



## WHAT IS A RESTRAINING ORDER?

A restraining order is issued to protect a person or persons from someone they claim is abusing them or threatening to abuse them or when there is a pattern of harassing behavior. When a restraining order is filed, the Judge reads what the other party (the person who filed) asks for and either grants or denies their request for temporary orders and sets a hearing date. These orders are in effect only until the Court hearing. The Judge can make Personal Conduct orders (you cannot call, write, contact or harass the other party) or Stay-Away orders (you have to stay a certain distance away from the protected person and specific places). They can also make other orders they think will help keep the protected person(s) safe.

## HOW DO I TELL MY SIDE OF THE STORY?

First, read the orders very carefully and be sure to obey the orders until the hearing. Then, you should file an *Answer* (this is your response) so that the Judge has your side of the story, whether or not you agree with the other party's statement. If you do not file an *Answer*, the Judge will only have the other party's side in writing. Also, if you do not file an *Answer*, the Judge may not let you talk in court. If you also have a criminal case involving an incident with the other party, talk to your criminal defense attorney before you file your *Answer*.

## WHAT IF I DID NOT GET SERVED IN TIME OR WANT TO HIRE AN ATTORNEY?

At the court hearing you may ask for a continuance (a rescheduled hearing) to have more time to hire an attorney and/or write up and file an *Answer*. If the other party has an attorney, you can contact their attorney before the hearing date to ask for a continuance. If you and the attorney agree to a continuance then you can both come to court on your hearing date and tell the Judge. If you do not agree you will have to ask the Judge for a continuance. If the Judge gives you a continuance, all the order s/he made will usually remain in place until the next hearing date.

## HOW CAN I GET THE FORMS?

There are a few ways that you can get the forms:

- hire an attorney;
- contact a Legal Services Agency;
- get the forms online at the state's website, ([www.courts.ca.gov/selfhelp](http://www.courts.ca.gov/selfhelp));
- use a self-help legal book or
- visit one of our **Restraining Order Help Centers** in the courthouses located at the addresses shown below. Visit [www.scscourt.org](http://www.scscourt.org) to learn about the Centers' hours or call 408-534-5709
  - 170 Park Avenue San Jose, CA 95113 (M-F, 8:30am - 12:30pm and 1:30pm - 4:00pm)
  - 605 W. El Camino Real, Sunnyvale, CA 94086 (limited hours)
  - 301 Diana Ave., Morgan Hill, CA 95037 (limited hours)

**Please note: we cannot help people who have attorneys.**

**What is a civil harassment restraining order?**

It is a court order that prohibits you from doing certain things and going to certain places.

**What does the order do?**

The court can order you to:

- Not contact the person who asked for the order
- Stay away from that person and the person's home and workplace
- Not have any guns as long as the order is in effect

**Who can ask for a civil harassment restraining order?**

A person who is worried about safety because he or she has been or is being:

- Stalked
- Harassed
- Assaulted, including sexually, *or*
- Threatened with violence

**I've been served with a request for civil harassment restraining orders. What do I do now?**

Read the papers served on you very carefully. The *Notice of Court Hearing* tells you when to appear in court. There may also be a *Temporary Restraining Order* forbidding you from doing certain things. You must obey the order until the hearing.

**What if I don't obey the order?**

The police can arrest you. You can go to jail and pay a fine.

**What if I don't agree with what the order says?**

You still must obey the order until the hearing. If you disagree with the orders the person is asking for, fill out Form CH-120, *Response to Request for Civil Harassment Restraining Orders*, before your hearing date and file it with the court. If you need to include attachments, you can use Form MC-025. You can get the forms from legal publishers or on the Internet at [www.courts.ca.gov](http://www.courts.ca.gov). You also may be able to find them at your local courthouse or county law library.

**Do I have to serve the other person with a copy of my response?**

Yes. Have someone age 18 or older—**not you**—mail a copy of completed Form CH-120 to the person who asked for the order (or that person's lawyer). (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 completed form back to the court clerk or bring it with you to the hearing.

**Should I go to the court hearing?**

Yes. You should go to court on the date listed on Form CH-109, *Notice of Court Hearing*. If you do not go to the hearing, the judge can make orders against you without hearing from you.

**CH-109 Notice of Court Hearing**

Clerk stamps date here when form is filed.

**1 Person Seeking Protection**

a. Your Full Name: \_\_\_\_\_

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

Name: \_\_\_\_\_ State 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:  
Superior Court of California, County of \_\_\_\_\_

Court file in case number when form is filed.  
Case Number: \_\_\_\_\_

**2 Person From Whom Protection Is Sought**

Full Name: \_\_\_\_\_

The court will complete the rest of this form.

**3 Notice of Hearing**

A court hearing is scheduled on the request for restraining orders against the person in (2):

Name and address of court if different from above: \_\_\_\_\_

Hearing Date: \_\_\_\_\_ Time: \_\_\_\_\_

Dept.: \_\_\_\_\_ Room: \_\_\_\_\_

**4 Temporary Restraining Orders** (Any orders granted are on Form CH-110, served with this notice.)

a. Temporary Restraining Orders for personal conduct and stay-away orders as requested in Form CH-100, Request for Civil Harassment Restraining Orders, are (check only one box below):

(1)  All GRANTED until the court hearing.

(2)  All DENIED until the court hearing. (Specify reasons for denial in b, below.)

(3)  Partly GRANTED and partly DENIED until the court hearing. (Specify reasons for denial in b, below.)

Judicial Council of California, [www.courts.ca.gov](http://www.courts.ca.gov)  
Revised July 1, 2014, Mandatory Form  
Code of Civil Procedure, § 527.6  
Approved by CCLP

**Notice of Court Hearing**  
(Civil Harassment Prevention)

CH-109, Page 1 of 3



**How long does the order last?**

If the court issued a temporary restraining order before the hearing, it will last until your hearing date. At that time, the court will decide to continue or cancel the order. Any order issued at the hearing can last for up to five years.

**Do I need a lawyer?**

Having a lawyer is always a good idea, but it is not required, and you are not entitled to a free court-appointed attorney. Ask the court clerk about free and low-cost legal services and self-help centers in your county.

**Will I see the person who asked for the order at the court hearing?**

Yes. Assume that the person who is asking for the order will attend the hearing. Do not talk to him or her unless the judge or that person's attorney says that you can.

**Can I bring a witness to the court hearing?**

Yes. You can bring witnesses or documents that support your case to the hearing. But if possible, you should also bring the witnesses' written statements of what they saw or heard. Their statements must be made under penalty of perjury. You can use Form MC-030 for this.

**For help in your area, contact:**

*[Local information may be inserted.]*

**What if I don't speak English?**

When you file your papers, ask the clerk if a court interpreter is available. You may have to pay a fee for the interpreter. If an interpreter is not available for your court date, bring someone to interpret for you. You should ask someone age 18 or older to interpret for you.

**What if I have a gun?**

If a restraining order is issued, you cannot own, possess, or have a gun, other firearm, or ammunition while the order is in effect. If you have a gun or other firearm in your immediate possession or control, you must sell it to or store it with a licensed gun dealer, or turn it in to a law enforcement agency.

**Can I agree with the protected person to cancel the order?**

No. Once the order is issued, only the judge can change or cancel it. You or the protected person would have to file a request with the court to cancel the order.

**What if I am deaf or hard of hearing?**

Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available if you ask at least five court days before the hearing. Contact the clerk's office or go to [www.courts.ca.gov/forms](http://www.courts.ca.gov/forms) for *Request for Accommodations by Persons with Disabilities and Response* (Form MC-410). (Civ. Code, § 54.8.)

# **BLANKS**

RENEW CHRO

Please complete the following forms in blue or black ink.



Clerk stamps date here when form is filed.

Fill in court name and street address:

**Superior Court of California, County of**  
Santa Clara  
191 North First Street  
191 North Flrst Street  
San Jose, CA 951113  
Civil Division

Court fills in case number when form is filed.

