

Clerk stamps date here when form is filed.

1 Name of person who asked for the order:

\_\_\_\_\_

2 Your name: \_\_\_\_\_

Your address (skip this if you have a lawyer): (If you want your address to be private, give a mailing address instead):

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Your telephone (optional): (\_\_\_\_) \_\_\_\_\_

Your lawyer (if you have one): (Name, address, telephone number, and State Bar number): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Fill in court name and street address:

**Superior Court of California, County of**

\_\_\_\_\_

Fill in case number:

**Case Number:**

\_\_\_\_\_

**Use this form to give the court your answers to CH-100**

- Read Form CH-151 to protect your rights.
- Fill out this form and then take it to the court clerk.
- Serve the person in ① with a copy of this form and any attached pages.

3  **Personal Conduct Orders**

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

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

The court will consider your Answer at the hearing. Write your hearing date and time here:

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

**You must obey the court's orders until the hearing.** If you do not come to this hearing, the court may make the orders requested against you last for up to 3 years.

4  **Stay Away Orders**

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

\_\_\_\_\_

5  **Turn In Guns or Other Firearms**

- a.  I do not own or have any guns or firearms.
- b.  I agree to the order requested.
- c.  I do not agree to the order requested.
- d.  I agree to the following order (specify): \_\_\_\_\_

\_\_\_\_\_

6  **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): \_\_\_\_\_

\_\_\_\_\_



Your name: \_\_\_\_\_

**7**  **Emotional Distress**

a.  The person in ① has not suffered emotional distress. *(Explain):* \_\_\_\_\_

\_\_\_\_\_

b.  A reasonable person in the same position as the person in ① would not have suffered emotional distress. *(Explain):* \_\_\_\_\_

\_\_\_\_\_

c.  If the person in ① has suffered any emotional distress, it is not because of what that person has accused me of doing. *(Explain):* \_\_\_\_\_

\_\_\_\_\_

**8**  **Purpose of Actions**

What I did to the person in ①—if anything—was not done on purpose.

**9**  **Denial**

a.  I did not do anything described in ⑥ of Form CH-100. *(Skip to ⑪.)*

b.  I did some or all of the things described in ⑥ of Form CH-100. *(Explain in ⑩–⑪.)*

**10**  **Reason or Excuse**

I have done some or all of the things the person in ① has accused me of, but:

a.  What I did was legal. *(Explain):* \_\_\_\_\_

\_\_\_\_\_

b.  I had a good reason for doing these things. *(Explain):* \_\_\_\_\_

\_\_\_\_\_

c.  I have other reasons to justify what I did. *(Explain):* \_\_\_\_\_

\_\_\_\_\_

**11**  **The court should not make an order against me because:** *(List facts or reasons below):*

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

Check here if you need more space. Attach a sheet of paper and write “CH-110, Item 11— Facts and Reasons” at the top. Give specific facts and reasons.



Your name: \_\_\_\_\_

**12**  **No Fee for Filing**

I ask the court to waive the filing fee because the person in ① claims that I have used or threatened to use violence against them or have acted in some other way that would make them reasonably fear violence.

**13**  **Lawyer's Fees and Costs**

I ask the court to order payment of my:

a.  Lawyer's fees

b.  Out-of-pocket expenses

because the temporary restraining order was issued without enough supporting facts.

The amounts requested are:

Item	Amount	Item	Amount
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

**14**  **Other Relief**

I ask for additional relief as may be proper.

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

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

\_\_\_\_\_  
*Attorney's name*

▶ \_\_\_\_\_  
*Attorney'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*