SUPERIOR COURT OF CALIFORNIA COUNTY OF SAN DIEGO

CIVIL HARASSMENT REQUEST TO MODIFY/TERMINATE RESTRAINING ORDER PACKET



FORMS INCLUDED IN TH	HIS PACKET
Request for to Modify/Terminate Civil Harassment Restraining Order	Judicial Council Form #CH-600
Attachment – to Judicial Council Form	Judicial Council Form #MC-025
Notice of Hearing on Request to Modify/Terminate Civil Harassment Restraining Order	Judicial Council Form #CH-610
Order on Request to Modify/Terminate Civil Harassment Restraining Order	Judicial Council Form #CH-630
Proof of Personal Service	Judicial Council Form #CH-200
Response to Request to Modify/Terminate Civil Harassment Restraining Order	Judicial Council Form #CH-620
Attachment – to Judicial Council Form	Judicial Council Form #MC-025
Proof of Service of Response by Mail	Judicial Council Form #CH-250

		dify <a>D Terminate Restraining Order	Clerk stamps date here when form is filed.
1	Party Seeking Modification/Termina		
	a. Your Full Name:		
	b. Protected person Restrained p		
	c. Your Lawyer <i>(if you have one for this case)</i> Name:	·	
	Name: Firm Name:		
		1	Fill in court name and street address:
	d. Your Address (If you have a lawyer, give information. If you do not have a lawyer a home address private, you may give a diff instead. You do not have to give telephone Address:	nd want to keep your erent mailing address e, fax, or e-mail.)	Superior Court of California, County of San Diego CENTRAL DIVISION, HALL OF JUSTICE, 330 W. BROADWAY, SAN DIEGO, CA 92101 EAST COUNTY DIVISION, 250 E. MAIN ST., EL CAJON, CA 92020 NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92081 SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910
	City:Sta		Fill in case number:
	Telephone:Fax:		Case Number:
	E-Mail Address:		
	Other Party a. Full Name: b. Address (if known):		
	City:		State: Zip:
(3)	Current Order		
\bigcirc	a. The current order is a/an:		
	 Civil Harassment Restraining Order A Order Renewing Civil Harassment Restriction 		0)
	b. The current order expires on (date):		
	c. A copy of the current order is attached	1.	
(4)	Request to Modify Restraining O	order	
\bigcirc	a. I ask the court to modify the current order <i>order that you want to change or delete</i>):	as follows (specify requested	d changes referring to the item number in
	 Check here if there is not enough space —Requested Changes" for a title. You 		<i>heet of paper and write "Attachment 4a</i> chment.

Judicial Council of California, www.courts.ca.gov New January 1, 2018, Mandatory Form Code of Civil Procedure, § 527.6(j)

Request to Modify/Terminate Civil Harassment Restraining Order (Civil Harassment Prevention) CH-600, Page 1 of 3

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- b. I ask the court to modify the order because (explain below):
- Check here if there is not enough space for your answer. Attach a sheet of paper and write "Attachment 4b Reasons for Requested Changes" for a title. You may use form MC-025, Attachment.

🕤 🗌 Request to Terminate Restraining Order

I ask the court to terminate the current order because (give reasons below):

Check here if there is not enough space for your answer. Attach a sheet of paper and write "Attachment 5— Reasons to Terminate Order" for a title. You may use form MC-025, Attachment.

	e court to order payment or	t my: a. 📋 Lawyer's fe	es b. 🗌 Court costs	
The am	ounts requested are:	.	τ.	
	Item	<u>Amount</u> \$	Item	<u>Amount</u> \$
		\$		\$
		<u>\$</u>		\$
Lawyer's n	ame (if any)		wyer's signature	
	nalty of perjury under the	laws of the State of Californ	nia that the information abo	ve is true and correct.
leclare under pe				
Date:				
-		•		

SHORT TITLE:	CASE NUMBER:
—	

ATTACHMENT (Number):

(This Attachment may be used with any Judicial Council form.)

