

Clerk stamps date here when form is filed.

**DRAFT 3
06/12/09 xyz****Not Approved by the
Judicial Council**

Fill in court name and street address:

Superior Court of California, County of

Fill in case number:

Case Number:**1** Name of protected person: _____Address (skip this if the person above has a lawyer): (A mailing address instead of a home address may be given if privacy is a concern):

City: _____ State: _____ Zip: _____

Telephone (optional): _____ Fax (optional): _____

Lawyer (if any) (name, state bar number, firm name, address, telephone, fax (optional), and e-mail (optional)):
_____**Propose to delete this form****2** Name of restrained person: _____**3 Hearing**There was a hearing on (date): _____ at (time): _____ a.m. p.m. Dept. _____ Room: _____
(Name of judicial officer) _____ made the orders at the hearing.

These people were at the hearing:

- a. The person in **1** c. The lawyer for the person in **1** (name): _____
- b. The person in **2** d. The lawyer for the person in **2** (name): _____
- Additional persons present are listed at the end of this Order as DV-730 Attachment 3.

4 Renewal and Expiration

The Request for Renewal of the attached Restraining Order After Hearing to Stop Domestic Violence, issued on (date) _____ is:

- a. DENIED. The attached order expires as stated in item **3** of the order.
- b. GRANTED. The attached order is renewed and will now expire on:

(time): _____ a.m. p.m. or midnight on (date): _____If no expiration date is written here, the order expires three years from the date of the hearing in item **3** above.

Date: _____

Judicial Officer**This is a Court Order.**