NAME OF PARTY OR ATTORNEY (and state bar number if attorney):	FOR COURT USE ONLY
ADDRESS WHERE YOU WANT MAIL SENT	
TELEPHONE ——— FAX NO. ———	
NO. E-MAIL ADDRÉSS (Optional):	
(Optional): ATTORNEY FOR	
(Name): SUPERIOR COURT OF CALIFORNIA, COUNTY OF	
STREET	
MAILING ————————————————————————————————————	
CITY AND ZIP ———————————————————————————————————	
BRANCH NAME	
PLÄINTIFF/PETITIONER ———	
DEFENDANT/RESPONDENT ———	
;	
APPLICATION AND ORDER FOR REISSUANCE OF ORDER TO	CASE
SHOW CAUSE AND TEMPORARY RESTRAINING ORDER	NUMBER
CHOW CHOCK TERM CHART RECORD MANUE CHOCK	
1 Plaintiff Petitioner (name):	
requests the court to reissue the Order to Show Cause and Temporaty Rest	raining Order ("Order to Show Cause")
originally issued as follows: a. Order to <i>Show</i> Cause was issued on (date <del>): —</del>	
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2 Praint Petitioner requests reissuance of the Order to Show Cause	
· a defendações respondent was unable to be served as rec	vuired before the bearing
— · · · · · · · · · · · · · · · · · · ·	fulled before the hearing
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