

CH-120 Notice of Hearing and Temporary Restraining Order

1 Name of person asking for protection:
DRAKE HOGESTYN

Address (skip this if you have a lawyer): (If you want your address to be private, give a mailing address instead):

City: _____ State: CA Zip: _____

Your telephone number (optional): (_____) _____

Your lawyer (if you have one): (Name, address, telephone number, and State Bar number):

Clerk stamps date here when form is filed.

FILED

THE LOS ANGELES SUPERIOR COURT

JAN 03 2007

CLERK OF SUPERIOR COURT

BY STEPHANIE HONK, ALBERT

Fill in court name and street address:

Superior Court of California, County of
The Los Angeles Superior Court
West District - Santa Monica Courthouse
1728 Main Street
Santa Monica, CA 90401

2 Name of person to be restrained:
CARL RAYMOND CHENEY

Description of that person:

Sex: M F Height: 6'3" Weight: 250 Race: CAU.

Hair Color: BROWN Eye Color: BLUE Age: _____ Date of Birth: _____

Home Address (if known): _____

City: PORTLAND State: OREGON Zip: _____

Work Address (if known): _____

City: _____ State: _____ Zip: _____

Court fills in case number when form is filed.

Case Number:
SS014984

3 **Notice of Hearing**
A court hearing is scheduled on the request for orders against you to stop harassment:

To the person in ②:

Name and address of court if different from above:

Hearing Date: 1-29-07 Time: 8:30 am

Dept.: PK Rm.: 104

If you do not want the court to make orders against you, file Form CH-110. Then go to the hearing and tell the court why you disagree. You may bring witnesses and other evidence. If you do not go to this hearing, the court may make restraining orders against you that could last up to 3 years.

4 **Court Orders**

The court (check a or b):

a. Has scheduled the hearing stated in ③. No orders are issued against you at this time.

b. Has scheduled the hearing stated in ③ and has issued the temporary orders against you specified on page 2. If you do not obey these orders, you can be arrested and charged with a crime. And you may have to go to jail, pay a fine of up to \$1,000, or both.

This is a Court Order.

Judicial Council of California, www.courtinfo.ca.gov
Revised January 1, 2007. Mandatory Form
Code of Civil Procedure, §§ 527.8 and 527.9
Approved by DOJ



Case Number: _____

Your name: _____

Temporary Orders Against the Restrained Person

(Write the name of the person in ②): CARL RAYMOND CHENEY

The court has made the temporary orders indicated below against you. You must obey all these orders. These orders will expire on the date of the hearing listed in ③ unless they are extended by the court.

5 Personal Conduct Orders

You must not do the following things to the people listed in ① and ⑩:

- a. Harass, attack, strike, threaten, assault (sexually or otherwise), hit, follow, stalk, destroy personal property, keep order surveillance, or block movements.
- b. Contact (directly or indirectly), telephone, send messages, mail, or e-mail.
- c. Take any action, directly or through others, to obtain the addresses or locations of the persons in ① and ⑩. (If item c is not checked, the court has found good cause not to make this order.)

Peaceful written contact through a lawyer or a process server or other person for service of legal papers related to a court case is allowed and does not violate this Order.

6 Stay-Away Order

You must stay at least (specify): 300 yards away from:

- a. The person listed in ①
- b. The people listed in ⑩
- c. The home of the persons in ① and ⑩
- d. Jobs or workplaces of the persons in ① and ⑩
- e. Vehicle of person in ①
- f. The protected children's school or child care
- g. Other (specify): _____

This stay-away order does not prevent the person in ② from going to or from that person's home or place of employment.

7 No Guns or Other Firearms

You cannot own, possess, have, buy or try to buy, receive or try to receive, or in any other way get a gun or firearm.

8 Turn In or Sell Guns or Firearms

You must:

- Sell to a licensed gun dealer or turn in to police any guns or firearms that you possess or control. This must be done within 24 hours of being served with this order.
- File a receipt with the court within 48 hours of receiving this order that proves guns have been turned in or sold. (You may use Form CH-145 for this.)

9 Other Orders (specify): _____

This is a Court Order.

Your name: _____

Case Number: _____

10 Other Protected Persons

List of the full names of all family or household members protected by these orders:

VICTORIA HOGESTYN WHITNEY HOGESTYN
ALEX HOGESTYN

Instructions for the Protected Person

To the person in ①: (Write the name of the person in ①): DRAKE HOGESTYN

11 Service of Order on Law Enforcement

If the court issues temporary restraining orders, by the close of business on the date the orders are made, you or your lawyer should deliver a copy of this Order and any proof of service forms to each law enforcement agency listed below.

Name of Law Enforcement Agency:	Address (City, State, Zip)

12 Service of Documents

You must have someone personally deliver to the person in ② a copy of all the documents checked below:

- a. CH-120, Notice of Hearing and Temporary Restraining Order (CLETS) (completed and file-stamped)
- b. CH-100, Request for Orders to Stop Harassment (completed and file-stamped)
- c. CH-110, Answer to Request for Orders to Stop Harassment (blank form)
- d. CH-145, Proof of Firearms Turned In or Sold (blank form)
- e. CH-151, How Can I Answer a Request for Orders to Stop Harassment?
- f. Other (specify): _____

13 Time for Service (check a, b, or c)

- a. A copy of the documents listed in ⑬ must be served in person to the person in ② at least 5 days before the hearing.
- b. A copy of the documents listed in ⑬ must be served in person to the person in ② at least 2 days before the hearing.
- c. A copy of the documents listed in ⑬ must be served in person to the person in ① at least 1 days before the hearing.

