

# SAMPLES

RESPONSE TO CHRO

Revised 1/1/2025

Please use the following  
samples to help you fill out  
the blank forms.



CH-100

Look at the CH-100 in the Restraining Order paperwork you were served with. You will need to see which requests the other party is making in order to respond to all the boxes they marked.

If you don't have CH-100, see staff for help.

Use this form to:

- Read the Restraining Order?
- Fill out the form?
- Have someone else fill out the form for you?

1 Person Seeking Protection

The Other Party's Legal Name

Fill in court name and street address:

Superior Court of California, County of

2 Person From Whom Protection Is Sought

a. Your Name

Your Legal Name

Your Lawyer's

Name:

State Bar No.:

Firm Name:

Court fills in case number when form is filed.

- 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:

Telephone:

Email Address:

Your Court Case #

Look at the papers you were served and use that court case #.

Write a mailing address that is safe for the other party to see, unless they know it already.

Present your response and any opposition at the hearing. Write your hearing date, time, and place from form CH-109 item ③ here:

Date:

Time:

Fill in court date information Check form CH-110 or CH-109 that was served to you.

3 Personal Conduct Orders

a. ☐

Choose your response to this specific order.

b. ☐

(Specify why you disagree in item ⑫ on page 4.)

- c. ☐ I agree to the following orders (Specify below or in item ⑫ on page 4.)

hearing. At the hearing, the court may make orders against you that last for up to five years.

4 Stay-Away Orders

a. ☐

Choose your response to this specific order.

b. ☐

If it applies, mark box (4) and choose your answer.

c. ☐

Do not mark if this is NOT requested on the CH-100.



**Your Court Case #**

Look at the papers you were served and  
use that court case #.

**5** ☐ **Additional Protected Persons**

- a.  
b.

**Choose your response to this specific order.**  
**If it applies, mark box (5) and choose your answer.**  
**Do not mark if this is NOT requested on the CH-100.**

the order requested.

ected 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  
b. ☐ I ask for an ex  
carrying a firea  
position where a firearm is unnecessary. (*Explain*):

**Do you own or have access to a firearm and/or ammunition?**

Mark the boxes that apply. Don't leave blank.

9(f) because  
o another

- ☐ 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-225, Attachment.

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- 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** **No Body Armor**

If you were served with form CH-110, *Temporary Restraining Order*, you are prohibited from owning, possessing, or buying body armor. You must also relinquish any body armor you have in your possession.

(*Check all that apply*):

- a. ☐ I do not own or have any body armor.  
b. ☐ I have relinquished all body armor that I have in my possession.  
c. ☐ I was granted an exception, or will ask for an exception, to have body armor. Note: This exception is granted by a chief of police or sheriff. See Penal Code section 31360(c). (*Attach a copy of the letter granting permission, if you have one.*)



**Your Court Case #**

Look at the papers you were served and  
use that court case #.

**8** ☐ **Possession and Protection of Animals**

- a. ☐ I do not have any animals.  
b. ☐ I do not have any animals.  
c. ☐ I do not have any animals.

**Choose your response to this specific order.**  
**If it applies, mark box (7) and choose your answer.**  
Do not mark if this is NOT requested on the CH-100.

(e 4.)

**9** ☐ **Other Orders**

- a. ☐ I do not have any animals.  
b. ☐ I do not have any animals.  
c. ☐ I do not have any animals.

**Choose your response to this specific order.**  
**If it applies, mark box (8) and choose your answer.**  
Do not mark if this is NOT requested on the CH-100.

(e 4.)

**Are you denying every allegation made in the Other Party's story about  
why they need to restrain you?**

- 10** ☐ **I deny every allegation made in the Other Party's story about why they need to restrain me.**  
I did not do any of the things the other person accused me of doing.

If yes, mark the box (10) and skip to box (11) on the next page. You will need to  
read the other person's story on or attached to the CH-100.

**11** ☐ **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):

- ☐ **Ch**  
of

**Do you have a good reason why you did some or all of the things the  
other person is accusing you of doing? If yes, mark box (10) and write  
your reasons here.**

in attached sheet  
025, Attachment.

You will need to read the other person's story on or attached to the CH-100.



**Your Court Case #**

Look at the papers you were served and use that court case #.

**12** ☐ **Reasons I Do Not Agree to the Orders Requested**

*Ex* ☐ **Do you have a good reason why you did some or all of the things the other person is accusing you of doing? If yes, mark box (10) and write your reasons here.**

*on an attached sheet 025, Attachment.*

☐ You will need to read the other person's story on or attached to the CH-100.

