

Clerk stamps date here when form is filed.

Fill in court name and street address:

**Superior Court of California, County of**

Court fills in case number when form is filed.

**Case Number:**

**Use this form to respond to the Request (form CH-100)**

- Read *How Can I Respond to a Request for Civil Harassment Restraining Orders?* (form CH-120-INFO), to protect your rights.
- Fill out this form and take it to the court clerk.
- Have someone age 18 or older—**not you**—serve the person in ① or his or her lawyer by mail with a copy of this form and any attached pages. (Use form CH-250, Proof of Service of Response by Mail.)

**① Person Seeking Protection**

Name of person seeking protection (see form CH-100, item ①):

**② Person From Whom Protection Is Sought**

a. Your Name: \_\_\_\_\_  
 Your Lawyer (if you have one for this case):  
 Name: \_\_\_\_\_ State Bar No.: \_\_\_\_\_  
 Firm Name: \_\_\_\_\_

b. 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: \_\_\_\_\_

**③  Personal Conduct Orders**

- a.  I agree to the orders requested.  
 b.  I do not agree to the orders requested.  
 c.  I agree to the following orders (specify):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**④  Stay-Away Orders**

- a.  I agree to the orders requested.  
 b.  I do not agree to the orders requested.  
 c.  I agree to the following orders (specify): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**⑤  Additional Protected Persons**

- a.  I agree that the persons listed in item ③ of form CH-100 may be protected by the order requested.  
 b.  I do not agree that the persons listed in item ③ of form CH-100 may be protected by the order requested.

Present your response and any opposition at the hearing. Write your hearing date, time, and place from form CH-109 item ③ here:

**Hearing Date** ⊕ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Dept.: \_\_\_\_\_ Room: \_\_\_\_\_

**If you were served with a Temporary Restraining Order, you must obey it until the hearing.** At the hearing, the court may make orders against you that last for up to five years.



**6 Guns or Other Firearms and Ammunition**

If you were served with form CH-110, *Temporary Restraining Order*, you cannot own or possess any guns, other firearms, or ammunition. (See item 7 of form CH-110.) You must sell to or store with a licensed gun dealer, or turn in to a law enforcement agency, any guns or other firearms in your immediate possession or control within 24 hours of being served with form CH-110. You must file a receipt with the court. You may use form CH-800, *Proof of Firearms Turned In, Sold or Stored*, for the receipt.

- a.  I do not own or control any guns or firearms.
- b.  I have turned in my guns and firearms to the police or sold them to or stored them with a licensed gun dealer.  
     A copy of the receipt  is attached.  has already been filed with the court.

**7  Possession and Protection of Animals**

- a.  I agree to the orders requested.
- b.  I do not agree to the orders requested.
- c.  I agree to the following orders (*specify*): \_\_\_\_\_  
     \_\_\_\_\_  
     \_\_\_\_\_

**8  Other Orders**

- a.  I agree to the orders requested.
- b.  I do not agree to the orders requested.
- c.  I agree to the following orders (*specify*): \_\_\_\_\_  
     \_\_\_\_\_  
     \_\_\_\_\_

**9  Denial**

I did not do anything described in item 7 of form CH-100. (*Skip to 10.*)

**10  Justification or Excuse**

If I did some or all of the things that the person in 1 has accused me of, my actions were justified or excused for the following reasons (*explain*):

- 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 10—Justification or Excuse" as a title. You may use form MC-025, Attachment.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



**11**  **No Fee for Filing**

- a.  I request that I not be required to pay the filing fee because the person in **1** claims in form CH-100 item **13** to be entitled to free filing.
- b.  I request that I not be required to pay the filing fee because I am eligible for a fee waiver. (*Form FW-001, Request to Waive Court Fees, must be filed separately.*)

**12**  **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 12—Lawyer's Fees and Costs" for a title.*

- b.  I ask the court to deny the request of the person asking for protection that I pay his or her lawyer's fees and costs.

**13** Number of pages attached to this form, if any: \_\_\_\_\_

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 and on all attachments is true and correct.

Date: \_\_\_\_\_

\_\_\_\_\_  
*Type or print your name*

} \_\_\_\_\_  
*Sign your name* 