14 No Fee for Filing
Filing fees are waived.

This is a Court Order.

Your name: _____

Case Number: _____

15 **No Fee for Service of Order by Law Enforcement**
 The sheriff or marshal will serve this Order without charge because the order is based on a credible threat of violence resulting from a threat of sexual assault or on stalking.

Date: 1/2/07


 Judicial Officer
 Pro Tem **DAVID J. COWAN**

Warnings and Notices to the Restrained Person in 3

You Cannot Have Guns or Firearms

You cannot own, have, possess, buy or try to buy, receive or try to receive, or otherwise get a gun while this Order is in effect. If you do, you can go to jail and pay a \$1,000 fine. You must sell to a licensed gun dealer or turn in to police any guns or firearms that you have or control in accordance with item 3 above. The court will require you to prove that you did so. If you do not obey this Order, you can be charged with a crime.

Instructions for Law Enforcement

This Order is effective when made. It is enforceable anywhere in all 50 states, the District of Columbia, all tribal lands, and all U.S. territories and shall be enforced as if it were an order of that jurisdiction by any law enforcement agency that has received the Order, is shown a copy of the Order, or has verified its existence on the California Law Enforcement Telecommunications System (CLETS). If the law enforcement agency has not received proof of service on the restrained person, and the restrained person was not present at the court hearing, the agency shall advise the restrained person of the terms of the Order and then shall enforce it. Violations of this Order are subject to criminal penalties.



Requests for Accommodations
 Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available if you ask at least 5 days before the hearing. Contact the clerk's office or go to www.courtinfo.ca.gov/forms for Request for Accommodations by Persons With Disabilities and Order (Form MC-410). (Civil Code, § 54.8.)

(Clerk will fill out this part.)
—Clerk's Certificate—

Clerk's Certificate
 [initials]

I certify that this Notice of Hearing and Temporary Restraining Order is a true and correct copy of the original on file in the court.

Date: _____ Clerk, by _____, Deputy

This is a Court Order.

CH-100 Request for Orders to Stop Harassment

1 Your name (person asking for protection): DEBBIE HOGESTYN
 Your address (skip this if you have a lawyer): (If you want your address to be private, give a mailing address instead):
 City: MALIBU State: CA Zip: _____
 Your telephone number (optional): (_____) _____
 Your lawyer (if you have one): (Name, address, telephone number, and State Bar number): _____

Clerk stamps date here when form is filed.
FILED
 JAN 02 2007
 CLERK
 BY STEPHANIE FRANK HOPKIN

Fill in court name and street address:
 Superior Court of California, County of
 The Los Angeles Superior Court
 West District - Santa Monica Courthouse
 1725 Main Street
 Santa Monica, CA 90401

2 Name of person you want protection from: CARL RAYMOND CHENEY
 Describe the person: Sex: M F Weight: 250
 Height: 63 Race: CAJ Hair Color: BROWN
 Eye Color: _____ Age: _____ Date of Birth: _____
 Home Address (if you know):
 City: PORTLAND OREGON State: _____ Zip: _____
 Work Address (if you know):
 City: _____ State: _____ Zip: _____

Court file in case number when form is filed.
 Case Number: SS014954

3 Besides you, who needs protection? (Family or household members)

Full Name	Sex	Age	Lives with you?	How are they related to you?
<u>VICTORIA HOGESTYN</u>	<u>F</u>	<u>50</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>WIFE</u>
<u>WHITNEY HOGESTYN</u>	<u>F</u>	<u>21</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>DAUGHTER</u>
<u>ALEXANDRA HOGESTYN</u>	<u>F</u>	<u>18</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>DAUGHTER</u>
<u>BEN HOGESTYN</u>	<u>M</u>	<u>25</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>SON</u>

Check here if you need more space. Attach a sheet of paper and write "CH-100 item 3- Describe Protected Persons" at the top of the page.

4 Why are you filing in this court? (Check all that apply):
 The person in 2 lives in this county.
 I was hurt (physically or emotionally) by the person in 2 here.
 Other (specify): STALKER - ASSAULT - BREAK IN

POLICE REPORT # 506-08331-1012-144

5 How do you know the person in 2? (Describe):
I DONT. HE WATCHES THE SOAP OPERA I PERFORM ON. HE REFERED TO ME AS MY CHARACTERE NAME: JOHN BLAKE HE SCREENED OUT RELIGIOUS PASSAGES AS HE PHYSICALLY TRIED TO EXORCISE THE DEVIL FROM ME

This is not a Court Order.

