

Clerk stamps date here when form is filed.

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

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

1 Petitioner (Employer)

Name: _____

2 Employee (Protected Person)

Name: _____

3 Respondent (Restrained Person)

a. Your Name: _____

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

Name: _____ State Bar No.: _____

Firm Name: _____

b. Your Address (you may give a mailing address if you want to keep your street address private; skip this if you have a lawyer):

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

E-Mail Address: _____

4 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 4c—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 4d—Reasons Not to Renew," for a title.

Court name and street address:

Superior Court of California, County of

Fill in case number:

Case Number:

The court will consider your *Response* at the hearing. Write your hearing date, time, and place from Form WV-710 item 4 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 you 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