

Clerk stamps date here when form is filed.

**Use this form to request court-appointed counsel and to respond to the petition (form RT-100)**

- To request court-appointed counsel, fill out ①, ②a, and ③ of this form, sign the declaration on page 3, and take it to the court clerk. **Do not fill out the other items if you are requesting court-appointed counsel.**
- Have someone age 18 or older, who is not involved in this case, serve the person in ① by mail with a copy of this form and any attached pages.
- Read *How Can I Respond to a Petition for Retail Crime Restraining Order* (form [RT-120-INFO](#)) for information about service and other next steps.

**① Retail Establishment**

Name (see form RT-100, item ①): \_\_\_\_\_

DBA (if applicable): \_\_\_\_\_

Write your hearing date, time, and place from form RT-109, item ③, here:

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

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 Respondent**

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

**③  Request for Counsel**

I request court-appointed counsel to represent me in this case.



**If you are using this form to request court-appointed counsel, do not fill out any items below except the signature.**

## 4 Orders

- a.  I agree to the orders requested.
  - b.  I do not agree to the orders requested.

## **5** Reasons I Do Not Agree to the Orders Requested

- a.  The retail establishment is the only place that sells food, pharmaceuticals, or other basic life necessities within one mile of where I live, or the order would otherwise create undue hardship for me.

b.  Other reasons for disagreement

*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 5—Reasons I Disagree" as a title. You may use form MC-025, Attachment.*

You may **but are not required to** explain below why you disagree with the orders requested. Any statements you make on this form may be used in a criminal prosecution against you.



6  **No Fee for Filing and Service**

I request that I not be required to pay the filing fee and that the sheriff or marshal serve my papers for free because I am eligible for a fee waiver. (*Form FW-001, Request to Waive Court Fees, must be filed separately.*)

7 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*