Request for Orders to Stop Harassment (Civil Harassment)

CH-100, Page 1 of 4

American LegalNet, Inc. www.FormsWeNeed.com

Judicial Council of California, www.courtinfo.ca.gov
 Revised January 1, 2007, Nonstipulatory Form
 Code of Civil Procedure, §§ 527.6 and 527.9

Case Number: _____

Your name: _____

- 6 Describe how the person in 2 has harassed you:
- a. Date of most recent harassment: 12/3/06
- b. Who was there? MY FAMILY MENTIONED BEFORE
- c. Did the person in 2 commit any acts of violence or threaten to commit any acts of violence against you?
 Yes No
 If yes, describe those acts or threats: A VIOLENT PHYSICAL FIGHT ENDED WITH THREATS AGAINST MY LIFE
- d. Did the person in 2 engage in a course of conduct that harassed you and caused substantial emotional distress?
 Yes No
 If yes, describe: PECIBOUS PAINTS AND TALKS IN SPAIN ETC
- e. Did the conduct of the person in 2 described above seriously alarm, annoy, or harass you? Yes No
 Check here if you need more space. Attach a sheet of paper and write "CH-100, item 6-- Describe Harassment" at the top of the page.

Check the orders you want

- 7 Personal Conduct Orders
 I ask the court to order the person in 2 to not do the following things to me or anyone listed in 3:
 a. Harass, attack, strike, threaten, assault (sexually or otherwise), hit, follow, stalk, destroy personal property, keep under surveillance, or block movements.
 b. Contact (either directly or indirectly), or telephone, or send messages or mail or e-mail.
 The person in 2 will also be ordered not to take any action to get the addressee or locations of any protected persons, their family members, or their caretakers unless the court finds good cause not to make the order.
- 8 Stay-Away Orders
 I ask the court to order the person in 2 to stay at least (specify): _____ yards away from me and the people listed in 3 and the places listed below. (Check all that apply):
 a. My home
 b. My job or workplace
 c. My children's school or child care
 d. My vehicle
 e. Other (specify): _____
- If the court orders the person in 2 to stay away from all the places listed above, will that person still be able to get to his or her home, school, or job? Yes No
 If no, explain: _____

This is not a Court Order.

Your name: _____

Case Number: _____

9 Others to Be Protected

Should the other people listed in ① also be covered by the orders described above?
 Yes No Does not apply

If yes, explain: _____

10 Order About Guns or Other Firearms

I ask the court to order the person in ② to be prohibited from owning, possessing, purchasing, or receiving, or attempting to purchase or receive firearms and to sell or turn in any guns or firearms that he or she controls.

11 Other Orders

I ask the court to order the person in ② to (specify): THE SOAP OPERA "STOP WATCHING 1 DAY'S OF OUR LIVES" ON NBC OR SOAPNET OR VIDEO PSYCHOLOGICAL EVALUATION

12 Temporary Orders

Do you want the court to make orders now on the matters listed in ⑦ through ⑩ that will last until the hearing? Yes No

If yes, explain why you need these orders right now: PSYCHOTIC BEHAVIOR

HE'S CURRENTLY AT TWIN TOWERS - DEEMED TOO DANGEROUS TO BE SENT TO PSYCH WARD

Check here if you need more space. Attach a sheet of paper and write "CH-100, item 12—Temporary Orders" at the top of the page.

13 Delivery of Orders to Law Enforcement

My lawyer or I will give copies of the orders to the following law enforcement agencies:

a. Name of Agency: _____
Address: _____
City: _____ State: _____ Zip: _____

b. Name of Agency: _____
Address: _____
City: _____ State: _____ Zip: _____

14 Other Court Cases

Have you ever asked any court for other restraining orders against the person in ②? Yes No
If yes, specify the counties and case numbers if you know them: _____

This is not a Court Order.

Case Number: _____

Your name: _____

15 **Time for Service**

You must have your papers personally served on (notify) the person in ② at least 5 days before the hearing, unless the court orders a different time for service. (Form CH-135 explains "What is Proof of Service?" Form CH-130 may be used to show the court that the papers have been served.) If your papers cannot be served at least 5 days before the hearing and you need more time, explain why:

16 **No Fee for Filing**

I ask the court to waive the filing fee because the person in ② has used or threatened to use violence against me, has stalked me, or has acted or spoken in some other way that makes me reasonably fear violence. I am asking for a restraining order to stop this conduct.

17 **No Fee to Serve Orders**

I ask the court to order the sheriff or marshal to serve (notify) the person in ② about the orders for free because that person has stalked me or threatened me with sexual assault.

(To get free service of the court's orders without paying a fee, you must fill out and file the Request and Order for Free Service of Restraining Order (Form CH-101), and if you qualify for a fee waiver, you must also fill out and file the Application for Waiver of Court Fees and Costs (Form FW-001).)

18 **Lawyer's Fees and Costs**

I ask the court to order payment of my:

- a. Lawyer's fees
- b. Out-of-pocket expenses

The amounts requested are:

Item	Amount	Item	Amount
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

Check here if you need more space. Attach a sheet of paper and write "CH-100, item 18—Lawyer's Fees and Costs" at the top of the page.

19 **Additional Relief**

I ask the court for additional relief as may be proper.

20 Number of pages attached to this form, if any: _____

Date: _____

Lawyer's name _____

Lawyer's signature _____

I declare under penalty of perjury under the laws of the State of California that the information above and on all attachments is true and correct.

