

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 by Mail.)

① Person Seeking ProtectionFull name of person seeking protection (see form CH-100, item ①):

Fill in court name and street address:

Superior Court of California, County of _____

Court fills in case number when form is filed.

Case Number: _____**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 email.)

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Email Address: _____

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.**③ ☐ Personal Conduct Orders**

- a. ☐ I agree to the orders requested.
- b. ☐ I do not agree to the orders requested. (Specify why you disagree in item ⑫ on page 4.)
- c. ☐ I agree to the following orders (Specify below or in item ⑫ on page 4.)
- _____
- _____

④ ☐ Stay-Away Orders

- a. ☐ I agree to the orders requested.
- b. ☐ I do not agree to the orders requested. (Specify why you disagree in item ⑫ on page 4.)
- c. ☐ I agree to the following orders (specify below or in item ⑫ on page 4):
- _____
- _____



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.

6 **Firearms (Guns), Firearm Parts, and Ammunition**

If you were served with form CH-110, *Temporary Restraining Order*, you cannot own or possess any firearms (guns), firearm parts, or ammunition. This includes firearm receivers and frames, and any item that may be used as or easily turned into a receiver or frame (see Penal Code section 16531). (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 firearms (guns) or firearm parts 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 *Receipt for Firearms and Firearm Parts* (form CH-800) for the receipt.**

- a. ☐ I do not own or control any firearms (guns), firearm parts, or ammunition.
- b. ☐ I ask for an exemption from the firearms prohibition under Code of Civil Procedure section 527.9(f) because carrying a firearm is a condition of my employment, and my employer is unable to reassign me to another position where a firearm is unnecessary. *(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 6b—Firearms Surrender Exemption" as a title. You may use form [MC-025](#), Attachment.*

- c. ☐ I have turned in my firearms (guns) and firearm parts 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 **No Body Armor**

If you were served with form CH-110, *Temporary Restraining Order*, you are prohibited from owning, possessing, or buying body armor. You must also relinquish any body armor you have in your possession.

(Check all that apply):

- a. ☐ I do not own or have any body armor.
- b. ☐ I have relinquished all body armor that I have in my possession.
- c. ☐ I was granted an exception, or will ask for an exception, to have body armor. Note: This exception is granted by a chief of police or sheriff. See Penal Code section 31360(c). *(Attach a copy of the letter granting permission, if you have one.)*



8 ☐ **Possession and Protection of Animals**

- a. ☐ I agree to the orders requested.
- b. ☐ I do not agree to the orders requested. *(Specify why you disagree in item 12 on page 4.)*
- c. ☐ I agree to the following orders *(specify below or in item 12 on page 4):*

9 ☐ **Other Orders**

- a. ☐ I agree to the orders requested.
- b. ☐ I do not agree to the orders requested. *(Specify why you disagree in item 12 on page 4.)*
- c. ☐ I agree to the following orders *(specify below or in item 12 on page 4):*

10 ☐ **Denial**

I did not do anything described in item 7 of form CH-100. *(Skip to 12.)*

11 ☐ **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 11—Justification or Excuse" as a title. You may use form MC-025, Attachment.



14 ☐ **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 and write "Attachment 14—Lawyer's Fees and Costs" for a title. You may use form MC-025, Attachment.

- 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.

15 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