			DV-120	
,	ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar numb	er, and address):	FOR COURT USE ONLY	
١.	FFI FPI (ONE NO. (Ontional))	2 (Ontingal)		
	FAX NO ATTORNEY FOR (Name):	D. (Optional):		
7	SUPERIOR COURT OF CALIFORNIA, COUNTY OF			
	STREET ADDRESS:			
	MAILING ADDRESS: CITY AND ZIP CODE:			
	BRANCH NAME:			
	PERSON TO BE PROTECTED:	PETITIONER/PLAINTIFF		
١.	SERVICE DE DESTRAINER	RESPONDENT/DEFENDANT PETITIONER/PLAINTIFF		
	PERSON TO BE RESTRAINED:	RESPONDENT/DEFENDANT		
	RESPONSIVE DECLARATION TO ORDER TO SHOW CAUSE (Domestic Violence Prevention)			
h	HEARING DATE TIME	DEPT., ROOM or DIVISION	CASE NUMBER:	
 This response will be considered by the judge at the court hearing. You must still obey the orders granted until the hearing. You may ask the court to make orders you request, including restraining orders. You must appear at the court hearing to give the court evidence about orders you request. If you do not appear at the court hearing, the court may grant the requested orders, which may last up to three years without further notice to you. You may be ordered to relinquish any firearms and any ammunition. Possession of a firearm may subject you to a fine and imprisonment. 				
I respond to the Application and Declaration for Order (Domestic Violence Prevention) as follows:				
1.	PERSONAL CONDUCT RESTRAINING I do do not cons	ORDER ent to the order requested.		
2.	RESIDENCE EXCLUSION AND RELATE I do do not cons	ED ORDER ent to the order requested.		
3.	STAY-AWAY ORDER I do do not cons	ent to the order requested.		
4.	4. CHILD CUSTODY a. I consent to the custody order requested. b. I request the following custody order (specify):			
5.	5. CHILD VISITATION a. I consent to the visitation order requested. b. I request the following visitation order (specify):			
6.	CHILD SUPPORT I do do not cons	ent to the order requested.		
7.	PROPERTY CONTROL I do do not cons	ent to the order requested.		
8.	ATTORNEY FEES I do do not cons	ent to the order requested.		

(Continued on reverse)

PERSON TO BE PROTECTED (name):	CASE NUMBER:			
PERSON TO BE RESTRAINED (name):				
9. RESTITUTION I do do not consent to the order requested.				
10. COUNSELING I do do not consent to the order requested.				
11. FIREARM RELINQUISHMENT a. I do do not consent to the order requested. b. I have have not relinquished my firearms to a local law enforcement agency or licensed gun dealer. A copy of the receipt is attached. has previously been filed. (A receipt must be filed with the court within 72 hours after receiving the order.)				
12. OTHER ORDERS (see item 20 of the Application and Declaration for Order, form DV-100) I do do not consent to the order requested.				
 I request the court to order payment of my a attorney fees if I win. b out-of-pocket expenses incurred as the result of an ex parte temporary restraining order issued without sufficient supporting facts. The expenses are: 				
<u>Item</u> <u>Amount</u>				
14. I request the following additional orders:				
15. SUPPORTING INFORMATION contained in the attached declaration				
I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.				
Date:				
•				
	(SIGNATURE)			