(If the item that this Attachment concerns is made under penalty of perjury, all statements in this Attachment are made under penalty of perjury.)

Page ____ of ____

(Add pages as required)

	CH-610	Notice of Hearing on Request to Modify Terminate Civil Harassment Restraining Order	Clerk stamps date here when form is filed.
Party	seeking order con	npletes items (1) and (2) .	-
1)	Party Seeking	Modification/Termination	
\bigcirc	a. Your Full Nam	e:	
	b. Your Lawyer (a	if you have one for this case)	
	Name:	State Bar No.:	
	Firm Name:		 Fill in court name and street address:
	If you do not ha private, you ma not have to give	If you have a lawyer, give your lawyer's information ave a lawyer and want to keep your home address ay give a different mailing address instead. You do e telephone, fax, or e-mail.)	 Superior Court of California, County of San Diego CENTRAL DIVISION, HALL OF JUSTICE, 330 W. BROADWAY, SAN DIEGO, CA 92101 EAST COUNTY DIVISION, 250 E. MAIN ST., EL CAJON, CA 92020 NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92081
			SOUTH COUNTY DIVISION,
	City:	State: Zip: Fax:	Fill in case number:
	relephone.	Гах	– Case Number:
		s:	
\bigcirc	E-Mail Address Other Party	s:	_
	E-Mail Address Other Party a. Full Name:		_
	E-Mail Address Other Party a. Full Name: b. Address <i>(if kno</i>		
3	E-Mail Address Other Party a. Full Name: b. Address (if kno City: Court Hearing The judge has set a The current rest Hearing è Date:	wn):	State:Zip:

(A) Service on Other Party

- a. Someone age 18 or older—not you—must serve a copy of the following forms on the other party:
 - CH-600, Request to Modify/Terminate Civil Harassment Restraining Order;
 - CH-610, Notice of Hearing on Request to Modify/Terminate Civil Harrassment Restraining Order (this form);
 - CH-620, Response to Request to Modify/Terminate Civil Harassment Restraining Order (blank copy).

The forms must be served on the other party days before the hearing.

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- b. If you are the restrained person: You must have the protected person personally served with these forms. This requirement of personal service on the protected person is not a justification for you to violate the terms of the civil harassment restraining order.
- c. If you are the protected person: The restrained person may be served with these forms by mail.
- d. The person who serves the forms must fill out either form CH-200, *Proof of Personal Service*, or form CH-250, *Proof of Service of Response by Mail*. Have the person who served sign the original. Take the signed original proof-of-service form back to the court clerk for filing or bring it with you to the hearing. For help with personal service, see form CH-200-INFO, *What Is "Proof of Personal Service"*?

Date:	Clerk, by	. Deputy
		, Deputy

To the Other Party:

If you wish to make a written response to this request to modify or terminate the current civil harassment restraining order, you may fill out form CH-620, *Response to Request to Modify/Terminate Civil Harassment 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 other party at the address in (1) at least ______ days before the hearing. Also file form CH-250, *Proof of Service of Response by Mail*, with the court before the hearing.

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 for *Request for Accommodations by Persons With Disabilities and Response* (form MC-410). (Civ. Code, § 54.8.)

(Clerk will fill out this part.)

-Clerk's Certificate

I certify that this *Notice of Hearing on Request to Modify/Terminate Civil Harassment Restraining Order* is a true and correct copy of the original on file in the court.

Clerk's Certificate	Date:	
[seal]		

Clerk, by______, Deputy

CH-630	Order on Request to ☐ Modify □ Terminate Civil Harassment Restraining Ore	Clerk stamps date here when form is filed.
Prevailing party completes	s items (1) and (2).	
\bigcirc	odification/Termination	
Lawyer (if any for		
	State Bar No.:	Fill in court name and street address:
		Superior Court of California, County of San Diego
b. Address (If this po If the party does r address private, g	arty has a lawyer, give the lawyer's information. not have a lawyer and wants to keep home give a different mailing address instead. r e-mail are not required.)	 ☐ CENTRAL DIVISION, HALL OF JUSTICE, 330 W. BROADWAY, SAN DIEGO, CA 92101 ☐ EAST COUNTY DIVISION, 250 E. MAIN ST., EL CAJON, CA 92020 ☐ NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92081 ☐ SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910
Address:		Fill in case number:
City:	State:Zip:	Case Number:
Telephone:	Fax:	
Address: City: E-Mail Address: Hearing There was a hearing of <i>(Name of judicial offi</i> These people were at a The party seel		
c. The lawyer fo	r the party seeking \square modification \square term	ination (name): mination (name):
 4 Order ☐ The request to ☐ ☐ Civil Harassment ☐ Order Renewing originally issued on (modify [] terminate the attached t Restraining Order After Hearing (form CH-130 Civil Harassment Restraining Order (form CH-7	
	This is a Court Order.	
Judicial Council of California, www.courts.ca. New January 1, 2018, Mandatory Form Code of Civil Procedure, § 527.6(j)	Order on Request to Modify/Te Civil Harassment Restraining (Civil Harassment Preventio	g Order \rightarrow

b. [DENIED	without prejudice	because the other	party was no	ot served on time.
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- c. **GRANTED**.
 - (1) The order is **TERMINATED** as of the date this Order is signed on page 3.

(3) The order now EX	EXPIRES on <i>(date):</i>	at (time):	
Lawyer's Fees and	l Costs		
•	t pay to the person in the follo	wing amounts for:	
a. Lawyer's fees		0	
a. <u>Item</u>	Amount	Item	Amount
	\$		\$
	\$		\$

Additional items and amounts are attached at the end of this Order on Attachment 5.

6 Mandatory Entry of Order Into CARPOS Through CLETS

This Order must be entered into the California Restraining and Protective Order System (CARPOS) through the California Law Enforcement Telecommunications System (CLETS). *(Check one):*

- a.
 The clerk will enter this Order and its proof-of-service form into CARPOS.
- b. The clerk will transmit this Order and its proof-of-service form to a law enforcement agency to be entered into CARPOS.
- c. D By the close of business on the date that this Order is made, the prevailing party or his or her lawyer should deliver a copy of the Order and its proof-of-service form to the law enforcement agency listed below to enter into CARPOS:

Name of Law Enforcement Agency

Address (City, State, Zip)

Additional law enforcement agencies are listed at the end of this Order on Attachment 6.

This is a Court Order.

Order on Request to Modify/Terminate Civil Harassment Restraining Order (Civil Harassment Prevention) CH-630, Page 2 of 3



To the Prevailing Party:

$\overline{(7)}$	Service	of	Order
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If service is required, someone age 18 or older—**not you**—must serve a copy of this order on the other party. If a party is represented by a lawyer, you must serve the lawyer instead of the party.

☐ The other party attended the hearing. No further service is required.

Order Granted—The other party did not attend the hearing. Service is required. This Order:

 \Box must be personally served on the other party within days of the date of this Order.

 \Box may be served by mail on the other party within 5 days of the date of this Order.

Order Denied—The other party did not attend the hearing. Service by Mail: The other party may be served with this Order by mail.

Date: _____

Judicial Officer

(Clerk will fill out this part.)

-Clerk's Certificate

Clerk's CertificateI certify that this Order on Request to Modify/Terminate Civil Harassment Restraining Order is[seal]a true and correct copy of the original on file in the court.

Date: ______ Clerk, by ______, Deputy

This is a Court Order.

