

SAMPLES

RESPONSE TO CHRO

Revised 1/1/2023

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

Us

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.

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 (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 must have to give telephone, fax, or email.)

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

Address: _____
City: _____
Telephone: _____
Email Address: _____

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:

Fill in court date information
Check form CH-110 or CH-109 that was served to you.
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. **Choose your response to this specific order.**

b. **Choose your response to this specific order.**
(Specify why you disagree in item ① on page 3.)

c. I agree to the following orders (Specify below or in item ① on page 3.)

4 Stay-Away Orders

a. **Choose your response to this specific order.**

b. **If it applies, mark box (4) and choose your answer.** (Specify why you disagree in item ① on page 3.)

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

5 Additional Protected Persons

a. **Choose your response to this specific order.**

b. **If it applies, mark box (5) and choose your answer.** (Specify why you disagree in item ① on page 3.)
Do not mark if this is NOT requested on the CH-100.

order requested.
by the order requested.



Fill in court date information

Check form CH-110 or CH-109 that was served to you.

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 carrying a firearm in my position when I am not on duty.

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

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

27.9(f) because I turned the firearm over to another person.

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.
b.
c.

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.

(page 3.)

8 Other Orders

a.
b.
c.

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.

(page 3.)

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

9 Denial
I did not do a

If yes, mark the box (9) 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.



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

10 **Justification or Excuse**

If I
the

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.

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

ed or excused for

an attached sheet
C-025, Attachment.

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

Exp

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.

sheet
ent.



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

12 **No Fee for Filing**

a.

**Do you want to try to have the \$435 filing fee waived?
If yes, mark box (12) and check your reasons why.**

b.

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

ns in form CH-100

e waiver. (Form FW-001,

13 **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.

Amount

\$ _____

\$ _____

\$ _____

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: _____

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

Clerk stamps date here when form is filed.

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

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
 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 of California (See *Information Sheet on Waiver of Appellate Court Fees and Costs* (form FW-001-INFO-APP).)

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 (to be used to determine if you qualify for public benefits) is less than the amount listed below. (*If you check 5b, you must fill out 7, 8, and 9 on the next page.*)
- | Family Size | Family Income | Family Size |
|-------------|---------------|-------------|
| 1 | \$2,265.00 | 3 |
| 2 | \$3,051.67 | 4 |
- c. I do not have enough income to pay for my court fees and costs. I ask the court to:

*******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 more than 6 people at home, add \$786.67 for each extra person.*)
 _____ I ask the court to:

- 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, check here*):

CHECK HERE IF IT APPLIES TO YOU

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



Your name: YOUR NAME

Case Number: YOUR CASE NUMBER, if you have one

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) Wages \$1,200
(2) Child Support \$ 400
(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) <u>Mary Smith</u>	<u>41</u>	<u>WIFE</u>	<u>\$ 700</u>
(2) <u>Joe Smith Jr</u>	<u>10</u>	<u>SON</u>	<u>\$ 0</u>
(3) _____	_____	_____	\$ _____
(4) _____	_____	_____	\$ _____

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

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

10 Your Money and Property

a. Cash \$ 20

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

(1) Wells Fargo Checking \$ 200
(2) _____ \$ _____
(3) _____ \$ _____

c. Cars, boats, and other vehicles

Make / Year	Fair Market Value	How Much You Still Owe
(1) <u>'01 Ford Explorer</u>	<u>\$ 3,000</u>	<u>\$ 0</u>
(2) _____	\$ _____	\$ _____
(3) _____	\$ _____	\$ _____

d. Real estate

Address	Fair Market Value	How Much You Still Owe
(1) <u>NONE</u>	\$ _____	\$ _____
(2) _____	\$ _____	\$ _____

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

Describe	Fair Market Value	How Much You Still Owe
(1) <u>NONE</u>	\$ _____	\$ _____
(2) _____	\$ _____	\$ _____

11 Your Monthly Deductions and Expenses

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

(1) Federal Taxes \$ 150
(2) State Taxes \$ 75
(3) Insurance \$ 50
(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) American Express \$ 150
(2) _____ \$ _____
(3) _____ \$ _____

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

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

Paid to: _____ How Much? _____

(1) _____ \$ _____
(2) Cell Phone \$ 60
(3) _____ \$ _____

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

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.

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 NAME
Street 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): _____

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

Read this form carefully. All che **CHECK AND COMPLETE IF YOU HAVE HAD FEES WAIVED IN THIS CASE BEFORE**

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 ma **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

court papers
used.

(1) Your request
on next

the date of service

**LEAVE THE REST
OF THIS PAGE
BLANK**

(2) The
request

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:

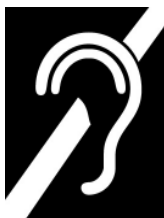
LEAVE THE REST OF THIS PAGE BLANK

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.