**Do you disagree with the orders that are being requested on the CH-100?**

**If you don't agree, mark box (11) and write your reasons why in the space provided. If you need more paper, ask staff for help.**

You will need to read the other person's story on or attached to the CH-100.

**13** ☐ **No**

a. ☐ **Do you want to try to have the \$435 filing fee waived?**

**If yes, mark box (12) and check your reasons why.**

*ns in form CH-100 item (13)*

b. ☐ **If you need a fee waiver, ask staff for the application.**

*waiver. (Form FW-001,*



**Your Court Case #**  
Look at the papers you were served and use that court case #.

**14** ☐ **Lawyer's Fees and Costs**

a. ☐

**Are you planning on getting a lawyer to represent you? Or do you want the Other Person to be responsible for the Court Costs (\$435)?**  
If yes, mark box (13) and choose boxes that apply.

	<u>Amount</u>
	\$ _____
	\$ _____
	\$ _____

☐ Check here if there are more items. Put the items and amounts on the attached sheet of paper and write "Attachment 14—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.

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

**How many pages are attached to this form?**

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: **Today's Date** \_\_\_\_\_

**Print Your Legal Name**  
\_\_\_\_\_  
*Type or print your name*

**Sign Your Name**  
\_\_\_\_\_  
*Sign your name*

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.

Clerk stamps date here when form is filed.

**SAMPLE  
ONLY  
Do not write  
on this copy!**

Fill in court name and street address:

Superior Court of California, County of  
Santa Clara  
Street: 191 N. First Street  
Mail: 191 N. First Street  
San Jose, CA 95113  
Civil Division

Fill in case number and name:

Case Number:  
YOUR CASE NUMBER, if you have one

Case Name:  
PETITIONER'S NAME V. RESPONDENT'S NAME

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

Name: YOUR NAME

Street or mailing address: YOUR ADDRESS

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

Phone: YOUR PHONE NUMBER

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

YOUR JOB TITLE

Name of employer: WHO DO YOU WORK FOR?

Employer's address: WHERE IS YOUR WORK LOCATED?

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

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 Court (See Information Sheet on Waiver of Fees and Costs for the Appellate Courts (form FW-001-INFO).)

**CHECK THE BOX(ES) BELOW THAT APPLY TO YOU**

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

a. ☐ I receive (check all that apply; see form FW-001-INFO):

☐ Food Stamps ☐ Supp. Sec. Inc. ☐ \_\_\_\_\_

☐ CalWORKS or Tribal TANF ☐ \_\_\_\_\_

b. ☐ My gross monthly household income (if you check 5b, you must fill out 7, 8, and 9 on the next page):

Family Size	Family Income	Family Size
1	\$2,510.00	3
2	\$3,406.67	4

c. ☐ I do not have enough income to pay for my basic needs (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 was denied, you must fill out this form and check here): ☐

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

Date: TODAY'S DATE

PRINT YOUR NAME HERE

SIGN YOUR NAME HERE

Print your name here

Sign here

\*\*\*\*\*NOTE\*\*\*\*\*  
**IF YOU CHECK 5a, YOU DO NOT HAVE TO COMPLETE THE FINANCIAL INFORMATION ON THE NEXT PAGE.**  
**IF YOU CHECK 5b, YOU MUST COMPLETE ITEMS 7, 8, AND 9 ON THE NEXT PAGE ONLY**  
**IF YOU CHECK 5c, YOU MUST COMPLETE EVERY ITEM ON THE NEXT PAGE.**

assist. ☐ IHSS

amount listed below. (If

If more than 6 people at home, add \$896.67 for each extra person.

s. I ask the court to:





Your name:

Case Number:

If you  
If you  
sheet

BELOW IS ONLY AN EXAMPLE OF HOW TO COMPLETE THIS FORM.

IF YOU CHECKED ITEM 5B, COMPLETE ITEMS 7, 8 AND 9.

IF YOU CHECKED ITEM 5C, COMPLETE THE ENTIRE PAGE.

attach a

- 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) <b>Wages</b>	<b>\$1,200</b>
(2) <b>Child Support</b>	<b>\$ 400</b>
(3)	\$
(4)	\$

b. Your total monthly income: **\$1,600**

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.

Name	Age	Relationship	Gross Monthly Income
(1) <b>Mary Smith</b>	<b>41</b>	<b>WIFE</b>	<b>\$ 700</b>
(2) <b>Joe Smith Jr</b>	<b>10</b>	<b>SON</b>	<b>\$ 0</b>
(3)			\$
(4)			\$

b. Total monthly income of persons above: **\$ 700**

Total monthly income and household income (8b plus 9b): **\$2,300**

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.**

10 Your Money and Property

- a. Cash **\$ 20**
- b. All financial accounts (List bank name and amount):
- |                                 |               |
|---------------------------------|---------------|
| (1) <b>Wells Fargo Checking</b> | <b>\$ 200</b> |
| (2)                             | \$            |
| (3)                             | \$            |
- c. Cars, boats, and other vehicles
- | Make / Year                  | Fair Market Value | How Much You Still Owe |
|------------------------------|-------------------|------------------------|
| (1) <b>'01 Ford Explorer</b> | <b>\$ 3,000</b>   | <b>\$ 0</b>            |
| (2)                          | \$                | \$                     |
| (3)                          | \$                | \$                     |
- d. Real estate
- | Address         | Fair Market Value | How Much You Still Owe |
|-----------------|-------------------|------------------------|
| (1) <b>NONE</b> | \$                | \$                     |
| (2)             | \$                | \$                     |

- e. Other personal property (jewelry, furniture, furs, stocks, bonds, etc.):
- | Describe        | Fair Market Value | How Much You Still Owe |
|-----------------|-------------------|------------------------|
| (1) <b>NONE</b> | \$                | \$                     |
| (2)             | \$                | \$                     |

11 Your Monthly Deductions and Expenses

- a. List any payroll deductions and the monthly amount below:

(1) <b>Federal Taxes</b>	<b>\$ 150</b>
(2) <b>State Taxes</b>	<b>\$ 75</b>
(3) <b>Insurance</b>	<b>\$ 50</b>
(4)	\$

- b. Rent or house payment & maintenance **\$ 1175**
- c. Food and household supplies **\$ 300**
- d. Utilities and telephone **\$ 0**
- e. Clothing **\$ 0**
- f. Laundry and cleaning **\$ 0**
- g. Medical and dental expenses **\$ 0**
- h. Insurance (life, health, accident, etc.) **\$ 0**
- i. School, child care **\$ 0**
- j. Child, spousal support (another marriage) **\$ 0**
- k. Transportation, gas, auto repair and insurance **\$ 0**
- l. Installment payments (list each below):

Paid to:

(1) <b>American Express</b>	<b>\$ 150</b>
(2)	\$
(3)	\$

- m. Wages/earnings withheld by court order **\$ 0**

- n. Any other monthly expenses (list each below).

Paid to:	How Much?
(1)	\$
(2) <b>Cell Phone</b>	<b>\$ 60</b>
(3)	\$

Total monthly expenses (add 11a – 11n above): **\$2,240**

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

Clerk stamps date here when form is filed.

**SAMPLE  
ONLY  
Do not write  
on this copy!****1 Person who asked the court to waive court fees:**Name: YOUR NAMEStreet or mailing address: YOUR 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):** DATE FILED☐ The court made a previous fee waiver order in this case on (date): \_\_\_\_\_*Read this form carefully. All che***CHECK AND COMPLETE IF YOU HAVE HAD  
FEES WAIVED IN THIS CASE BEFORE**

Fill in court name and street address:

**Superior Court of California, County of  
Santa Clara**  
Street: 191 N. First Street  
Mail: 191 N. First Street  
San Jose, CA 95113  
Civil Division

Fill in case number and name:

**Case Number:****YOUR CASE NUMBER, IF YOU HAVE ONE****Case Name:****PETITIONER'S NAME V. RESPONDENT'S NAME****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 the court may** **LEAVE THE REST OF THIS PAGE BLANK** *al Court Fees*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.

- ☐ Jury fees and expenses
- ☐ Fees for court-appointed experts
- ☐ Other (specify): \_\_\_\_\_
- ☐ Fees for a peace officer to testify in court
- ☐ Court-appointed interpreter fees for a witness

Your name: YOUR NAME

Case Number:  
YOUR CASE NUMBER, IF YOU HAVE ONE

b. ☐ The court

Warning  
you filed

(1) Your request  
on next

(2) ☐ The  
request

LEAVE THE REST  
OF THIS PAGE  
BLANK

court papers  
used.

see date of service ☐

the waiver you

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: YOUR NAME

Case Number:

YOUR CASE NUMBER, IF YOU HAVE ONE

Hearing  
Date

**Warning!** If  
request to w  
process the  
dismissed.

Date:

LEAVE THE REST  
OF THIS PAGE  
BLANK

ferent from above:

will deny your  
line, the court cannot  
e appeal may be

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.**