CH-110 Answer to Request for Orders to Stop Harassment

Clerk stamps date here when form is filed.

To keep other people from seeing what you entered on your form, please press the Clear This Form button at the end of the form when finished.

Fill in court name and street address:

Superior Court of California, County of

Fill in case number:

Case Number:

(1) Name of person who asked for the order:

_____

(2) Your name: _____

Your address *(skip this if you have a lawyer): (If you want your address to be private, give a mailing address instead):*

_____

City: _____ State: _____ Zip: _____

Your telephone *(optional):* (____) _____

Your lawyer *(if you have one): (Name, address, telephone number, and State Bar number):* _____

_____

_____

Use this form to give the court your answers to CH-100

- Read Form CH-151 to protect your rights.
- Fill out this form and then take it to the court clerk.
- Serve the person in (1) with a copy of this form and any attached pages.

The court will consider your Answer at the hearing. Write your hearing date and time here:

Hearing Date → Date: _____ Time: _____
Dept.: _____ Room: _____

You must obey the court's orders until the hearing. If you do not come to this hearing, the court may make the orders requested against you last for up to 3 years.

(3) ☐ **Personal Conduct Orders**

a. ☐ I agree to the order requested.
b. ☐ I do not agree to the order requested.
c. ☐ I agree to the following order *(specify):*

_____

_____

_____

(4) ☐ **Stay Away Orders**

a. ☐ I agree to the order requested.
b. ☐ I do not agree to the order requested.
c. ☐ I agree to the following order *(specify):* _____

_____

(5) ☐ **Turn In Guns or Other Firearms**

a. ☐ I do not own or have any guns or firearms.
b. ☐ I agree to the order requested.
c. ☐ I do not agree to the order requested.
d. ☐ I agree to the following order *(specify):* _____

_____

(6) ☐ **Other Orders**

a. ☐ I agree to the orders requested.
b. ☐ I do not agree to the orders requested.
c. ☐ I agree to the following orders *(specify):* _____

_____

American LegalNet, Inc.
www.USCourtForms.com

Case Number:

Your name: _____

7 ☐ Emotional Distress

a. ☐ The person in 1 has not suffered emotional distress. *(Explain):* _____

b. ☐ A reasonable person in the same position as the person in 1 would not have suffered emotional distress. *(Explain):* _____

c. ☐ If the person in 1 has suffered any emotional distress, it is not because of what that person has accused me of doing. *(Explain):* _____

8 ☐ Purpose of Actions

What I did to the person in 1—if anything—was not done on purpose.

9 ☐ Denial

a. ☐ I did not do anything described in 6 of Form CH-100. *(Skip to 11.)*

b. ☐ I did some or all of the things described in 6 of Form CH-100. *(Explain in 10–11.)*

10 ☐ Reason or Excuse

I have done some or all of the things the person in 1 has accused me of, but:

a. ☐ What I did was legal. *(Explain):* _____

b. ☐ I had a good reason for doing these things. *(Explain):* _____

c. ☐ I have other reasons to justify what I did. *(Explain):* _____

11 ☐ The court should not make an order against me because: *(List facts or reasons below):*

_____

☐ *Check here if you need more space. Attach a sheet of paper and write "CH-110, Item 11— Facts and Reasons" at the top. Give specific facts and reasons.*

Case Number:

Your name:_____

12 ☐ No Fee for Filing

I ask the court to waive the filing fee because the person in 1 claims that I have used or threatened to use violence against them or have acted in some other way that would make them reasonably fear violence.

13 ☐ Lawyer's Fees and Costs

I ask the court to order payment of my:

a. ☐ Lawyer's fees

b. ☐ Out-of-pocket expenses

because the temporary restraining order was issued without enough supporting facts.

The amounts requested are:

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

14 ☐ Other Relief

I ask for additional relief as may be proper.

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

Date: _____

_____ ▶ _____

Attorney's name *Attorney'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*

Print This Form

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