	I-700(HVT) Request to Renew Restraining Order	Clerk stamps below when form is filed.
1	Name of Protected Person (Petitioner):	-
	Your lawyer in this case (if you have one):	
	Name: Tribal Bar No.:	_
	Firm Name:	
	Address (If you have a lawyer for this case, give your lawyer's	
	information. If you do not have a lawyer and want to keep your home	
	address private, give a different mailing address instead. You do not	Fill in court name and street address:
	have to give your telephone, fax, or e-mail.):	Tribal Court of:
	Address:	- Hoopa Valley Tribal Court
	City: State: Zip:	12530 State Highway 96
	Telephone: Fax:	– P.O. Box 1389
	E-Mail Address:	<i>Ноо</i> р <i>а, Са</i> 95546
2	Name of Restrained Person (Respondent):	Fill in case number:
		Case Number:
	Describe that person: Sex: M G F Ht.: Wt.:	
	Race:Hair Color:	-
	Eye Color: Age: Date of Birth:	-
9	I ask the court to renew the <i>Restraining Order After Hearing</i> (Form CH- a. The order ends on <i>(date):</i>	-130(HVT)). A copy of the order is attache
)	a. The order ends on (date):	n why you are afraid of abuse in the future
)	 a. The order ends on (date):	n why you are afraid of abuse in the future and when):
	 a. The order ends on (date):	n why you are afraid of abuse in the future and when):use:
	 a. The order ends on (date):	n why you are afraid of abuse in the future and when):
	 a. The order ends on (date):	n why you are afraid of abuse in the future and when):
.) I d	 a. The order ends on (date):	n why you are afraid of abuse in the future and when):
.) I d	 a. The order ends on (date):	n why you are afraid of abuse in the future and when):
.) I d	 a. The order ends on (date):	n why you are afraid of abuse in the future and when):
Id	 a. The order ends on (date):	n why you are afraid of abuse in the future and when):

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