**Case Number:**

**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**

Name of person seeking protection (see Form CH-100, item ①):

\_\_\_\_\_

**② Person From Whom Protection Is Sought**

a. Your Name: \_\_\_\_\_

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

Name: Self-Represented State Bar No.: \_\_\_\_\_

Firm Name: Self-Represented

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: \_\_\_\_\_

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: \_\_\_\_\_  
Dept.: \_\_\_\_\_ Room: \_\_\_\_\_

**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.

**③ Personal Conduct 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):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**④ Stay-Away 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):

\_\_\_\_\_  
\_\_\_\_\_

**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 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 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*):

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**8 Denial**

I did not do anything described in item 7 of Form CH-100. (*Skip to 10.*)

**9 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 9—Justification or Excuse" as a title. You may use Form MC-025, Attachment.

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10  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.)

11  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 or Form MC-025 and write "Attachment 11—Lawyer's Fees and Costs" for a title.
- 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.

12 Number of pages attached to this form, if any: \_\_\_\_\_

Date:           Self-Represented          

          Self-Represented            
*Lawyer's name (if any)*

          Self-Represented            
*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*



# Fee Waiver

If you are unable to pay the court filing fees, please read and complete the attached forms.

*Information Sheet on Waiver of Court Fees and Costs, form FW-001-INFO*  
*Application for Waiver of Court Fees and Costs, form FW-001*  
*Order on Application for Waiver of Court Fees and Costs, form FW-003*



# FW-001 Request to Waive Court Fees

**CONFIDENTIAL**

*Clerk stamps date here when form is filed.*

If you are getting public benefits, are a low-income person, or do not have enough income to pay for household's basic needs and your court fees, you may use this form to ask the court to waive all or part of your court fees. The court may order you to answer questions about your finances. If the court waives the fees, you may still have to pay later if:

- You cannot give the court proof of your eligibility,
- Your financial situation improves during this case, or
- You settle your civil case for **\$10,000** or more. The trial court that waives your fees will have a lien on any such settlement in the amount of the waived fees and costs. The court may also charge you any collection costs.

Fill in court name and street address:

**Superior Court of California, County of Santa Clara**  
 191 North First Street  
 191 North First Street  
 San Jose, CA 951113  
 Civil Division

Fill in case number and name:

**Case Number:**

**Case Name:**

**1 Your Information** (person asking the court to waive the fees):

Name: \_\_\_\_\_

Street or mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_

**2 Your Job**, if you have one (job title): \_\_\_\_\_

Name of employer: \_\_\_\_\_

Employer's address: \_\_\_\_\_

**3 Your lawyer**, if you have one (name, firm or affiliation, address, phone number, and State Bar number):

**SELF-REPRESENTED**

a. The lawyer has agreed to advance all or a portion of your fees or costs (check one): Yes  No

b. (If yes, your lawyer must sign here) Lawyer's signature: \_\_\_\_\_

*If your lawyer is not providing legal-aid type services based on your low income, you may have to go to a hearing to explain why you are asking the court to waive the fees.*

**4 What court's fees or costs are you asking to be waived?**

- Superior Court (See *Information Sheet on Waiver of Superior Court Fees and Costs* (form FW-001-INFO).)  
 Supreme Court, Court of Appeal, or Appellate Division of Superior Court (See *Information Sheet on Waiver of Appellate Court Fees and Costs* (form APP-015/FW-015-INFO).)

**5 Why are you asking the court to waive your court fees?**

a.  I receive (check all that apply):  Medi-Cal  Food Stamps  SSI  SSP  County Relief/General Assistance  IHSS (In-Home Supportive Services)  CalWORKS or Tribal TANF (Tribal Temporary Assistance for Needy Families)  CAPI (Cash Assistance Program for Aged, Blind and Disabled)

b.  My gross monthly household income (before deductions for taxes) is less than the amount listed below. (If you check 5b you must fill out 7, 8 and 9 on page 2 of this form.)

Family Size	Family Income	Family Size	Family Income	Family Size	Family Income	If more than 6 people at home, add \$397.92 for each extra person.
1	\$1,134.38	3	\$1,930.21	5	\$2,726.05	
2	\$1,532.30	4	\$2,328.13	6	\$3,123.96	

c.  I do not have enough income to pay for my household's basic needs and the court fees. I ask the court to (check one):  waive all court fees  waive some of the court fees  let me make payments over time (Explain): \_\_\_\_\_ (If you check 5c, you must fill out page 2.)

