

# **Response to Civil Harassment Restraining Order**



## **Forms**

### **Self-Help Legal Access Centers**

#### **Santa Monica**

1725 Main St.,  
Room 210  
Santa Monica, CA 90401

#### **Inglewood**

1 East Regent St.,  
Room 107  
Inglewood, CA 90301

#### **Torrance**

825 Maple Ave.,  
Room 160  
Torrance, CA 90503

#### **Long Beach**

275 Magnolia Ave.,  
Room 3101  
Long Beach, CA 90802

January 2026

This guide is designed to help you fill out the forms yourself. It is not intended to provide legal advice nor strategy as to how to complete the case. The information provided in this packet only presents options and examples. This is not a substitute for professional legal advice from an attorney.

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 their 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.

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: \_\_\_\_\_

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

**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 ⑫ on page 4.*)
- c.  I agree to the following orders (*specify below or in ⑫ on page 4*):

**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), firearm parts, and ammunition 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, Firearm Parts, and Ammunition* (form [CH-800](#)) for the receipt.

- a.  I do not own or control any firearms (guns), firearm parts, or ammunition.
- b.  I have turned in my firearms (guns), firearm parts, and ammunition to law enforcement or sold them to or stored them with a licensed gun dealer. A copy of the receipt
  - (1)  is attached.
  - (2)  has already been filed with the court.
- c.  I ask for an exception to carry a firearm or ammunition for work. (Complete items (1)–(3) below):
  - (1) Are you a sworn peace officer?
    - No
    - Yes
  - (2) Are there any orders or state or federal laws that prohibit you from having firearms or ammunition?
    - No
    - I don't know (*explain*):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Yes (*explain*):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(3) (*Explain what your job is and why you need a firearm or ammunition*):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Note: You **must** follow any orders to turn in, sell, or store prohibited items until the judge decides whether to grant you an exception. Before an exception can be granted, you will be required to show the judge that (1) carrying a firearm or ammunition is required for your work, and (2) your employer is unable to reassign you to another position where carrying a firearm or ammunition is not necessary. There are other things you will need to prove. For more information on what you need to show the judge to qualify for this exception, go to [selfhelp.courts.ca.gov/respond-to-CH-restraining-order/obey-firearms-orders/exception](http://selfhelp.courts.ca.gov/respond-to-CH-restraining-order/obey-firearms-orders/exception) or see Code of Civil Procedure section 527.9(f).)



**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.)*

**8  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 12 on page 4.)*
- c.  I agree to the following orders *(specify below or in 12 on page 4):*

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**9  Other Orders**

- a.  I agree to the orders requested.
- b.  I do not agree to the orders requested. *(Specify why you disagree in 12 on page 4.)*
- c.  I agree to the following orders *(specify below or in 12 on page 4):*

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**10  Denial**

I did not do anything described in item 7 of form CH-100. *(Skip to 12.)*

## 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*):

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

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## 12 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 12—Reasons I Disagree" as a title. You may use form MC-025, Attachment.



**(13)  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.*)

**(14)  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 an 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 their lawyer's fees and costs.

**(15)** 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*

**1** Name of Person Asking for Protection:

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**2** Name of Person to Be Restrained:

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**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**.

Fill in court name and street address:

**Superior Court of California, County of Los Angeles**

**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): \_\_\_\_\_

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Fill in case number:

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

**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

## ① Petitioner

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

## ② Restrained Person

a. Your 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 email.*)

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

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

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

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

Fill in court name and street address:

Superior Court of California, County of \_\_\_\_\_

Court fills in case number when form is filed.

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

## ③ To the Restrained Person:

If a judge has ordered you to turn in, sell, or store your firearms (guns), ammunition, and firearm parts—meaning receivers, frames, or any item that may be used as or easily turned into a receiver or frame (see Penal Code section 16531)—use this form to prove to the judge that you have obeyed their orders. Take this form to a law enforcement officer or a licensed gun dealer to complete ④ or ⑤. For more information on how to properly turn in your items, read form CH-800-INFO, *How Do I Turn In, Sell, or Store My Firearms, Firearm Parts, and Ammunition?*

## ④

## To Law Enforcement

(Complete the section below. Keep a copy and give the original to the person in ②.)

Name of Law Enforcement Agency: \_\_\_\_\_

Name of Law Enforcement Agent: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

## Items Surrendered

a. Firearms, firearm parts, and ammunition transferred on:

Date: \_\_\_\_\_ Time: \_\_\_\_\_  a.m.  p.m.b. List of items (*List all the items surrendered by the person in ②. You may attach a separate form from your agency (e.g., a property report), use ⑥, or both. Check below if you have attached a separate form:*) Separate form is attached. (*If it does not include all surrendered items, list additional items in ⑥.*)

I declare under penalty of perjury under the laws of the State of California that the information above is true and correct.

► Signature of law enforcement agent: \_\_\_\_\_

5

**To Licensed Gun Dealer***(Complete the section below. Keep a copy and give the original to the person in (2).)*

Name of Licensed Gun Dealer: \_\_\_\_\_

License number: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Items Stored or Sold**

a. Firearms, firearm parts, and ammunition transferred on:

Date: \_\_\_\_\_ Time: \_\_\_\_\_  a.m.  p.m.

b. List of items (List all the items surrendered by the person in (2). You may attach a separate form (e.g., Department of Justice's Report of Firearms Acquisition) or you may use (6). Check below if you have attached a separate form):

 Separate form is attached. (If it does not include all surrendered items, list additional items in (6).)

I declare under penalty of perjury under the laws of the State of California that the information above is true and correct.

► Signature of licensed gun dealer: \_\_\_\_\_

6

**□ List of Items Surrendered**

Firearms and firearm parts

	Make	Model	Serial number, if there is one	To be Sold	Stored	destroyed
(1)	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2)	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3)	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4)	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(5)	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(6)	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Ammunition

	Brand	Type	Amount	To be Sold	Stored	destroyed
(1)	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2)	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3)	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4)	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(5)	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(6)	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 Check here if there is not enough space above for your answer. Use a separate sheet of paper to list other items. Write "CH-800, item 6" at the top, and attach it to this form.

**7 To the Restrained Person:**

Besides the items listed on page 2 or in an attached form, do you have or own any other firearms (guns), firearm parts, or ammunition?

No

Yes (*If yes, check one of the boxes below:*)

a.  I filed a *Receipt for Firearms, Firearm Parts, and Ammunition* (form CH-800) or other proof for those items with the court on (date): \_\_\_\_\_

b.  I am filing the proof for those firearms (guns), firearm parts, or ammunition along with this proof.

c.  I have not yet filed the proof for the other firearms (guns), firearm parts, or ammunition.

*(Explain why not):*

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**Your signature**

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 your name

Sign your name

**Your Next Steps**

- After the form is complete, make two additional copies. Take the copies and original to the court clerk to file.
- Keep a copy for yourself.

**Note that failure to file a receipt with the court is a violation of the court's order.**