CH-200

Proof of Personal Service

Name:		
Person From Whom Protection Is Sought		
Name:		_
) Notice to Server	~~~~	
The server must: $\left(\chi^{2}\right)$	- (r)	
• Be 18 years of age or older.	La EX	Fill in court name and street address:
• Not be listed in items (1) or (3) of form CH-100.	J. A. H.	Superior Court of California, County of San CENTRAL DIVISION, HALL OF JUSTICE, 330 W. BROADWAY, SAN DIEGO, CA 921
• Give a copy of all documents checked in (4) to the (You cannot send them by mail.) Then complete an form and give or mail it to the person in (1).		 EAST COUNTY DIVISION, 250 E. MAIN ST., EL CAJON, CA 92020 NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92081 SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910
PROOF OF PERSONAL	SERVICE	Court fills in case number when form is filed
) I gave the person in (2) a copy of the forms checked b	elow:	Case Number:
a. CH-109, Notice of Court Hearing		
e. CH-120-INFO, <i>How Can I Respond to a Requi</i> f. CH-130, <i>Civil Harassment Restraining Order</i>	U	ent Restraining Orders?
 g. CH-250, Proof of Service by Mail (blank form) h. CH-800, Receipt for Firearms and Firearm Pail i. Other (specify):) arts (blank form)	
 h. CH-800, <i>Receipt for Firearms and Firearm Pa</i> i. Other <i>(specify):</i> I personally gave copies of the documents checked ab) <i>urts</i> (blank form) ove to the person in (2):
 h. CH-800, <i>Receipt for Firearms and Firearm Partial</i> i. Other <i>(specify)</i>:) I personally gave copies of the documents checked ab a. On <i>(date)</i>: b. At <i>(tin</i>)) <i>urts</i> (blank form) ove to the person in (<i>i</i>	2):
 h. CH-800, <i>Receipt for Firearms and Firearm Partial</i> i. Other <i>(specify):</i>) I personally gave copies of the documents checked ab a. On <i>(date):</i> b. At <i>(tin</i>)) <i>urts</i> (blank form) ove to the person in (<i>i</i>	2):
 h. CH-800, Receipt for Firearms and Firearm Paris. i. Other (specify):) <i>urts</i> (blank form) ove to the person in (<i>ne</i>):	2):
 h. CH-800, <i>Receipt for Firearms and Firearm Partial</i> i. Other <i>(specify):</i>) I personally gave copies of the documents checked ab a. On <i>(date):</i> b. At <i>(tin</i>)) <i>urts</i> (blank form) ove to the person in (<i>ne</i>):	2): a.m. □ p.m.
 h. CH-800, Receipt for Firearms and Firearm Paris. i. Other (specify): i. I personally gave copies of the documents checked ab a. On (date): b. At (time content of the documents) b. At (time content of the documents) c. At this address: City: City: Server's Information) <i>urts</i> (blank form) ove to the person in (: <i>me)</i> : State:	2): a.m. □ p.m. Zip:
 h. CH-800, Receipt for Firearms and Firearm Parity. i. Other (specify):) <i>urts</i> (blank form) ove to the person in (<i>ne</i>): [] State:	2): a.m. □ p.m. Zip:
 h. CH-800, Receipt for Firearms and Firearm Partial CH-800, Receipt for Firearm for Firearms and Firearm Firearm for Fire) <i>urts</i> (blank form) ove to the person in (: <i>ne):</i> State:	2): a.m. □ p.m. Zip:
 h. CH-800, Receipt for Firearms and Firearm Paris. i. Other (specify):) <i>urts</i> (blank form) ove to the person in (; <i>ne)</i> : State:	2): a.m. □ p.m. Zip:
 h. CH-800, Receipt for Firearms and Firearm Partial CH-800, Receipt for Firearms and Firearm Partial CH-800, Receipt for Firearms and Firearm Partial Characteristics of the documents checked ab a. On (date): b. At (time c. At this address: b. At (time c. At this address: b. At (time c. At this address: b. City: Server's Information Name: Address: City: Telephone:) <i>urts</i> (blank form) ove to the person in (; <i>ne)</i> : State:	2): a.m. □ p.m. Zip:
 h. CH-800, Receipt for Firearms and Firearm Partial CH-800, Receipt for Firearms and Firearm Partial CH-800, Receipt for Firearms and Firearm Partial Characteristics of the documents checked ab a. On (date): b. At (time c. At this address: b. At (time c. At this address: b. At (time c. At this address: city: Server's Information Name: Address: City: City: City: City: (If you are a registered process server):) urts (blank form) ove to the person in (: ne): [] State: State:	2): a.m. [] p.m. Zip:
 h. CH-800, Receipt for Firearms and Firearm Paris. i. Other (specify):) urts (blank form) ove to the person in (ince): [] State: State: Registratic	2): a.m. □ p.m. Zip: Zip: Zip:
 h. CH-800, Receipt for Firearms and Firearm Partial. Other (specify):) urts (blank form) ove to the person in (ince): [] State: State: Registratic	2): a.m. □ p.m. Zip: Zip: Zip:
 h. CH-800, Receipt for Firearms and Firearm Parity. i. Other (specify):) urts (blank form) ove to the person in (ince): [] State: State: Registratic	2): a.m. □ p.m. Zip: Zip: Zip:

(Civil Harassment Prevention)

CH-620 Response to Request to Modify	Clerk stamps date here when form is filed.
Use this form to respond to the <i>Request to Modify or</i> <i>Terminate Civil Harassment Restraining Order</i> (form CH-600).	
 Fill out this form and then take it to the court clerk. Have someone age 18 or older—not you—mail a copy of this form and any attached pages to the other party at the address in (2) below. Use form CH-250, <i>Proof of Service of Response by Mail.</i> 	Fill in court name and street address:
Party Filing Response	Superior Court of California, County of San Diego
a. Your Full Name:	CENTRAL DIVISION, HALL OF JUSTICE, 330 W. BROADWAY, SAN DIEGO, CA 92101
b. Protected person Restrained person	EAST COUNTY DIVISION, 250 E. MAIN ST., EL CAJON, CA 92020
	□ NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92081
Your Lawyer (if you have one for this case)	SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910
Name: State Bar No.:	Fill in case number:
Firm Name:	Case Number:
instead. You do not have to give telephone, fax, or e-mail. Law enforcement officer, give agency information.)	The court will consider your response at the hearing. Write your hearing date, time, and place from form CH-610 item (3) here. Hearing è Date: Date Time: Dept.: Room:
Address:	
City: State: Zip:	
E-Mail Address:	
 3 Response a. I agree to the Modification Termination of the order. b. I do not agree to the Modification Termination (Specify why you disagree in item (4) on page 2.) c. I agree to the following orders (specify below or in item (4) on page 2.) 	e 2):
Judicial Council of California, www.courts.ca.gov Response to Request to Modify/Terr	ninate CH-620, Page 1 of 2

Response to Request to Modify/Terminate Civil Harassment Restraining Order (Civil Harassment Prevention) CH-620, Page 1 of 2

	Check here if there is not eno sheet of paper and write "Att Attachment.	• • •	• •			
-						
	Lawyer's Fees and Costs					
a.						
	Item	<u>Amount</u> \$	Item	<u>Amount</u> \$		
		\$		¢		
b. te:	MC-025 and write "Attachm I ask the court to deny the real	-	0	r's fees and costs.		
		•				
wyer's	name, if you have one	Lawyer's	signature			
eclare 1	under penalty of perjury under the	e laws of the State of Calif	ornia that the information	on above is true and corre		
te:	rint your name	>	name			
		 Sign vour	name			

party's lawyer, if any. This is called "service by mail." The person who serves the form by mail must fill out form CH-250, *Proof of Service of Response by Mail*. Have the person who did the mailing sign the original. Take the signed original proof-of-service form back to the court clerk or bring it with you to the hearing.

SHORT TITLE:	CASE NUMBER:
—	

ATTACHMENT (Number):

(This Attachment may be used with any Judicial Council form.)

(If the item that this Attachment concerns is made under penalty of perjury, all statements in this Attachment are made under penalty of perjury.)