Date: 1.2.2007

DAKE HOGESTYN
Type or print your name

[Handwritten Signature]
Sign your name

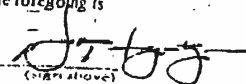
This is not a Court Order.

ATTACHMENT 29

12-31-06 4:00PM AT
 MY WIFE SON AND DAUGHTER, INCLUDING
 MYSELF WERE IN THE BACKYARD OF OUR HOME.
 THIS HOME IS FULLY GATED AND IS ALSO
 IN A GATED COMMUNITY. AN UNKNOWN,
 UNINVITED INTRUDER RAN AT MY DAUGHTER
 SCREAMING "WHERE IS HE?"; I WILL CAST HIM OUT.
 SHE DROPPED HER PHONE AND RAN TO MY WIFE
 WHO WAS STANDING AT THE TOP OF THE PATIO
 STAIRS, FROM MY POSITION, ON TOP OF A LADDER
 WHERE I WAS PAINTING, I SAW THIS MAN
 GRAB MY WIFE AND PUNCH HER BACKWARDS.
 I JUMPED OFF THE LADDER AND INTERCEPTED
 HIM AS HE HAD MY WIFE BY THE RIGHT
 SHOULDER AND RAISED HIS RIGHT HAND. I
 GRABBED HIM BY THE HAIR, SPUN HIM AROUND
 DELIVERED A RIGHT CROSS TO THE CHIN THAT
 SENT HIM DOWN THE STAIRS. AT THAT MOMENT
 MY SON RESTRAINED HIM IN A CHOKER HOLD
 WHILE HE KICKED AND SCREAMED. WHAT
 HE HAD IN HIS HAND WAS A BIBLE AND HE

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

Date 1-2-07

JERRY HOOVER 
(Print name) (Signature)

HE WAS KILLING ME BY MY STAGE NAME. FOR THE LAST 21 YEARS I HAVE PLAYED A CHARACTER ON THE "DAYS OF OUR LIVES" SOAP OPERA. HE WAS RECALLING PAST STORYLINES, ESPECIALLY THE DEMONIC POSSESSION OF SEVERAL YEARS PAST - BUT MORE IMPORTANT HE THOUGHT I WAS DEAD, BECAUSE THE SHOW THAT Aired ON FRIDAY 12:2901 LEFT MY CHARACTER JOHN BLACK SHOT & PRESUMED DEAD. THIS SICK PERSON CARL RAYMOND CHENEY BELIEVED THAT SATAN WAS IN ME AND THAT HE WAS THE CHEAT. THE STRUGGLE CONTINUED FOR 10 MINUTES UNTILL MY SON AND I WERE ABLE TO DUCT TAPE HIS HANDS AND FEET. IT TOOK 14 MINURS FOR 911 TO RESPOND AND 6 BLACK & WHITES, A FIRE TRUCK, PARAMEDICS AND AN AMBULANCE WERE ALL WITNESS TO THE STRENGTH AND BIZARRENES OF THIS INDIVIDUAL. THE SUSPECT WAS UNCOOPERATIVE AND THE SHERIFFS CONTAINED HIM IN A PROFESSIONAL MANNER AND HE WAS TRANSPORTED TO TWIN TOWERS. A GOOGLE MAP SEARCH FOUND ON THE FRONT SEAT OF HIS CAR OUTSIDE MY GATE. SHOWED A DIRECT ROUTE FROM PORTLAND OREGON TO MY HOUSE

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

Date 1.2.07

DAKE HOGEITY
(Print name)

[Signature]
(Type name)

HE IS BEING HELD ON 150,000⁰⁰ BAIL
AND WILL BE ARRAIGNED TOMORROW.

TMZ.com

NAME, ADDRESS, AND TELEPHONE NUMBER OF ATTORNEY OR PARTY WITHOUT ATTORNEY:		STATE BAR NUMBER	Reserved for Court's File Stamp FILED LOS ANGELES SUPERIOR COURT JAN 02 2007 COURT CLERK BY STEPHANIE THOMAS, DEPUTY
ATTORNEY FOR (NAME)			
SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES			
COURTHOUSE ADDRESS:			
PETITIONER PLAINTIFF: <u>DRAKE HOGESTYN</u>			
RESPONDENT DEFENDANT: <u>CARL RAYMOND CHENEY</u>			
DECLARATION RE: NOTICE OF EX PARTE REQUEST (NO NOTICE GIVEN)			CASE NUMBER: <u>SS014984</u>

I, DRAKE HOGESTYN (PRINT NAME) declare that:

I did not give notice to the other party in this action because:

- I was afraid that the violence would reoccur when I gave notice that I was asking for these orders.
- I was afraid that the other party would take the children out of the area before the order could be granted and served.
- I believe that giving notice would make the orders useless because the other party would:

Other reason:

HE'S IN JAIL AT THE TWIN TOWERS

I declare that the above is true and correct, and that I executed this declaration at Santa Monica, California

1.2.2007
 DATE

[Signature]
 SIGNATURE OF DECLARANT

FAM 018 11/02

DECLARATION OF EX PARTE NOTICE

NAME, ADDRESS AND TELEPHONE NUMBER OF ATTORNEY OR PARTY WITHOUT ATTORNEY:		STATE BAR NUMBER	Accepted for Court Fee Stamp
ATTORNEY FOR NAME:		SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES	
COURT HOUSE ADDRESS:			
PETITIONER / PLAINTIFF:			
RESPONDENT / DEFENDANT:			
DECLARATION OF EX PARTE NOTICE			CASE NUMBER:

I, _____, declare as follows:

1) On the date of _____, I telephoned _____ at the hour of: _____ A.M. / P.M.
 I stated that the Petitioner/Respondent would appear in the Superior Court at _____
 in Department/Division _____, Room # _____, at _____^{AM} on _____ and would request
 the Court issue ex parte orders.

2) I told him/her the orders requested included, but were not limited to the following:

- That he/she not annoy, attack, molest, strike, batter, harass, assault, contact or disturb the peace of Petitioner/Respondent.
- That he/she stay 100 yards away from Petitioner/Respondent and Petitioner's/Respondent's home.
- That he/she be ordered to immediately move out of Petitioner's/Respondent's house.
- That Petitioner/Respondent have custody of the minor children.
- That he/she have no visitation with the children pending hearing.
- Other: _____

3) I informed the Petitioner/Respondent that he/she should appear at the above time and place if he/she wished to be heard by the court.

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

Date: _____

Signature of Declarant

FAM 018 11/02

DECLARATION OF EX PARTE NOTICE

ST 015

L.A. SUPERIOR COURT WEST

01/03/2007 11:27 FAX

Jan 03 2007 4:49PM

P. 14

SHORT TITLE:	CASE NUMBER SS014954
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**CIVIL CASE COVER SHEET ADDENDUM AND STATEMENT OF LOCATION
(CERTIFICATE OF GROUNDS FOR ASSIGNMENT TO COURTHOUSE LOCATION)**

This form is required in all new civil case filings in the Los Angeles Superior Court

- Check the types of hearing and fill in the estimated length of hearing expected for this case:
 JURY TRIAL? YES... CLASS ACTION? YES... LIMITED CASE? YES... TIME ESTIMATED FOR TRIAL _____ HOURS DAYS
- Select the correct district and courthouse location (4 steps - if you checked "Limited Case", skip to No. III, Pg. 4):
 1 After first completing the Civil Case Cover Sheet Form, find the main civil case cover sheet heading for your case in the left margin below, and, to the right in Column 1, the Civil Case Cover Sheet case type you selected.
 2 Check one Superior Court type of action in Column 2 below which best describes the nature of this case.
 3 In Column 3, circle the reason for the court location choice that applies to the type of action you have checked.

Applicable Reasons for Choosing Courthouse Location (See Column 3 below)

- Class Actions must be filed in County Courthouse, Central District
- May be filed in Central/Other county, or no Bodily Inj/Prop. Damage
- Location where cause of action arose
- Location where bodily injury, death or damage occurred
- Location where performance required or defendant resides
- Location of property or permanently garaged vehicle
- Location where petitioner resides
- Location where defendant/respondent functions wholly
- Location where one or more of the parties reside
- Location of Labor Commissioner Office

4 Fill in the information requested on page 4 in Item III; complete Item IV. Sign the certificate.

-1- Civil Case Cover Sheet Category No.	-2- Type of Action (Check only one)	-3- Applicable Reasons - See Step 3 Above
Auto Tort Auto (22)	<input type="checkbox"/> A7100 Motor Veh. - Park. Injury/Prop. Dam./Wrongful Death	1., 2., 4.
Uninsured Motorist (46)	<input type="checkbox"/> A7110 Park. Inj/Prop. Dam./Wrongful Death - Unins. Motorist	1., 2., 4.
Asbestos (04)	<input type="checkbox"/> A5070 Asbestos Property Damage <input type="checkbox"/> A7221 Asbestos - Personal Injury/Wrongful Death	2. 2.
Product Liability (24)	<input type="checkbox"/> A7260 Product Liability (not asbestos or toxic/environmental)	1., 2., 3., 4., 8.
Medical Malpractice (45)	<input type="checkbox"/> A7210 Medical Malpractice - Physicians & Surgeons <input type="checkbox"/> A7240 Other Professional Health Care Malpractice	1., 2., 4. 1., 2., 4.
Other PIP/DIWD Tort (23)	<input type="checkbox"/> A7250 Premises Liability (e.g., slip and fall) <input type="checkbox"/> A7290 Intentional Bodily Injury/PI/DIWD (e.g., assault, vandalism, etc.) <input type="checkbox"/> A7270 Intentional Infliction of Emotional Distress <input type="checkbox"/> A7271 Negligent Infliction of Emotional Distress <input type="checkbox"/> A7220 Other Personal Injury/Property Dam./Wrongful Death	1., 2., 4. 1., 2., 4. 1., 2., 3. 1., 2., 3. 1., 2., 4.
Non-PIP/DIWD Tort Business Tort (07)	<input type="checkbox"/> A6020 Other Commercial/Business Tort (not fraud/breach of contract)	1., 2., 3.
Civil Rights (08)	<input type="checkbox"/> A6005 Civil Rights/Discrimination	1., 2., 3.
Defamation (13)	<input type="checkbox"/> A6010 Defamation (slander/libel)	1., 2., 3.
Fraud (18)	<input type="checkbox"/> A6015 Fraud (no contract)	1., 2., 3.
Intellectual Property (19)	<input type="checkbox"/> A6016 Intellectual Property	2., 3.

SHORT TITLE		CASE NUMBER
-1- Civil Case Cover Sheet Category No.	-2- Type of Action (Check only one)	-3- Applicable Reasons - See Step 3 Above
Prof. Negligence (25)	<input type="checkbox"/> A6017 Legal Malpractice <input type="checkbox"/> A6050 Other Professional Malpractice (not medical or legal)	1., 2., 3. 1., 2., 3.
Other Non-PIP/D/W/D Tort (35)	<input type="checkbox"/> A6025 Other Non-PIP/D/W/D Tort - Intentional <input type="checkbox"/> A6026 Other Non-PIP/D/W/D Tort - Negligence	2., 3. 2., 3.
Wrongful Termination (36)	<input type="checkbox"/> A6037 Wrongful Termination	1., 2., 3.
Other Employment (15)	<input type="checkbox"/> A6024 Other Employment Complaint Case <input type="checkbox"/> A6109 Labor Commissioner Appeals	1., 2., 3. 10.
Breach of Contract/ Warranty (09) (not insurance)	<input type="checkbox"/> A6004 Breach of Rental/Lease Contract (not UD or wrongful eviction) <input type="checkbox"/> A6008 Contract/Warranty Breach - Seller Plaintiff (no fraud/negligence) <input type="checkbox"/> A6018 Negligent Breach of Contract/Warranty (no fraud) <input type="checkbox"/> A6028 Other Breach of Contract/Warranty (not fraud or negligence)	2., 5. 2., 5. 1., 2., 5. 1., 2., 5.
Collections (08)	<input type="checkbox"/> A6002 Collections Case-Seller Plaintiff <input type="checkbox"/> A6012 Other Promissory Note/Collections Case	2., 5., 6. 2., 5.
Insurance Coverage (18)	<input type="checkbox"/> A6015 Insurance Coverage (not complex)	1., 2., 5., 6.
Other Contract (37)	<input type="checkbox"/> A6009 Contractual Fraud <input type="checkbox"/> A6031 Tortious Interference <input type="checkbox"/> A6027 Other Contract Dispute (not breach/insurance/fraud/negligence)	1., 2., 3., 5. 1., 2., 3., 5. 1., 2., 3., 6.
Emt. Dom./Inv. Cond. (14)	<input type="checkbox"/> A7300 Eminent Domain/Condemnation Number of parcels _____	2.
Wrongful Eviction (33)	<input type="checkbox"/> A6023 Wrongful Eviction Case	2., 6.
Other Real Property (28)	<input type="checkbox"/> A6016 Mortgage Foreclosure <input type="checkbox"/> A6032 Quiet Title <input type="checkbox"/> A6060 Other Real Property (not em. domain, landlord/tenant, foreclosure)	2., 6. 2., 6. 2., 6.
Unl. Det.-Commercial (31)	<input type="checkbox"/> A6021 Unlawful Detainer-Commercial (not drugs or wrongful eviction)	2., 6.
Unl. Det.-Residential (32)	<input type="checkbox"/> A6020 Unlawful Detainer-Residential (not drugs or wrongful eviction)	2., 6.
Unl. Det.-Drugs (38)	<input type="checkbox"/> A6022 Unlawful Detainer-Drugs	2., 6.
Asset Forfeiture (05)	<input type="checkbox"/> A6108 Asset Forfeiture Case	2., 6.

Non-PIP/D/W/D Tort (Cont.)
 Employment
 Contract
 Real Property
 Unlawful Detainer
 Judicial Review

