

Clerk stamps date here when form is filed.

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):

Fill in court name and street address:

Superior Court of California, County of

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: _____

Fill in case number:

Case Number:

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 three years.

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.



10 **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.*)

11 **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 11—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.

12 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 is true and correct.

Date: _____

Type or print your name

Sign your name