Page ____ of ____

(Add pages as required)

	CH-250				
Ν	Name of Person	Asking for	Protection:		
N	Name of Person	to Be Restr	ained:		-
	Notice to Server				-
•	Be 18 years of ag	e or over.			Fill in court name and street address:
•	Not be listed in ite Harassment Restr	~ ~	(3) of form CH-100, Reque	est for Civil	330 W. BROADWAY, SAN DIEGO, CA 921
•	Mail a copy of all to the person in (ecked in (4)		250 E. MAIN ST., EL CAJON, CA 92020 ☐ NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92081 ☐ SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910
Ι	(the server) am 18	years of age o	r over and live in or am er	mployed	Fill in case number:
	n the county where locuments checked	-	ook place. I mailed a copy operson in (5):	of all	Case Number:
b c	. D Other (specify	<i>):</i>	estraining Order After Hea		
	 . □ Other (specify 	··):	0 0		
с					nailed them as described below:
c I	placed copies of the	documents ch		elope and n	nailed them as described below:
c I a	placed copies of the	e documents ch	ecked above in a sealed env	elope and n	nailed them as described below:
c I a b	placed copies of the . Name of person so . To this address: City:	e documents ch	ecked above in a sealed env	elope and n	nailed them as described below:
c I a b c	placed copies of the . Name of person so . To this address: City: . Mailed on <i>(date)</i> :	e documents che erved:	ecked above in a sealed env	elope and n State: _	nailed them as described below:
c I a b c	placed copies of the . Name of person so . To this address: City: . Mailed on <i>(date)</i> :	e documents che erved:	ecked above in a sealed env	elope and n State: _	nailed them as described below:
c I a b c d	placed copies of the . Name of person so . To this address: City: . Mailed on <i>(date)</i> :	e documents che erved:	ecked above in a sealed env	elope and n State: _	nailed them as described below:
c I b c d S	placed copies of the Name of person so To this address: City: Mailed on (<i>date</i>): Mailed from (<i>city</i>) Server's Informa	e documents cha erved:	ecked above in a sealed env	elope and n State: _ (s	nailed them as described below: Zip:
c I a b c d S N	placed copies of the Name of person so To this address: City: Mailed on (<i>date</i>): Mailed from (<i>city</i> Server's Informa Name:	e documents che erved:	ecked above in a sealed env	elope and n State: _ (s	nailed them as described below: Zip:
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C I a b c d S N A C T	placed copies of the Name of person so To this address: City: Mailed on (<i>date</i>): Mailed from (<i>city</i>) Server's Informa Name: Address: City: Felephone: f you are a registered	e documents che erved:	ecked above in a sealed envi	elope and n	nailed them as described below: Zip:
C I a b c d S N A C T	placed copies of the Name of person so To this address: City: Mailed on (<i>date</i>): Mailed from (<i>city</i>) Server's Informa Name: Address: City: Felephone: f you are a registered	e documents che erved:	ecked above in a sealed envi	elope and n	nailed them as described below:Zip:
C I a b c d S N A C T I I I I I I	placed copies of the . Name of person so . To this address: City: . Mailed on (<i>date</i>): . Mailed from (<i>city</i>) Server's Informa Name: Address: City: Felephone: f you are a registered County of reg	d process serve	ecked above in a sealed envi	elope and n State: _ (s Registration	nailed them as described below: Zip:
C I a b c d S N A C T I I I I I C	placed copies of the . Name of person so . To this address: City: . Mailed on (<i>date</i>): . Mailed from (<i>city</i>) Server's Informa Name: Address: City: Felephone: f you are a registered County of reg declare under penal correct.	d process serve	ecked above in a sealed envi	elope and n State: _ (s Registration	nailed them as described below: Zip:
c) I a b c d C M A C T I I I I I C C	placed copies of the . Name of person so . To this address: City: . Mailed on (<i>date</i>): . Mailed from (<i>city</i>) Server's Informa Name: Address: City: Felephone: f you are a registered County of reg declare under penal correct.	documents cheerved:	ecked above in a sealed envi	elope and n State: _ (s Registration California	nailed them as described below: Zip: