

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name and Address</i>):	TELEPHONE NO.:	FOR COURT USE ONLY		
ATTORNEY FOR (<i>Name</i>):				
SUPERIOR COURT OF CALIFORNIA, COUNTY OF				
STREET ADDRESS:				
MAILING ADDRESS:				
CITY AND ZIP CODE:				
BRANCH NAME:				
PROGRAM OPERATOR:				
PARTICIPANT:				
PARTICIPANT'S RESPONSE to Petition For Order Prohibiting Abuse or Program Misconduct				
HEARING DATE	TIME	DEPT.	ROOM	CASE NUMBER:

Each participant should file a separate response. (A family may file one response.)

- *If your printing is legible, you may handprint this form.*
- *Your response will be considered by the judge at the court hearing. No filing fee is required.*
- *You must still obey any orders already granted until the hearing.*
- *You have a right to ask the judge to postpone the hearing date.*
- *If you do not appear at the court hearing, the court may grant restraining orders against you that may last up to one year.*
- *Read the Instructions for Participants before completing this form.*

I RESPOND to the Petition for Order Prohibiting Abuse or Program Misconduct as follows:

If you need additional space, attach form MC-031 (on the reverse of form MC-030). Also use form MC-031 for statements by witnesses. Reference each part on form MC-031 by a number from this form.

1. DENIAL
 - a. I deny doing all of the acts stated in item 7 of the petition.
 - b. I deny doing some of the acts stated in item 7 of the petition. (*Specify the acts you deny doing*):
(*Specify on attached form MC-031 if you need more room, and check this box:*)

2. DENIAL OF PROGRAM MISCONDUCT
 - a. My acts, if any, did not substantially interfere with the orderly operation of the transitional housing program.
 - b. My acts, if any, did not violate the rules and regulations of the transitional housing program (*explain*):
(*Specify on attached form MC-031 if you need more room, and check this box:*)

(Continued on reverse)

PROGRAM OPERATOR: PARTICIPANT:	CASE NUMBER:
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3. JUSTIFICATION OR EXCUSE

I have done some or all of the acts of which I am accused, but the actions are justified or excused for the following reasons:

a. My acts served a legitimate purpose *(specify)*:
(Specify on attached form MC-031 if you need more room, and check this box:)

b. My acts were constitutionally protected *(specify)*:
(Specify on attached form MC-031 if you need more room, and check this box:)

4. WRONG PROGRAM. Program operator does **not** operate a "transitional housing program" as defined in Health and Safety Code section 50582(g) *(explain)*:

5. PROGRAM CONTRACT

- a. I have no contract with the program operator.
- b. The contract does not include the program rules and regulations.
- c. The contract does not include a statement of program operator's right of control over and right of access to my dwelling unit.
- d. The contract does not contain a restatement or summary of the requirements and procedures of the Transitional Housing Participant Misconduct Act.

6. OTHER DEFENSES. I have other defenses or reasons a court order should **not** be granted *(specify)*:
(Specify on attached form MC-031 if you need more room, and check this box:)

7. Number of pages attached: _____

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

Date:

.....
 (TYPE OR PRINT NAME)

 (SIGNATURE OF PARTICIPANT)