SHORT TITLE		CASE NUMBER
-1- Civil Case Cover Sheet Category No.	-2- Type of Action (Check only one)	-3- Applicable Reasons - See Step 3 Above
Petition re Arbitration (11)	<input type="checkbox"/> A8115 Petition to Compel/Confirm Arbitration	2, 5
Writ of Mandate (02)	<input type="checkbox"/> A8151 Writ - Administrative Mandamus	2, 5
	<input type="checkbox"/> A8152 Writ - Mandamus on Limited Court Case Matter	2
	<input type="checkbox"/> A8153 Writ - Other Limited Court Case Review	2
Oth. Jud. Review (38)	<input type="checkbox"/> A8150 Other Writ/Judicial Review	2, 5
Antitrust/Trade Reg. (03)	<input type="checkbox"/> A8005 Antitrust/Trade Regulation	1, 2, 8
Construction Defect (10)	<input type="checkbox"/> A8007 Construction Defect	1, 2, 3
Claims Inv. Males Tort (40)	<input type="checkbox"/> A8006 Claims Involving Males Tort	1, 2, 8
Securities Litig. (28)	<input type="checkbox"/> A8035 Securities Litigation Case	1, 2, 8
Tox. Tort/Environ (30)	<input type="checkbox"/> A8036 Toxic Tort/Environmental	1, 2, 5, 8
Ins Clms - Complr Case (41)	<input type="checkbox"/> A8034 Insurance Coverage/Subrogation (complex case only)	1, 2, 5, 8
Enforcement of Judgment (20)	<input type="checkbox"/> A8144 Sister State Judgment	2, 8
	<input type="checkbox"/> A8180 Abstract of Judgment	2, 8
	<input type="checkbox"/> A8107 Confession of Judgment (non-domestic relations)	2, 9
	<input type="checkbox"/> A8140 Administrative Agency Award (not unpaid taxes)	2, 8
	<input type="checkbox"/> A8114 Petition/Certificate for Entry of Judgment on Unpaid Tax	2, 8
	<input type="checkbox"/> A8112 Other Enforcement of Judgment Case	2, 8, 9
RICO (27)	<input type="checkbox"/> A8033 Racketeering (RICO) Case	1, 2, 8
Other Complaints (Not Specified Above) (42)	<input type="checkbox"/> A8030 Declaratory Relief Only	1, 2, 8
	<input type="checkbox"/> A8040 Injunctive Relief Only (not domestic/harassment)	2, 8
	<input type="checkbox"/> A8011 Other Commercial Complaint Cases (non-tort/non-complex)	1, 2, 8
	<input type="checkbox"/> A8000 Other Civil Complaint (non-tort/non-complex)	1, 2, 8
Partnership/Corp. Governance(21)	<input type="checkbox"/> A8113 Partnership and Corporate Governance Case	2, 8
Other Petitions (Not Specified Above) (43)	<input checked="" type="checkbox"/> A8121 Civil Harassment	2, 3, 8
	<input type="checkbox"/> A8123 Workplace Harassment	2, 3, 8
	<input type="checkbox"/> A8124 Elder/Dependent Adult Abuse Case	2, 3, 8
	<input type="checkbox"/> A8190 Election Contest	2
	<input type="checkbox"/> A8110 Petition for Change of Name	2, 7
	<input type="checkbox"/> A8170 Petition for Relief from Late Claim Law	2, 3, 4, 8
	<input type="checkbox"/> A8106 Other Civil Petition	2, 5

Misc. Civil Petitions Misc. Civ. Complaints Enforcement of Judgment Provisionally Complex Litig. Judicial Review (Confid.)

-4-

SHORT TITLE	CASE NUMBER
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III. Statement of Location: Enter the address of the accident, party residence or place of business, performance, or other circumstance indicated in No. II, Item 3 on Page 1 as the proper reason for filing in the court location you selected.

REASON: CHECK THE NUMBER UNDER ITEM 3 WHICH APPLIES IN THIS CASE		ADDRESS:
<input type="checkbox"/> 1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/> 4. <input type="checkbox"/> 5. <input type="checkbox"/> 6. <input type="checkbox"/> 7. <input type="checkbox"/> 8. <input type="checkbox"/> 9. <input type="checkbox"/> 10.		
CITY:	STATE:	ZIP CODE:

IV. Certificate/Declaration of Assignment: The undersigned hereby certifies and declares that the above entitled matter is properly filed for assignment to the _____ courthouse in the _____ District of the Los Angeles Superior Court under Section 392 et seq., Code of Civil Procedure and Rule 2(b), (c) and (d) of this court for the reason checked above. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and this declaration was executed on _____ at _____ California.

(SIGNATURE OF ATTORNEY/PLAINTIFF)

New Civil Case Filing Instructions

This addendum form is required so that the court can assign your case to the correct courthouse location in the proper district for filing and hearing. It satisfies the requirement for a certificate as to reasons for authorizing filing in the courthouse location, as set forth in Los Angeles Superior Court Local Rule 2.0. It must be completed and submitted to the court along with the Civil Case Cover Sheet and the original Complaint or Petition in ALL civil cases filed in any district (including the Central District) of the Los Angeles County Superior Court. Copies of the cover sheet and this addendum must be served along with the summons and complaint, or other initiating pleading in the case.

PLEASE HAVE THE FOLLOWING DOCUMENTS COMPLETED AND READY TO BE FILED IN ORDER TO PROPERLY COMMENCE YOUR NEW COURT CASE:

1. Original Complaint or Petition.
2. If filing a Complaint, a completed Summons form for issuance by the Clerk (Summons forms available at the Forms Counter).
3. Civil Case Cover Sheet form required by California Rule of Court 992.2(b)(1), completely filled out (Cover Sheet forms available at the Forms Counter).
4. This "Addendum to Civil Case Cover Sheet" form (Superior Court Form Number CIV 109, revised 09-03), completely filled out (Item II. does not apply in limited civil cases) and submitted with the Civil Case Cover Sheet.
5. Payment in full of the filing fee (unless filing on behalf of state or local government or no fee is due for the type of case being filed) or an Order of the Court waiving payment of filing fees in forma pauperis (fee waiver application forms available at the Filing Window)
6. In case of a plaintiff or petitioner who is a minor under 18 years of age, an Order of the Court appointing an adult as a guardian ad litem to act on behalf of the minor (Guardian ad Litem Application and Order forms available at the Forms Counter).
7. Additional copies of documents presented for endorsement by the Clerk and return to you.

