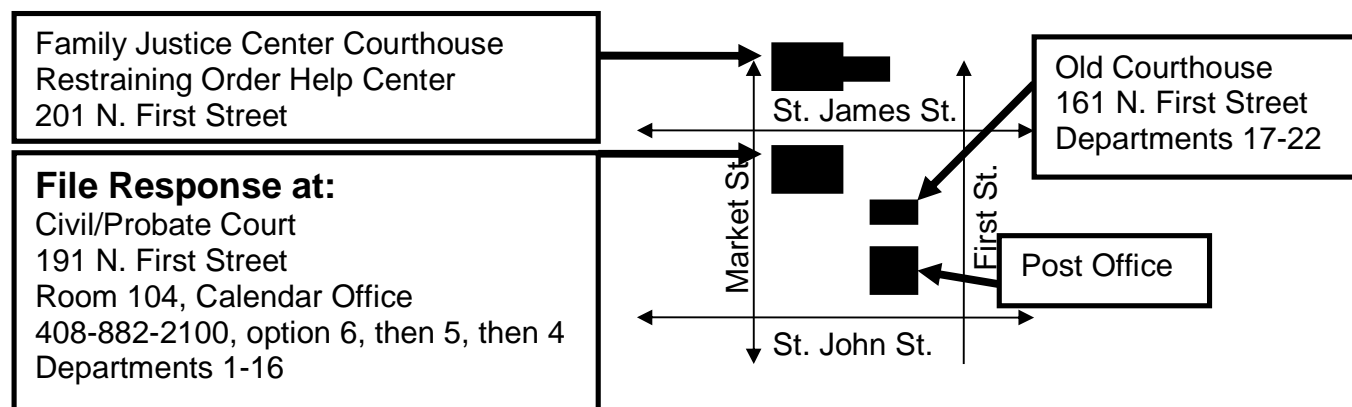


Were You Served with a Civil Harassment Restraining Order?

Step 1	Complete the following forms in blue or black ink: <ul style="list-style-type: none"> <input checked="" type="checkbox"/> CH-120 Response to Request for Civil Harassment Restraining Orders <input type="checkbox"/> MC-025 Additional page (<i>only if you need more space to tell your side of the story</i>)
Step 2	Review: Bring your completed forms to the Restraining Order Help Center at 201 N. First Street, San Jose, CA to have them reviewed to make sure they are filled out correctly. Then make 2 copies in addition to the original.
Step 3 There is a filing fee, unless the fee is waived.	File: Turn your forms into the Court Specialist in the Calendar Office located at: <p style="text-align: center;">191 North First Street, San Jose, CA 95113</p> <p>The Clerk's Office opens at 8:30am Monday-Friday, closing times are subject to change, visit www.scscourt.org or call 408-882-2100 for current office hours.</p> <ul style="list-style-type: none"> <input type="checkbox"/> If you are asking for a fee waiver, your file-stamped copies may be returned immediately, OR you may be asked to return in up to 24 hours, OR your file stamped forms may be mailed to you. Please check with the clerk who takes your forms. <input type="checkbox"/> If you are paying the filing fee, the clerk will keep the original and return your file-stamped copies to you immediately.
Step 4	Service: After the filed copies are returned to you: <ul style="list-style-type: none"> • Keep for your records—1 filed copy • Serve: At least 2 calendar days before the court date serve 1 filed copy of your <i>Response</i> by mail on the other party. "<i>Service by mail</i>" means someone, NOT YOU, who is at least 18 years old must mail the filed copy to the other party. <p>Whoever does the service must complete the attached <i>Proof of Service by Mail</i> form (CH-131) and give it back to you. File the original and a copy of this form at the Clerk's Office. The clerk will file stamp the copy and give it back to you.</p>
Step 5	What happens next: <ul style="list-style-type: none"> ▪ Go to your court hearing to present your side of the case. ▪ Bring 3 copies of your <u>filed</u> <i>Response</i> and <i>Proof of Service</i> forms to court with you—one for the other side, one for the Judge and one for you.

MAP OF CIVIL COURT



Please turn over for important information



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 a *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 a *Response*, the Judge will only have the other party's side in writing. Also, if you do not file a *Response*, 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 *Response*.

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 a *Response*. 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 MORE INFORMATION?

