

ATTORNEY OR PARTY WITHOUT ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	FOR COURT USE ONLY			
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. **q** DENIAL

- a. **q** I deny doing all of the acts stated in item 7 of the petition.
- b. **q** 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: **q**)*

2. **q** DENIAL OF PROGRAM MISCONDUCT

- a. **q** My acts, if any, did not substantially interfere with the orderly operation of the transitional housing program.
- b. **q** 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: **q**)*

(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 Civil Code, section 1954.12(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)