**6**  Check here if you asked the court to waive your court fees for this case in the last six months.

(If your previous request is reasonably available, please attach it to this form and check here:  )

**I declare under penalty of perjury under the laws of the State of California that the information I have provided on this form and all attachments is true and correct.**

Date: \_\_\_\_\_

\_\_\_\_\_  
 Print your name here

\_\_\_\_\_  
 Sign here

**Request to Waive Court Fees**

Your name: \_\_\_\_\_  
 Case Number: \_\_\_\_\_

If you checked 5a on page 1, do not fill out below. If you checked 5b, fill out questions 7, 8, and 9 only. If you checked 5c, you must fill out this entire page. If you need more space, attach form MC-025 or attach a sheet of paper and write Financial Information and your name and case number at the top.

**7**  Check here if your income changes a lot from month to month. Fill out below based on your average income for the past 12 months.

**8 Your Monthly Income (before deductions):** \$ \_\_\_\_\_  
 a. Gross monthly income (before deductions): \$ \_\_\_\_\_  
 List each payroll deduction and amount below:

- (1) \$ \_\_\_\_\_
- (2) \$ \_\_\_\_\_
- (3) \$ \_\_\_\_\_
- (4) \$ \_\_\_\_\_

b. Total deductions (add 8a (1)-(4) above): \$ \_\_\_\_\_  
 c. Total monthly take-home pay (8a minus 8b): \$ \_\_\_\_\_

d. List the source and amount of any other income you get each month, including: spousal/child support, retirement, social security, disability, unemployment, military basic allowance for quarters (BAQ), veterans payments, dividends, interest, trust income, annuities, net business or rental income, reimbursement for job-related expenses, gambling or lottery winnings, etc.

- (1) \$ \_\_\_\_\_
- (2) \$ \_\_\_\_\_
- (3) \$ \_\_\_\_\_
- (4) \$ \_\_\_\_\_

**9 Household Income**  
 e. Your total monthly income is (8c plus 8d): \$ \_\_\_\_\_

a. List all other persons living in your home and their income; include only your spouse and all individuals who depend in whole or in part on you for support, or on whom you depend in whole or in part for support.

Name	Age	Relationship	Gross Monthly Income
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

b. Total monthly income of persons above: \$ \_\_\_\_\_  
 Total monthly income and (8e plus 9b): \$ \_\_\_\_\_

**Important!** If your financial situation or ability to pay court fees improves, you must notify the court within five days on form FW-010.  
 To list any other facts you want the court to know, such as unusual medical expenses, family emergencies, etc., attach Form MC-025. Or attach a sheet of paper, and write Financial Information and your name and case number at the top. Check here if you attach another page.

**10 Your Money and Property**

a. Cash \_\_\_\_\_

b. All financial accounts (List bank name and amount):

- (1) \$ \_\_\_\_\_
- (2) \$ \_\_\_\_\_
- (3) \$ \_\_\_\_\_
- (4) \$ \_\_\_\_\_

c. Cars, boats, and other vehicles

- (1) \$ \_\_\_\_\_
- (2) \$ \_\_\_\_\_
- (3) \$ \_\_\_\_\_

d. Real estate

- (1) \$ \_\_\_\_\_
- (2) \$ \_\_\_\_\_
- (3) \$ \_\_\_\_\_

e. Other personal property (jewelry, furniture, furs, stocks, bonds, etc.):

- (1) \$ \_\_\_\_\_
- (2) \$ \_\_\_\_\_
- (3) \$ \_\_\_\_\_

**11 Your Monthly Expenses**  
 (Do not include payroll deductions you already listed in 8b.)

- a. Rent or house payment & maintenance \$ \_\_\_\_\_
- b. Food and household supplies \$ \_\_\_\_\_
- c. Utilities and telephone \$ \_\_\_\_\_
- d. Clothing \$ \_\_\_\_\_
- e. Laundry and cleaning \$ \_\_\_\_\_
- f. Medical and dental expenses \$ \_\_\_\_\_
- g. Insurance (life, health, accident, etc.) \$ \_\_\_\_\_
- h. School, child care \$ \_\_\_\_\_
- i. Child, spousal support (another marriage) \$ \_\_\_\_\_
- j. Transportation, gas, auto repair and insurance \$ \_\_\_\_\_
- k. Installment payments (list each below): \$ \_\_\_\_\_

