Response to Request for Civil CH-120 **Harassment Restraining Orders**

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)

| (| 1 | Person | Seeking | Protection |
|---|-----|--------|-----------|------------|
| ١ | • / | | 000111119 | |

Full name of person seeking protection (see form CH-100, item(1)):

Clerk stamps date here when form is filed.

Electronically FILED by Superior Court of California, County of Los Angeles 11/13/2023 9:46 AM David W. Slavton. Executive Officer/Clerk of Court, By T. Soto-Thayer, Deputy Clerk

| | | Fill in court name and street address: |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| Person From Whom Protection Is Sought | | Superior Court of California, County of LOS ANGELES |
| a. Your Name: DAVID NEAL | 111 N. HILL STREET | |
| Your Lawyer (if you have one for this case) Name: DAVID T. PISARRA State Bar No.: 1986 | 10 | LOS ANGELES, CA 90012 CENTRAL |
| Firm Name: PISARRA & GRIST | | |
| b. Your Address (If you have a lawyer, give your lawyer's infor | rmation | Court fills in case number when form is filed. |
| If you do not have a lawyer and want to keep your home ada private, you may give a different mailing address instead. Yo have to give telephone, fax, or e-mail.): | lress ou do not | Case Number: 23STRO07347 |
| Address:City: SANTA MONTCA State: CA Zip: 90405 Telephone: (310) 664- Fax:Fax: | hearing. W from form | ur response and any opposition at the rite your hearing date, time, and place CH-109 item (3) here: Date: 11/27/2023 Time: 8:30 A.M. Dept.: 13 Room: |
| B ☐ Personal Conduct Orders | If you wer | e served with a Temporary |
| a. | Restrainin | g Order, you must obey it until the t the hearing, the court may make |
| b. I do not agree to the orders requested. | orders agai | nst you that last for up to five years. |
| (Specify why you disagree in item (11) on page 3.) | | |
| | | 2.3.) |

(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):

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.



| Case Number: | |
|--------------|--|
| 23STRO07347 | |

| 6) | Guns | or Other Firearms and Ammunition |
|------------|-------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | If you other idealer controluse for | were served with form CH-110, Temporary Restraining Order, you cannot own or possess any guns, firearms, or ammunition. (See item (7) of form CH-110.) You must sell to or store with a licensed gun, or turn in to a law enforcement agency, any guns or other firearms in your immediate possession or oll within 24 hours of being served with form CH-110. You must file a receipt with the court. You may rm CH-800, Proof of Firearms Turned In, Sold or Stored, for the receipt. |
| | a. 🔲 | I do not own or control any guns or firearms. |
| | | 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): |
| | Į | ☐ 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. |
| | | |
| | a 🗖 | 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. In has already been filed with the court. |
| 7 | □Pa | essession and Protection of Animals |
| | | I agree to the orders requested. |
| | | I do not agree to the orders requested. (Specify why you disagree in item (11) on page 3.) |
| | | I agree to the following orders (specify below or in item (11) on page 3.) |
| | | |
| 8 | □ Ot | her Orders |
| | | I agree to the orders requested. |
| | | 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.) |
| | | |
| | | |
| | | |
| 9 | ☐ De | enial |
| | I did no | ot do anything described in item 7 of form CH-100. (Skip to (11).) |



| Case | Number: | |
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| Check here if there is not enough space below for your answer. Put your complete answer on an attached of paper and write "Attachment 10—Justification or Excuse" as a title. You may use form MC-025Attach | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|--|--|--|
| PROTECTED FREE SPEECH UNDER THE FIRST AME | ENDMENT OF THE U.S. | | | |
| CONSTITUTION. | | | | |
| | | | | |
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| | | | | |
| Reasons I Do Not Agree to the Orders Requested | | | | |
| plain your answers to each order requested that you do not agree | | | | |
| Check here if there is not enough space below for your answer. P of paper and write "Attachment 11—Reasons I Disagree" as a tit | ut your complete answer on an attache Le. You may use form MC-025. Attachn | | | |
| PROTECTED FREE SPEECH UNDER THE FIRST AME | | | | |
| CONSTITUTION. | | | | |
| Jane Doe | | | | |
| TO MY KNOWLEDGE, I'VE NEVER MET | s in person. | | | |
| Jane's mother | er | | | |
| TO MY KNOWLEDGE, I'VE NEVER MET | IN PERSON. | | | |
| | | | | |
| | C FIGURES INJECTING | | | |
| THEMSELVES INTO THE PUBLIC FORUM AND ARE | APPROPRIATE TOPICS OF | | | |
| DISCUSSION. | | | | |
| TO MY KNOWLEDGE, I'VE NEVER MENTIONED | BY NAME IN VID | | | |
| TO MY KNOWLEDGE, I'VE NEVER MENTIONED | X BY NAME IN VIDEO | | | |
| TO THE MINORIDOOP, I VI HEVEL THE TOWNER. | DI WALL IN VIDEO | | | |
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|-----------------------------------------------------------------------|----------------------------------|--------------------------------------|--------------------------------|
| _ | e required to pay the filing fee | because the person in | 1) claims in form CH-100 |
| • | • | | for a fee waiver.(Form FW-00 |
| Lawyer's Fees and C a. I ask the court to order The amounts request | er payment of my Lawye | r's fees | its. |
| <u>Item</u> | Amount | <u>Item</u> | Amount |
| | \$\$A35 \$TBD_by_declaration | | · |
| CT EFILE FEE | | | \$ |
| and costs. 14) Number of pages attached to t | his form, if any: <u>0</u> | | |
| Date: 11/13/2023 | | | |
| DAVID T. PISARRA, F Lawyer's name (if any) | | S/ DAVID PISAR Lawyer's signature | RA |
| I declare under penalty of perj attachments is true and correc | • | te of California that the | e information above and on all |
| Date: 11/13/2023 | | | |
| DAVID NEAL Type or print your name | | S/ DAVID NEAL Sign your name | _ |

Case Number:

