

CH-620

**Response to Request to
□ Modify □ Terminate
Civil Harassment Restraining Order**

**Use this form to respond to the Request to Modify or
Terminate Civil Harassment Restraining Order (form CH-600).**

- Fill out this form and then take it to the court clerk.
- Have someone age 18 or older—**not you**—mail a copy of this form and any attached pages to the other party at the address in (2) below. Use form CH-250, *Proof of Service of Response by Mail*.

(1) Party Filing Response

a. Your Full Name: _____

b. Protected person Restrained person

Your Lawyer (*if you have one for this case*)

Name: _____ State Bar No.: _____

Firm Name: _____

c. 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. Law enforcement officer, give agency information.*)

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Clerk stamps date here when form is filed.

Fill in court name and street address:

Superior Court of California, County of

Fill in case number:

Case Number:

The court will consider your response at the hearing. Write your hearing date, time, and place from form CH-610 item (3) here.

Hearing Date Date: _____
Time: _____

Dept.: _____ Room: _____

(2) Other Party

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-Mail Address: _____

(3) Response

a. I agree to the Modification Termination of the order.

b. I do not agree to the Modification Termination
(Specify why you disagree in item (4) on page 2.)

c. I agree to the following orders (specify below or in item (4) on page 2):



4 Reasons I Do Not Agree to the Modification Termination

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

5 Lawyer's Fees and Costs

- a. I ask the court to order payment of my Lawyer's fees Court costs
The amounts requested are:

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

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

- b. I ask the court to deny the request of the other party that I pay his or her lawyer's fees and costs.

Date: _____

Lawyer's name, if you have one _____

► _____
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

To the Party Filing This Response:

Have someone age 18 or older—not you—mail a copy of this completed form CH-620 to the other party or to the other party's lawyer, if any. This is called "service by mail." The person who serves the form by mail must fill out form CH-250, *Proof of Service of Response by Mail*. Have the person who did the mailing sign the original. Take the signed original proof-of-service form back to the court clerk or bring it with you to the hearing.