

YUROK TRIBAL COURT

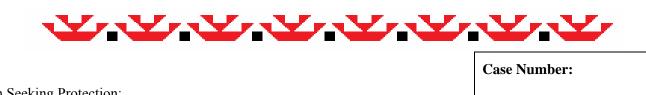
Answer to Request for Orders to Stop Harassment

Form YTC - CH - 110

		Name of person who asked for the order:					
(2)	Your name:						
	Your address: (You may skip this if you have a lawyer or want your address to be private, give a mailing address in						
	City: State: Z						
	Your telephone number (optional): ()						
	Your lawyer or advocate (if you have one): (Name, addre number, and State Bar number if applicable):	Yurok Tribal Court Yurok Indian Reservation 190 Klamath Blvd. P.O. Box 1027 Klamath, CA 95548					
	Are you an enrolled member of a federally recognized Tr ☐ Yes ☐ No If yes, which Tribe? (Specify):						
	Use this form to give the Court your answers to YTC -	Case Number:					
	• Fill out this form and then take it to the Yurok Tribal Co	Suse 1 (uniser)					
	• Serve the person named in (1) with a copy	0.10					
	of this form and any attached pages. You or	The Court wil	The Court will consider your Answer at the				
	any other Party to this action may not personally	hearing. Write	e your hearing date and time here:				
	serve this document. This document shall be hand	Time: Room:					
	delivered or mailed by a person who is not a Party						
	to this action, and who is not less than 18 years of age.	bey the Court's orders until the you do not come to this hearing, the					
(3)	□ Personal Conduct Orders						
(3)	a. I agree to the order requested.	ake the orders requested against you					
	 b. □ I do not agree to the order requested. 	last for up to 3	3 years.				
	c. \square I agree to the following order (specify):						
	c. \Box 1 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. \square I do not own or have any guns or firearms.						
	b. \square I agree to the order requested.						
	c. \square I do not agree to the order requested.						
	d. I agree to the following order (specify):						



son Se	eeking 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. (<i>Explain</i>):						
	c. \square If the person in (1) has suffered any emotional distress, it is not because of what that person has accuse 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. (<i>Explain</i>):						
	c. □ I have other reasons to justify what I did. (<i>Explain</i>):						
(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 an						



Person Se	eeking Protection:								
(12)	☐ Lawyer's/Advocate I ask the Court to order a. ☐ Lawyer's/Advocate b. ☐ Out-of-pocket expectations that the court is a contraction of the contraction of the court is a contraction of the cont	er payment of my: ate's fees		nough support	ting facts.				
	The amounts requeste <u>Item</u>	<u>Amount</u>	· · · · · · · · · · · · · · · · · · ·	·	<u>mount</u>				
		\$ _ \$		\$					
(13)	\$ \$ \$ \$ \$ \$ \$ \$ 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. □ Other Relief								
(14)	I ask for additional relief as may be proper. 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					