There are a few ways that you can get more information:

- hire an attorney (**Please note: we cannot help people who have attorneys.**);
- go online to the state's website, (<http://courts.ca.gov/selfhelp>); or Santa Clara County Superior Court's website at www.scscourt.org
- use legal self-help websites and books
- visit our **Restraining Order Help Center** in the courthouse located at the address shown below. Visit www.scscourt.org to learn about the Centers' hours.

Superior Court, County of Santa Clara
Restraining Order Help Center
 201 N. First Street, San Jose, CA 95113

VISIT US ONLINE:

www.scscourt.org
www.courts.ca.gov/selfhelp

EMAIL US:

www.scscourt.org
 click "Self-Help" then click "Contact
 the Self Help Center"

CALL US:

408-882-2926

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. 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
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?

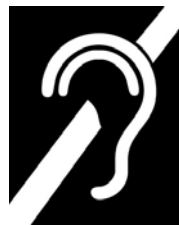
When you file your papers, ask the clerk if a court interpreter is available. You may have to pay a fee for the interpreter. If an interpreter is not available for your court date, bring someone to interpret for you. You should ask someone age 18 or older to interpret for you.

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 for *Request for Accommodations by Persons with Disabilities and Response* (Form MC-410). (Civ. Code, § 54.8.)

BLANKS

RESPOND TO CHRO

Please complete the following forms in blue or black ink.

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 by Mail.*)

① Person Seeking Protection

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

Fill in court name and street address:

Superior Court of California, County of

② Person From Whom Protection Is Sought

a. Your Name: _____
 Your Lawyer (*if you have one for this case*)
 Name: _____ State Bar No.: _____
 Firm Name: _____

Court fills in case number when form is filed.

Case Number:

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 email.*)

Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____ Fax: _____
 Email 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: _____

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.*)

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 Firearms (Guns), Firearm Parts, and Ammunition

If you were served with form CH-110, *Temporary Restraining Order*, you cannot own or possess any firearms (guns), firearm parts, or ammunition. This includes firearm receivers and frames, and any item that may be used as or easily turned into a receiver or frame (see Penal Code section 16531). (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 firearms (guns) or firearm parts 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 *Receipt for Firearms and Firearm Parts* (form CH-800) for the receipt.

- a. I do not own or control any firearms (guns), firearm parts, or ammunition.
- 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 firearms (guns) and firearm parts 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 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: 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

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 your household's basic needs and your court fees, you may use this form to ask the court to waive 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: _____

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 (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; see form FW-001-INFO for definitions):
- Food Stamps Supp. Sec. Inc. SSP Medi-Cal County Relief/Gen. Assist. IHSS
 - CalWORKS or Tribal TANF CAPI WIC Unemployment

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 \$786.67 for each extra person.
1	\$2,265.00	3	\$3,838.34	5	\$5,411.67	
2	\$3,051.67	4	\$4,625.00	6	\$6,198.34	

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 and you must fill out page 2):

- waive all court fees and costs
- waive some of the court fees
- let me make payments over time

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



Case Number: _____

Your name: _____

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. If it does, complete the form based on your average income for the past 12 months.

8 Your Gross Monthly Income

a. List the source and amount of any income you get each month, including: wages or other income from work before deductions, 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) _____ \$ _____

b. Your total monthly income: \$ _____

9 Household Income

a. List the income of all other persons living in your home who depend in whole or in part on you for support, or on whom you depend in whole or in part for support.

Table with columns: Name, Age, Relationship, Gross Monthly Income. Rows (1) through (4) with blank lines for entry.

b. Total monthly income of persons above: \$ _____

Total monthly income and household income (8b plus 9b): \$ _____

10 Your Money and Property

- a. Cash \$ _____
b. All financial accounts (List bank name and amount):
(1) _____ \$ _____
(2) _____ \$ _____
(3) _____ \$ _____

Table for cars, boats, and other vehicles with columns: Make / Year, Fair Market Value, How Much You Still Owe. Rows (1) through (3).

Table for real estate with columns: Address, Fair Market Value, How Much You Still Owe. Rows (1) through (2).

Table for other personal property (jewelry, furniture, furs, stocks, bonds, etc.) with columns: Describe, Fair Market Value, How Much You Still Owe. Rows (1) through (2).