l. Wages/earnings withheld by court order \$ \_\_\_\_\_

m. Any other monthly expenses (list each below): \$ \_\_\_\_\_

Paid to: \_\_\_\_\_

(1) \$ \_\_\_\_\_

(2) \$ \_\_\_\_\_

(3) \$ \_\_\_\_\_

(4) \$ \_\_\_\_\_

Total monthly expenses (add 11a-11m above): \$ \_\_\_\_\_

How Much You Still Owe \_\_\_\_\_

How Much You Still Owe \_\_\_\_\_

How Much You Still Owe \_\_\_\_\_

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How Much You Still Owe \_\_\_\_\_

How Much You Still Owe \_\_\_\_\_

# FW-003 Order on Court Fee Waiver (Superior Court)

Clerk stamps date here when form is filed.

**1 Person who asked the court to waive court fees:**

Name: \_\_\_\_\_  
Street or mailing address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**2 Lawyer, if person in 1 has one (name, address, phone number, e-mail, and State Bar number): SELF-REPRESENTED**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3 A request to waive court fees was filed on (date): \_\_\_\_\_**

The court made a previous fee waiver order in this case on (date): \_\_\_\_\_

Fill in court name and street address:

**Superior Court of California, County of Santa Clara**  
191 North First Street  
191 North First Street  
San Jose, CA 951113  
Civil Division

Fill in case number and case name:

**Case Number:**

**Case Name:**

Read this form carefully. All checked boxes  are court orders.

**Notice:** The court may order you to answer questions about your finances and later order you to pay back the waived fees. If this happens and you do not pay, the court can make you pay the fees and also charge you collection fees. If there is a change in your financial circumstances during this case that increases your ability to pay fees and costs, you must notify the trial court within five days. (Use form FW-010.) If you win your case, the trial court may order the other side to pay the fees. If you settle your civil case for **\$10,000** or more, the trial court will have a lien on the settlement in the amount of the waived fees. The trial court may not dismiss the case until the lien is paid.

**4 After reviewing your (check one):  Request to Waive Court Fees  Request to Waive Additional Court Fees the court makes the following orders:**

a.  The court **grants** your request, as follows:

(1)  **Fee Waiver.** The court grants your request and waives your court fees and costs listed below. (*Cal. Rules of Court, rule 3.55.*) You do not have to pay the court fees for the following:

- Filing papers in Superior Court
- Making copies and certifying copies
- Sheriff's fee to give notice
- Reporter's daily fee (*for up to 60 days following the fee waiver order at the court-approved daily rate*)
- Preparing and certifying the clerk's transcript on appeal
- Giving notice and certificates
- Sending papers to another court department
- Court-appointed interpreter in small claims court
- Court fees for phone hearings

(2)  **Additional Fee Waiver.** The court grants your request and waives your additional superior court fees and costs that are checked below. (*Cal. Rules of Court, rule 3.56.*) You do not have to pay for the checked items.

- Jury fees and expenses
- Fees for a peace officer to testify in court
- Fees for court-appointed experts
- Court-appointed interpreter fees for a witness
- Reporter's daily fees (*beyond the 60-day period following the fee waiver order*)
- Other (*specify*): \_\_\_\_\_

(3)  **Fee Waiver for Appeal.** The court grants your request and waives the fees and costs checked below, for your appeal. (*Cal. Rules of Court, rules 3.55, 3.56, 8.26, and 8.818.*) You do not have to pay for the checked items.

- Preparing and certifying clerk's transcript for appeal
- Other (*specify*): \_\_\_\_\_

Order on Court Fee Waiver (Superior Court)

This is a Court Order.

Date: \_\_\_\_\_, Clerk, by \_\_\_\_\_, Deputy

- I handed a copy of this order to the party and attorney, if any, listed in ① and ②, at the court, on the date below.
- This order was mailed first class, postage paid, to the party and attorney, if any, at the addresses listed in ① and ②, from (city): \_\_\_\_\_, California on the date below.

