CH-720

Response to Request to Renew **Restraining Order**

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

•	otected person by mail with a copy of this form and any attached pages. **Jse form CH-250*, Proof of Service of Response by Mail.**) **Protected Person (Form CH-700, item 1)* Name:	Fill in court name and street address: Superior Court of California, County of
2	Restrained Person a. Your Name: Your Lawyer (if you have one for this case): Name: Firm Name: State Bar No.:	Court fills in case number when form is filed.
3	 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: 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): 	The court will consider your Response at the hearing. Write your hearing date, time, and place from Form CH-710 item 3 here. Date Date Time: Dept.: Room: You must continue to obey the current restraining order until the hearing. At
	 Check here if there is not enough space for your answer.	the hearing, the court can extend the orde against you for up to another five years. Decify below): Cour complete answer on the attached



Clerk stamps date here when form is filed.

	Case Number:
Date:	
Lawyer's name, if you have one	Lawyer's signature
I declare under penalty of perjury under the laws of	f the State of California that the information above is true and correct.
Date:	•
Type or print your name	Sign your name