



YUROK TRIBAL COURT

Mailing Address: P. O. Box 1027, Klamath, CA 95548
Phone: (707) 482-1350 • Fax: (707)482-0105

ANSWER TO REQUEST FOR ORDERS TO STOP HARASSMENT – CIVIL (Form YTC-CH-110)

(1) Name of person asking for protection:

(2) Your name:

Your Address: (You may skip this if you have a lawyer or advocate. If you want your address to be private, give a mailing address instead):

City: _____ State: _____ Zip: _____

Your telephone number (optional): (_____) _____

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

Is he/she a member of the Yurok Bar? [] Yes [] No

Are you an enrolled member of a federally recognized Tribe?

[] Yes [] No

If yes, which Tribe? (Specify): _____

Use this form to give the Court your answers to YTC—CH—100

- Fill out this form and then take it to the Yurok Tribal Court Clerk
• Serve the person named in (1) with a copy of this form and any other Party to this action may not personally serve this document. This document shall be hand delivered or mailed by a person who is not a Party to this action, and who is not less than 18 years of age.

Check the appropriate boxes [X]

(3) [] Personal Conduct Orders

- a. [] I agree to the order requested
b. [] I do not agree to the order requested.
c. [] I agree to the following order (specify): _____

(4) [] Stay Away Orders

- a. [] I agree to the order requested
b. [] I do not agree to the order requested.
c. [] I agree to the following order (specify): _____

(5) [] Turn In Guns or Other Firearms

- a. [] I do not own or have any guns or firearms.

Clerk stamps date here when form is filed.

[] Yurok Tribal Court
230 Klamath Blvd.
Klamath, CA
95548

Case Number:

The Court will consider your Answer at the hearing. Write your hearing date and time here:

Date: _____ Time: _____

Location: _____

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.

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

(6) Other Orders

- a. I do not own or have any guns or firearms.
- b. I do not agree to the order requested.
- c. I agree to the following order (*specify*): _____

(7) Emotional Distress

- a. The person in **(1)** has not suffered emotional distress. (*Explain*): _____

- b. A reasonable person in the same position as the person in **(1)** would have not suffered emotional distress. (*Explain*): _____

- c. If the person in **(1)** has suffered any emotional distress, it is not because of what that person has accused me of doing (*Explain*): _____

(8) Purpose of Actions

What I did to the person in **(1)** –if anything—was not done on purpose.

(9) Denial

- a. I did not do anything described in **(6)** of Form YTC—CH-100.
- b. I did some or all of the things described in **(6)** of Form YTC—CH-100.

(10) Reason or Excuse

I have done some or all of the things the person in **(1)** has accused me of, but:

- a. What I did was legal. (*Explain*): _____

- b. I have a good reason for doing these things. (*Explain*): _____

- c. I have other reasons to justify what I did. (*Explain*): _____

(11) The Court should not make an order against me because: (*List facts or reasons below*):

Check here if you need more space. Attach a sheet of paper and write “YTC—CH—110, Item 11—Facts and Reasons” at the top. Give specific facts and reasons.

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(12) Lawyer's/Advocate's Fees and Costs

I ask the Court to order payment of:

- a. Lawyer's/Advocate's fees
- b. Out-of-pocket expenses

The amounts requested are:

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

Check here if you need more space. Attach a sheet of paper and write "YTC-CH-100, item 14— Lawyer's/Advocate's Fees and Costs" at the top of the page.

(13) Other Relief

I ask for additional relief as may be proper.

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

Date: _____

Attorney's or Advocate's name (if applicable)

Attorney's or Advocate's signature (if applicable)

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

Date: _____

Type or print your name

Sign your name here