

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

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

② Person From Whom Protection Is Sought

a. Your Name: _____
 Your Lawyer or Spokespersons (if you have one for this case)
 Name: _____ Tribal 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 court name and street address:

Tribal Court of:
Hoopa Valley Tribal Court
12530 State HWY 96
P.O. Box 1389
Hoopa, CA 95546

Court fills in case number when form is filed.

Case Number:

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 ⑪ on page 3.)
- c. I agree to the following orders (Specify below or in item ⑪ on page 3.)

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: _____

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.

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 ⑪ on page 3.)
- c. I agree to the following orders (specify below or in item ⑪ on page 3):

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 Guns or Other Firearms and Ammunition

If you were served with form CH-110, *Temporary Restraining Order*, you cannot own or possess any guns, other firearms, or ammunition. (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 guns or other firearms 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 form CH-800, *Proof of Firearms Turned In, Sold or Stored*, for the receipt.

- a. I do not own or control any guns or firearms.
- 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 guns and firearms 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 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 11 on page 3.)
- c. I agree to the following orders (specify below or in item 11 on page 3):

8 Other Orders

- a. I agree to the orders requested.
- b. I do not agree to the orders requested. (Specify why you disagree in item 11 on page 3.)
- c. I agree to the following orders (specify below or in item 11 on page 3):

9 Denial

I did not do anything described in item 7 of form CH-100. (Skip to 11.)



10 **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 10—Justification or Excuse" as a title. You may use form MC-025, Attachment.

11 **Reasons I Do Not Agree to the Orders Requested**

Explain your answers to each order requested that you do not agree with.

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



12 **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.*)

13 **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 13—Lawyer's Fees and Costs" for a title. You may use or 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.

14 Number of pages attached to this form, if any: _____

Date: _____

Lawyer's name (if any)

Lawyer or Spokespersons 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