*With the exception of unlimited civil cases concerning property damage, bodily injury or wrongful death occurring in this County, Labor Commissioner Appeals, and those types of actions required to be filed in the Central District by Local Court Rule 2(b), all unlimited jurisdiction civil actions may be optionally filed either in the Central District or in whichever other court location the rule would allow them to be filed. When a party elects to file an unlimited jurisdiction civil action in Central District that would also be eligible for filing in one or more of the other court locations, this form must still be submitted with location and assignment information completed.

CH-101/DV-290 Request and Order for Free Service of Restraining Order

1 Your name (person asking for protection): DRAKE HOGESTYN
 Your address (skip this if you have a lawyer): (If you want your address to be private, give a mailing address instead):
 City: MALIBU State: CA Zip: _____
 Your telephone (optional): (_____) _____
 Your lawyer (if you have one): (Name, address, telephone number, and State Bar number):

Clerk stamps date here when form is filed.

FILED
 JAN 02 2007
 JOHN A. CLARK - CLERK
 BY STEPHANIE FURK, DEPUTY

Fill in court name and street address:
 Superior Court of California, County of _____
 The Los Angeles Superior Court
 West District - Santa Monica Courthouse
 1785 Main Street
 Santa Monica, CA 90401

Clerk fills in case number when form is filed.
 Case Number: SS0143001005

2 Name of person you want protection from:
CARL RAYMOND CHENEY

Request for Free Service

- 3 If you qualify for a fee waiver, complete *Application for Waiver of Court Fees and Costs* (Form FW-001) and file it with this request. (Check one):
 a. I have completed and filed a fee waiver application.
 b. I am not eligible for a fee waiver.
- 4 I am entitled to free service of the restraining orders by the sheriff or marshal because (check either item a or b):
 a. I asked for domestic violence prevention restraining orders on Form DV-100.
 b. I asked for civil harassment restraining orders on Form CH-100, and my request was based on my fear of (check at least one box, if applicable):
 (1) sexual assault
 (2) stalking.

(If you are not entitled to free service under a or b, you may be eligible under a fee waiver or may pay the sheriff or marshal to serve the restraining orders.)

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

Date: 1-2-2007

DRAKE HOGESTYN
Type or print your name

[Signature]
Sign your name

(Order is on next page)

Judicial Council of California, www.courtinfo.ca.gov
Rev. July 1, 2007. Mandatory Form
Family Code, § 6222.
Code of Civil Procedure, § 527.5

Request and Order for Free Service of Restraining Order

CH-101/DV-290, Page 1 of 2

(Domestic Violence or Civil Harassment (Sexual Assault or Stalking))

American LegalNet, Inc.
www.Forms4u.com

Case Number: _____

Protected person's name: _____

Court Order

- 5 The court has reviewed the request of the person in 1 and finds that (check one box only):
 - a. The person qualifies for a fee waiver under rule 985 of the California Rules of Court.
 - b. The person does not qualify for a fee waiver, but qualifies for orders under item 4a or 4b above.
 - c. The person does not qualify for a fee waiver or for orders under item 4a or 4b above.
- 6 The sheriff or marshal shall serve the restraining order (on Form DV-110 or DV-130 or CH-120 or CH-140 and reference documents) without cost with cost to the person in 1.

Date: 1/3/07 Clerk, by _____, Deputy
 (Clerk may grant in full a nondiscretionary fee waiver; see Cal. Rules of Court, rule 985(d).)

[Signature]
 Judicial Officer

Instructions for Protected Person

- Fill out page 1 of this form. This form will allow you to ask the sheriff or marshal to serve the restraining order on the restrained person. There is no cost to you if you qualify under either item 4a or 4b on page 1.
- Fill out the *Application for Waiver of Court Fees and Costs* (Form FW-001) if you qualify for a fee waiver based on financial need.
- Give the forms to the court clerk together with your request for a restraining order.
- Ask the clerk how to make sure the sheriff or marshal gets your papers for service.
- If you do not qualify for free service of the restraining order under this request or a fee waiver, you may pay the sheriff or marshal to serve the order on the restrained person.
- For more information about service, read *What is "Proof of Service"?* (Form CH-135 or Form DV-210).

Instructions for Law Enforcement

- Government Code section 6103.2(b) allows the sheriff or marshal to bill the court only for orders or injunctions described in subdivision (q)(1) of Code of Civil Procedure section 527.6. The sheriff or marshal may bill the court for service only if item 5b above is checked.
- If the sheriff or marshal is seeking reimbursement for service, the box below must be filled out and a copy of this form returned to the court listed on page 1. This is not a proof of service.

Service of the order was made or attempted on (date): _____	Fee for service: \$ _____
Date: _____	
_____ (Type or Print Name of Law Enforcement Representative)	_____ (Signature of Law Enforcement Representative)
_____ (Title and Agency)	(This is Not a Proof of Service.)

Rev. January 1, 2001

CH-101/DV-280, Page 2 of 2

**Request and Order for Free Service
 of Restraining Order**
 (Domestic Violence or Civil Harassment (Sexual Assault or Stalking))