

**SUPERIOR COURT OF CALIFORNIA
COUNTY OF SAN DIEGO**

**CIVIL HARASSMENT
REQUEST TO MODIFY/TERMINATE
RESTRAINING ORDER PACKET**



FORMS INCLUDED IN THIS 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

Clerk stamps date here when form is filed.

1 Party Seeking Modification/Termination

- a. Your Full Name: _____
- b. Protected person Restrained person
- c. Your Lawyer (if you have one for this case)
 Name: _____ State Bar No.: _____
 Firm Name: _____
- d. 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: _____

Fill in court name and street address:

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

Fill in case number:

Case Number:

2 Other Party

- a. Full Name: _____
- b. Address (if known): _____
 City: _____ State: _____ Zip: _____

3 Current Order

- a. The current order is a/an:
 - Civil Harassment Restraining Order After Hearing (form CH-130)
 - Order Renewing Civil Harassment Restraining Order (form CH-730)
- b. The current order expires on (date): _____
- c. A copy of the current order is attached.

4 Request to Modify Restraining Order

- a. I ask the court to modify the current order as follows (specify requested changes referring to the item number in order that you want to change or delete):
 Check here if there is not enough space for your answer. Attach a sheet of paper and write "Attachment 4a—Requested Changes" for a title. You may use form MC-025, Attachment.



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.

Lined area for writing the answer to question b.

5 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.

Lined area for writing the answer to question 5.

6 **Lawyer's Fees and Costs**

I ask the court to order payment of my: a. Lawyer's fees b. Court costs

The amounts requested are:

<u>Item</u>	<u>Amount</u>	<u>Item</u>	<u>Amount</u>
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

Check here if there are more items. Put the items and amounts on the attached sheet of paper or form MC-025 and write "Attachment 6—Lawyer's Fees and Costs" for a title.

Date: _____

Lawyer's name (if any)

▲ _____
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

SHORT TITLE: <hr/>	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)

**Notice of Hearing on Request to
 Modify Terminate
Civil Harassment Restraining Order**

Clerk stamps date here when form is filed.

Party seeking order completes items ① and ②.

① Party Seeking Modification/Termination

- a. Your Full Name: _____
- b. Your Lawyer (if you have one for this case)
Name: _____ State Bar No.: _____
Firm Name: _____
- c. 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: _____

Fill in court name and street address:

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

Fill in case number:

Case Number:

② Other Party

- a. Full Name: _____
- b. Address (if known): _____
City: _____ State: _____ Zip: _____

③ Court Hearing

The judge has set a court hearing date. Court will fill in box below.

The current restraining order stays in effect unless terminated by the court.

Hearing Date

Date: _____ Time: _____
Dept.: _____ Room: _____

Name and address of court if different from above:

④ 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 Harassment 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.



- 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

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
[seal]

Date: _____
Clerk, by _____, Deputy

Order on Request to
 Modify **Terminate**
Civil Harassment Restraining Order

Clerk stamps date here when form is filed.

Prevailing party completes items ① and ②.

① Party Seeking Modification/Termination

a. Full Name: _____
Lawyer (if any for this case)
Name: _____ State Bar No.: _____
Firm Name: _____

b. Address (If this party has a lawyer, give the lawyer's information. If the party does not have a lawyer and wants to keep home address private, give a different mailing address instead. Telephone, fax, or e-mail are not required.)

Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____

Fill in court name and street address:

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

Fill in case number:

Case Number:

② Other Party

Full Name: _____
Address: _____
City: _____ State: _____ Zip: _____
E-Mail Address: _____

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 party seeking modification termination
- b. The party opposing modification termination
- c. The lawyer for the party seeking modification termination (name): _____
- d. The lawyer for the party opposing modification termination (name): _____

④ Order

- The request to modify terminate the attached
- Civil Harassment Restraining Order After Hearing (form CH-130)
- Order Renewing Civil Harassment Restraining Order (form CH-730)

originally issued on (date): _____ is:

- a. **DENIED.** The order and expiration date remain the same.

This is a Court Order.



To the Prevailing Party:

7 Service of Order

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:
 - must be personally served on the other party within _____ days of the date of this Order.
 - 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 Certificate
[seal]

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

Date: _____ Clerk, by _____, Deputy

This is a Court Order.

