

Clerk stamps date here when form is filed.

1 Name of person who asked for the protective orders:

2 Your name: _____
Your address (skip this if you have a lawyer): (If you want your address to be private, give a mailing address instead):

City: _____ State: _____ Zip: _____

Your telephone (optional): (____) _____

Your lawyer (if you have one): (Name, address, telephone number, and State Bar number): _____

Fill in court name and street address:

Superior Court of California, County of

Fill in case number:

Case Number:

Use this form to give the court your responses to EA-100.

- Read Form EA-151-INFO to protect your rights.
- Fill out this form and then take it to the court clerk.
- You must have the person in ① served with a copy of this form and any attached pages.

3 **Personal Conduct Orders**

a. I agree to the orders requested.

b. I do not agree to the orders requested.

c. I agree to the following orders (specify):

The court will consider your Response at the hearing. Write your hearing date and time here:

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

You must obey the court's orders until the hearing. If you do not come to this hearing, the court may make the orders requested against you last for up to 3 years.

4 **Stay-Away Orders**

a. I agree to the orders requested.

b. I do not agree to the orders requested.

c. I agree to the following orders (specify): _____

5 **Move-Out Order**

a. I agree to the order requested.

b. I do not agree to the order requested.

c. I agree to the following order (specify): _____

6 **Turn In Guns or Other Firearms**

a. I do not own or have any guns or firearms.

b. I agree to the order requested.

c. I do not agree to the order requested.

d. I agree to the following order (specify): _____

Case Number: _____

Your name: _____

7 **Other Orders**

- a. I agree to the orders requested.
- b. I do not agree to the orders requested.
- c. I agree to the following orders (*specify*): _____

8 **The court should not make orders against me because** (*Give facts or reasons below*):

Check here if you need more space. Attach a sheet of paper and write "EA-110, Item 8—Facts and Reasons." Give specific facts and reasons.

9 **Lawyer's Fees and Costs**

I ask the court to order payment of my:

- a. Lawyer's fees
- b. Court costs

because the temporary restraining order was issued without enough supporting facts.

The amounts requested are:

Item	Amount	Item	Amount
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

Check here if you need more space. Attach a sheet of paper and write "EA-110, Item 9—Lawyer's Fees and Costs" at the top. Give specific items and amounts.

10 **Other Relief**

I ask for additional relief as may be proper.

11 Number of pages attached to this form, if any: _____

Date: _____

Lawyer's name

Lawyer's 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