

*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 of Response by Mail.)

*Fill in court name and street address:*

**Tribal Court of:**  
 Hoopa Valley Tribal Court  
 P.O. Box 1389  
 12530 State Hwy 96  
 Hoopa, CA 95546

*Court fills in case number when form is filed.*

**Case Number:**

**① Person Seeking Protection**

Full 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: \_\_\_\_\_ Tribal 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: \_\_\_\_\_

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: \_\_\_\_\_

**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. (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.)

**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 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 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.

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- c.  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  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):*

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**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):*

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**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.*

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**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.*

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**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 or 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: \_\_\_\_\_

\_\_\_\_\_  
*Lawyer's name (if any)*

\_\_\_\_\_  
*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*

Clerk stamps date here when form is filed.

**1 Person Seeking Protection**

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

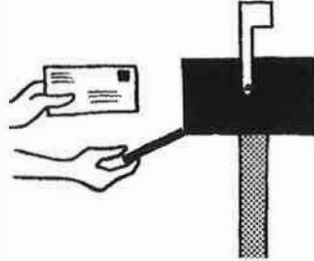
**2 Person From Whom Protection Is Sought**

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:

**Tribal Court of:**  
**Hoop Valley Tribal Court**  
**12530 State Highway 96**  
**PO Box 1389**  
**Hoop Valley, CA 95546**

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