



**YUROK
TRIBAL COURT**

**Answer to Request for
Orders to Stop Harassment**

Form YTC – CH – 110

Clerk stamps date here when form is filed

(1) Name of person who asked for the order:

(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):*

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 attached pages. You or 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.

(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.

b. I agree to the order requested.

c. I do not agree to the order requested.

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

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**Yurok Tribal Court
Yurok Indian Reservation
190 Klamath Blvd.
P.O. Box 1027
Klamath, CA 95548**

Case Number:

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



Case Number: _____

Person Seeking Protection: _____

(6) Other 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*): _____

(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 had 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 – 110 – , item 11—Facts and Reasons” at the top. Give specific facts and reasons.



Case Number: _____

Person Seeking Protection: _____

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

I ask the Court to order payment of my:

a. Lawyer's/Advocate's fees

b. Out-of-pocket expenses

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

The amounts requested are:

<u>Item</u>	<u>Amount</u>	<u>Item</u>	<u>Amount</u>
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

Check here if you need more space. Attach a sheet of paper and write "YTC-CH-110, item 13 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.

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

Date: _____

Attorney or Advocate's name (if applicable)

▶ _____
Attorney 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