts.ca.gov/DV-restraining-order/renew/court>.

**This is not a Court Order.**



# 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.

**To Court Clerk: Do not file this form. The information on this form must be entered into the protective order registry in CLETS.**

*Court fills in case number when form is received.*

**Your Case Number, if you have one  
Do NOT list police report #'s**

Information that has a star (\*) next to it is required. All other information is helpful.

Date received by court:

**Date this form  
is turned in**

## 1 Person You Want a Restraining Order Against

\*Name: **Restrained Person's Name and Address**

Address: \_\_\_\_\_

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

Other names used: **List any other names the Restrained Person uses, DOB and gender** D.O.B.: \_\_\_\_\_ Gender: \_\_\_\_\_

Marks, scars, or tattoos: \_\_\_\_\_ SSN: \_\_\_\_\_

Telephone: \_\_\_\_\_ **Complete as much information as possible about the restrained person**

Vehicle type: \_\_\_\_\_

Name of employer: \_\_\_\_\_

Does the person speak English? \_\_\_\_\_

Does the person have any firearms (guns), firearm parts, ammunition, or body armor?

☐ No ☐ I don't know

☐ Yes *(Give any information you have below, like the type, amount, or location of any items, if known.)*

**If the Restrained Person have any firearms, firearm parts, ammunition or body armor, describe what items they have in as much detail as possible and indicate where they are kept, if known.**

## 2 \*Your Name: **Your Name**

*(Skip 3 and 4 if you are asking for a gun violence restraining order (form GV-100).)*

## 3 Your Information

\*Age: \_\_\_\_\_ \*Gender: ☐ M ☐ F ☐ X (nonbinary)

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.** Birth: \_\_\_\_\_

\*Name: \_\_\_\_\_ Birth: \_\_\_\_\_

\*Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Race: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

\*Name: \_\_\_\_\_ \*Gender: \_\_\_\_\_ Race: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

☐ Check **If you are asking to protect more than 4 additional people, ask** of paper, write "Item 4" at the top,  
and a **the Restraining Order Help Center staff for an attachment.**

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



**DV-200****Proof of Personal Service**

Clerk stamps date here when form is filed.

**SAMPLE  
ONLY  
Do not write  
on this copy!****1 Name of Party Asking for Protection:**

Your Name

**2 Name of Party to Be Restrained:**

Other Person's 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 DV-100, Request for Domestic Violence Restraining Order*.



This form is to be complete by the person who hands a filed copy of your forms to the other party.

Fill in court name and street address:

Superior Court of California, County of

Ask staff to stamp  
courthouse address here

Court clerk fills in case number when form is filed.

**Case Number:**

Your Court Case Number

- 4**
- a. ☐ DV-109 with DV-100 and a blank [DV-120](#) (*Notice of Court Hearing; Request for Domestic Violence Restraining Order; blank Response to Request for Domestic Violence Restraining Order*)
  - b. ☐ DV-110 (*Temporary Restraining Order*)
  - c. ☐ DV-105 and DV-140 (*Request for Child Custody and Visitation Orders, Child Custody and Visitation Order*)
  - d. ☐ FL-150 with a blank [FL-150](#) (*Income and Expense Declaration*)
  - e. ☐ FL-155 with a blank [FL-155](#) (*Financial Statement (Simplified)*)
  - f. ☐ DV-115 (*Request to Continue Hearing*)
  - g. ☐ DV-116 (*Order on Request to Continue Hearing*)
  - h. ☐ DV-130 (*Restraining Order After Hearing*)
  - i. ☒ Other (*specify*): FM-1013; DV-710; DV-700; BLANK DV-720; FM-1047

**5** I personally gave copies of the documents checked above to the party in **2** on:

- a. Date: Date of service      b. Time: Time of service    ☐ a.m.    ☐ p.m.

c. At this address: Where were the forms handed to the Restrained Person?City: City      State: State      Zip: Zip Code**6 Server's Information**Name: Server's name (person who handed the forms to the Restrained Person)Address: Server's addressCity: City      State: State      Zip: Zip CodeTelephone: Server's phone number*(If you are a registered process server):*

County of registration: \_\_\_\_\_ Registration number: \_\_\_\_\_

**7** I declare under penalty of perjury under the laws of the State of California that the information above is true and correct.Date: Date server signsServer's name

Type or print server's name

Server's signature

Server to sign here