I certify that I am not involved in this case and (check one):  A certificate of mailing is attached.

Clerk's Certificate of Service

**Request for Accommodations.** Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available if you ask at least 5 days before your hearing. Contact the clerk's office for *Request for Accommodation*, Form MC-410. (Civil Code, § 54.8.)



Signature of (check one):  Judicial Officer  Clerk, Deputy

Date: \_\_\_\_\_

**Warning!** If item c is checked, and you do not go to court on your hearing date, the judge will deny your request to waive court fees, and you will have 10 days to pay your fees. If you miss that deadline, the court cannot process the court papers you filed with your request. If the papers were a notice of appeal, the appeal may be dismissed.

<b>Hearing</b> Date: _____ Time: _____ Dept.: _____ Rm.: _____	_____
	Name and address of court if different from page 1: _____

Bring the following proof to support your request if reasonably available: \_\_\_\_\_

- The court needs more information to decide whether to grant your request. You must go to court on the date below. The hearing will be about (specify questions regarding eligibility): \_\_\_\_\_
- Ask for a hearing in order to show the court more information. (Use form FW-006 to request hearing.)
  - Pay your fees and costs, or
  - The court has enclosed a blank *Request for Hearing About Court Fee Waiver Order (Superior Court)*, form FW-006. You have **10 days** after the clerk gives notice of this order (see date below) to: \_\_\_\_\_

(2) The court **denies** your request because the information you provided on the request shows that you are not eligible for the fee waiver you requested (specify reasons): \_\_\_\_\_

- (1) The court **denies** your request because it is incomplete. You have **10 days** after the clerk gives notice of this order (see date below) to:
  - Pay your fees and costs, or
  - File a new revised request that includes the items listed below (specify incomplete items): \_\_\_\_\_

**Warning!** If you miss the deadline below, the court cannot process your request for hearing or the court papers you filed with your original request. If the papers were a notice of appeal, the appeal may be dismissed.

b. The court **denies** your request, as follows: \_\_\_\_\_

Your name: \_\_\_\_\_

Case Number: \_\_\_\_\_



# **Proof of Service**

ANSWER CHRO

If you want to find someone on your own to serve the forms, your server will complete the following form.



Clerk stamps date here when form is filed.

**1 Person Seeking Protection**

Name: \_\_\_\_\_

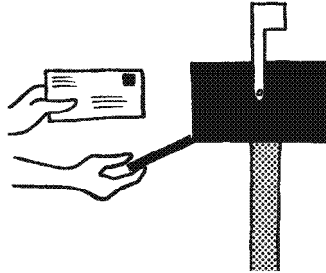
**2 Person From Whom Protection Is Sought**

Your Name: \_\_\_\_\_

**3 Notice to Server**

The server must:

- Be 18 years of age or older.
- Live or be employed in the county where the mailing took place.
- Not be listed in items 1 or 3 of Form CH-100.
- Mail a copy of all documents checked in 4 to the person in 1.
- Complete and sign this form and give it to the person in 2.



Fill in court name and street address:

**Superior Court of California, County of Santa Clara**  
 191 North First Street  
 191 North First Street  
 San Jose, CA 951113  
 Civil Division

Fill in case number:

**Case Number:** \_\_\_\_\_

**PROOF OF SERVICE BY MAIL**

**4** I am 18 years of age or older and not a party to this proceeding. I live or am employed in the county where the mailing took place. I mailed the person in 1 a copy of all documents checked below:

a. Form CH-120, *Response to Request for Civil Harassment Restraining Orders*

b.  Other (*specify*): \_\_\_\_\_

**5** I placed copies of the documents checked above in a sealed envelope and mailed them as described below:

a. Mailed to (*name*): \_\_\_\_\_

b. To this address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

c. On (*date*): \_\_\_\_\_ Mailed from: City: \_\_\_\_\_ State: \_\_\_\_\_

**6 Server's Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

(*If you are a registered process server*):

County of registration: \_\_\_\_\_ Registration number: \_\_\_\_\_

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 server's name

▶ \_\_\_\_\_  
 Server to sign here