11 Your Monthly Deductions and Expenses

- a. List any payroll deductions and the monthly amount below:
(1) _____ \$ _____
(2) _____ \$ _____
(3) _____ \$ _____
(4) _____ \$ _____
b. Rent or house payment & maintenance \$ _____
c. Food and household supplies \$ _____
d. Utilities and telephone \$ _____
e. Clothing \$ _____
f. Laundry and cleaning \$ _____
g. Medical and dental expenses \$ _____
h. Insurance (life, health, accident, etc.) \$ _____
i. School, child care \$ _____
j. Child, spousal support (another marriage) \$ _____
k. Transportation, gas, auto repair and insurance \$ _____
l. Installment payments (list each below):
Paid to:
(1) _____ \$ _____
(2) _____ \$ _____
(3) _____ \$ _____
m. Wages/earnings withheld by court order \$ _____
n. Any other monthly expenses (list each below):
Paid to: How Much?
(1) _____ \$ _____
(2) _____ \$ _____
(3) _____ \$ _____

Total monthly expenses (add 11a-11n above): \$ _____

To list any other facts you want the court to know, such as unusual medical expenses, 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. Important! If your financial situation or ability to pay court fees improves, you must notify the court within five days on form FW-010.

**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, firm 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 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: 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, rules 3.55 and 8.818.*) 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 fee for attendance at hearing or trial, if the court is not electronically recording the proceeding and you request that the court provide an official reporter
- Assessment for court investigations under Probate Code section 1513, 1826, or 1851
- Preparing, certifying, copying, and sending the clerk's transcript on appeal
- Holding in trust the deposit for a reporter's transcript on appeal under rule 8.130 or 8.834
- Making a transcript or copy of an official electronic recording under rule 8.835
- Court fee for phone hearing
- Giving notice and certificates
- Sending papers to another court department

(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.

- | | |
|---|---|
| <input type="checkbox"/> Jury fees and expenses | <input type="checkbox"/> Fees for a peace officer to testify in court |
| <input type="checkbox"/> Fees for court-appointed experts | <input type="checkbox"/> Court-appointed interpreter fees for a witness |
| <input type="checkbox"/> Other (specify): _____ | |

Your name: _____

Case Number: _____

b. The court **denies** your fee waiver request because:

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.

(1) Your request is incomplete. You have **10 days** after the clerk gives notice of this Order (see date of service on next page) to:

- Pay your fees and costs, or
- File a new revised request that includes the incomplete items listed:
 - Below On Attachment 4b(1)

(2) The information you provided on the request shows that you are not eligible for the fee waiver you requested for the reasons stated: Below On Attachment 4b(2)

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 of service below) to:

- Pay your fees and costs in full or the amount listed in c below, or
- Ask for a hearing in order to show the court more information. (*Use form FW-006 to request hearing.*)

c. (1) The court needs more information to decide whether to grant your request. You must go to court on the date on page 3. The hearing will be about the questions regarding your eligibility that are stated:

Below On Attachment 4c(1)

(2) Bring the items of proof to support your request, if reasonably available, that are listed:

Below On Attachment 4c(2)

This is a Court Order.

Your name: _____

Case Number: _____

Name and address of court if different from above:

Hearing Date

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

Warning! If item c(1) 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.

Date: _____

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

Request for Accommodations



Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available if you ask at least five days before the hearing. Contact the clerk's office for *Request for Accommodations by Persons With Disabilities and Response* (form MC-410). (Civ. Code, § 54.8.)

Clerk's Certificate of Service

I certify that I am not involved in this case and (check one):

- 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.
- A certificate of mailing is attached.

Date: _____

Clerk, by _____, Deputy
Name: _____

This is a Court Order.

Proof of Service

RESPONDE TO 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.

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:**1 Name of Person Asking for Protection:****2 Name of Person to Be Restrained:****3 Notice to Server**

The server must:

- Be 18 years of age or over.
- Not be listed in items ①, ②, or ③ of form CH-100, *Request for Civil Harassment Restraining Orders*.
- Mail a copy of all documents checked in ④ to the person in ⑤.

4 I (the server) am 18 years of age or over and live in or am employed in the county where the mailing took place. I mailed a copy of all documents checked below to the person in ⑤:

- a. CH-120, *Response to Request for Civil Harassment Restraining Orders*
 b. CH-130, *Civil Harassment Restraining Order After Hearing*
 c. Other (*specify*): _____

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

- a. Name of person served: _____
 b. To this address: _____
 City: _____ State: _____ Zip: _____
 c. Mailed on (*date*): _____
 d. 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: _____

7 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