Clerk stamps date here when form is filed.

1 Person Seeking Protection

Name: _____

2 Person From Whom Protection Is Sought

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 CH-100.
- Give a copy of all documents checked in ④ to the person in ②. (You cannot send them by mail.) Then complete and sign this form and give or mail it to the person in ①.



Fill in court name and street address:

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

Court fills in case number when form is filed.

Case Number:

PROOF OF PERSONAL SERVICE

4 I gave the person in ② a copy of the forms checked below:

- a. CH-109, *Notice of Court Hearing*
- b. CH-110, *Temporary Restraining Order*
- c. CH-100, *Request for Civil Harassment Restraining Orders*
- d. CH-120, *Response to Request for Civil Harassment Restraining Orders* (blank form)
- e. CH-120-INFO, *How Can I Respond to a Request for Civil Harassment Restraining Orders?*
- f. CH-130, *Civil Harassment Restraining Order After Hearing*
- g. CH-250, *Proof of Service by Mail* (blank form)
- h. CH-800, *Receipt for Firearms and Firearm Parts* (blank form)
- i. Other (*specify*): _____

5 I personally gave copies of the documents checked above to the person in ②:

- a. On (*date*): _____ b. At (*time*): _____ a.m. p.m.
- c. At this address: _____
City: _____ State: _____ Zip: _____

6 Server's Information

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____

(If you are a registered process server):

County of registration: _____ Registration number: _____

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 server's name

▶ _____
 Server to sign here

Response to Request to
 Modify **Terminate**
Civil Harassment Restraining Order

Clerk stamps date here when form is filed.

Use this form to respond to the *Request to Modify or Terminate Civil Harassment Restraining Order* (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, *Proof of Service of Response by Mail*.

1 Party Filing Response

a. Your Full Name: _____

b. Protected person Restrained person

Your Lawyer (if you have one for this case)

Name: _____ State Bar No.: _____

Firm Name: _____

c. 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. Law enforcement officer, give agency information.)

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

2 Other Party

Full Name: _____

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):

Fill in court name and street address:

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

Fill in case number:

Case Number:

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: _____



4 **Reasons I Do Not Agree to the** **Modification** **Termination**

Check here if there is not enough space below for your answer. Put your complete answer on an attached sheet of paper and write "Attachment 4—Reasons I Disagree" as a title. You may use form MC-025, Attachment.

5 **Lawyer's Fees and Costs**

a. I ask the court to order payment of my Lawyer's fees Court costs

The amounts requested are:

<u>Item</u>	<u>Amount</u>	<u>Item</u>	<u>Amount</u>
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

Check here if there are more items. Put the items and amounts on the attached sheet of paper or form MC-025 and write "Attachment 5—Lawyer's Fees and Costs" for a title.

b. I ask the court to deny the request of the other party that I pay his or her lawyer's fees and costs.

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

To the Party Filing This Response:

Have someone age 18 or older—**not you**—mail a copy of this completed form CH-620 to the other party or to the other 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)

Clerk stamps date here when form is filed.

1 Name of Person Asking for Protection:

2 Name of Person to Be Restrained:

3 Notice to Server

The server must:

- Be 18 years of age or over.
- Not be listed in items **1**, **2**, or **3** of form CH-100, *Request for Civil Harassment Restraining Orders*.
- Mail a copy of all documents checked in **4** to the person in **5**.

4 I (the server) am 18 years of age or over and live in or am employed in the county where the mailing took place. I mailed a copy of all documents checked below to the person in **5:**

- a. CH-120, *Response to Request for Civil Harassment Restraining Orders*
- b. CH-130, *Civil Harassment Restraining Order After Hearing*
- c. Other (*specify*): _____

5 I placed copies of the documents checked above in a sealed envelope and mailed them as described below:

- a. Name of person served: _____
- b. To this address: _____
 City: _____ State: _____ Zip: _____
- c. Mailed on (*date*): _____
- d. Mailed from (*city*): _____ (*state*): _____

6 Server's Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

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: _____

Type or print server's name



Server to sign here

Fill in court name and street address:

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

Fill in case number:

Case Number:
