

ATTORNEY OR PARTY WITHOUT ATTORNEY		STATE BAR NUMBER:		FOR COURT USE ONLY	
NAME:					
FIRM NAME:					
STREET ADDRESS:					
CITY:		STATE:	ZIP CODE:		
TELEPHONE NO.:		FAX NO.:			
E-MAIL ADDRESS:					
ATTORNEY FOR (name):					
SUPERIOR COURT OF CALIFORNIA, COUNTY OF					
STREET ADDRESS:					
MAILING ADDRESS:					
CITY AND ZIP CODE:					
BRANCH NAME:					
PROGRAM OPERATOR:					
PARTICIPANT:					
PARTICIPANT'S RESPONSE to Petition for Order Prohibiting Abuse or Program Misconduct					
HEARING DATE	TIME	DEPT.	ROOM	CASE NUMBER:	

Each participant should file a separate response. (A family may file one response.)

- If your printing is legible, you may handprint this form.
- Your response will be considered by the judge at the court hearing. No filing fee is required.
- You must still obey any orders already granted until the hearing.
- You have a right to ask the judge to postpone the hearing date.
- If you do not appear at the court hearing, the court may grant restraining orders against you that may last up to one year.
- Read the Instructions for Participants before completing this form.

I RESPOND to the Petition for Order Prohibiting Abuse or Program Misconduct as follows:

If you need additional space, attach form MC-031 (on the reverse of form MC-030). Also use form MC-031 for statements by witnesses. Reference each part on form MC-031 by a number from this form.

1. DENIAL

- a. I deny doing all of the acts stated in item 7 of the petition.
- b. I deny doing some of the acts stated in item 7 of the petition. (Specify the acts you deny doing):
(Specify on attached form MC-031 if you need more room, and check this box:

2. DENIAL OF PROGRAM MISCONDUCT

- a. My acts, if any, did not substantially interfere with the orderly operation of the transitional housing program.
- b. My acts, if any, did not violate the rules and regulations of the transitional housing program (explain):
(Specify on attached form MC-031 if you need more room, and check this box:

(Continued on reverse)

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PROGRAM OPERATOR: PARTICIPANT:	CASE NUMBER:
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3. JUSTIFICATION OR EXCUSE

I have done some or all of the acts of which I am accused, but the actions are justified or excused for the following reasons:

- a. My acts served a legitimate purpose (*specify*):

(Specify on attached form MC-031 if you need more room, and check this box:)

- b. My acts were constitutionally protected (*specify*):

(Specify on attached form MC-031 if you need more room, and check this box:)

4. WRONG PROGRAM. Program operator does **not** operate a "transitional housing program" as defined in Civil Code, section 1954.12(g) (*explain*):5. PROGRAM CONTRACT

- a. I have no contract with the program operator.
- b. The contract does not include the program rules and regulations.
- c. The contract does not include a statement of program operator's right of control over and right of access to my dwelling unit.
- d. The contract does not contain a restatement or summary of the requirements and procedures of the Transitional Housing Participant Misconduct Act.

6. OTHER DEFENSES. I have other defenses or reasons a court order should **not** be granted (*specify*):

(Specify on attached form MC-031 if you need more room, and check this box:)

7. Number of pages attached:

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:



(TYPE OR PRINT NAME)

(SIGNATURE OF PARTICIPANT)