

# ELDER OR DEPENDENT ADULT ABUSE PACKET

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Court Executive Officer  
Superior Court of California, County of Butte  
1775 Concord Ave.  
Chico, California 95928  
(530)532-7008  
07/01/2016

**No Filing Fee**

**If you need assistance with the preparation of any forms, you may contact the  
Self Help Assistance and Referral Program (S.H.A.R.P.) at  
One Court Street, Oroville, CA (530) 532-7015  
1775 Concord Ave., Chico, CA (530) 532-7024  
You may also visit the California Courts self help website at  
[www.courtinfo.ca.gov](http://www.courtinfo.ca.gov)**



# Office of the Family Law Facilitator and SHARP Self Help Assistance & Referral Program

**Oroville:**

1 Court St.  
Oroville, CA 95965  
(530) 532-7024

**Chico:**

1775 Concord Ave  
Chico, CA 95928  
(530) 532-7015

**Red Bluff:**

633 Washington St.  
Red Bluff, CA 96080  
(530) 527-8649

**Clearlake:**

7000A South Center Dr.  
Clearlake, CA 95422  
(707) 994-6598 **Ext 3**

Assistance in Spanish is usually available. If you need assistance in another language or help writing English, you will need to bring someone to help you.

Call SHARP and the Family Law Facilitators for assistance with the following issues:

**Dissolution of Marriage or  
Domestic Partnership**

- Divorce
- Legal Separation
- Summary Dissolution
- Financial Disclosure documents
- Petition for child custody and support
- Annulment
- Bifurcation of Marital Status

**Judgments**

- Default
- Contested/Uncontested
- Stipulated

**Request for Order**

- Child Support/Spousal Support
- Child custody and visitation
- Modification of existing orders
- Set Aside Voluntary Declaration of Paternity
- Set Aside Default Paternity
- Temporary Orders

**Paternity/Parentage for Unmarried Persons  
Guardianship/Guardianship Terminations**

**Step Parent Adoption (with signed,  
uncontested consent of biological parent)**

**Response**

- Dissolutions
- Paternity
- Restraining Orders
- Request for Order

**Small Claims (Plaintiff and Defendant)**

**Name change:**

- Child(ren)
- Adult (self)

**Restraining Orders**

- Civil Harassment
- Domestic Violence
- Elder Abuse
- Workplace Violence

**Expungement of misdemeanor criminal record**

**Proof of Service/Service by Publication**

**Contempt (disobeying court orders)**

**Emancipation (of minor)**

**Evictions/Unlawful Detainer**

- Tenant
- Landlord

Call any of the SHARP/FLF offices to schedule a workshop or appointment.  
Emergency same-day service is available only when truly necessary.

**You may also email your questions to [AskSHARP@buttecourt.ca.gov](mailto:AskSHARP@buttecourt.ca.gov)**

**Melanie Snider**

Family Law Facilitator  
SHARP Managing Attorney  
Butte & Lake Superior Courts

**Scott R. Lyon**

Family Law Facilitator  
Tehama County Superior  
Court

**Michael Friel**

Self-Help Attorney  
Lake County Superior  
Court

These instructions cannot cover all of the questions that may arise in a particular case. If you do not know what to do to protect your rights, you should see a lawyer.

**What is a restraining order?**

It is a court order that helps protect people from being abused.

**Can I get a restraining order?**

If you are a person 65 years or older or a dependent adult, you can ask for a restraining order if you have been or are being:

- Physically abused
- Financially abused
- Mentally or emotionally abused
- Neglected
- Abandoned or abducted
- Isolated, *or*
- Deprived by a caregiver of goods or services you needed to avoid harm or suffering

**How will the order help me?**

The court can order a person to:

- Not physically abuse, harass, hit, or threaten you
- Not contact or go near you, *and*
- Not have a gun

You can also ask for protection for people who live with you and family members.

**Who can apply for an elder or dependent adult abuse restraining order?**

In addition to the elder or dependent adult, the following persons may apply for a restraining order on behalf of the elder or dependent adult:

- A conservator or trustee of the elder or dependent adult
- An attorney-in-fact of an elder or dependent adult who acts within the authority of the power of attorney
- A person appointed as a guardian ad litem for the elder or dependent adult
- Any other person legally authorized to seek such relief.

**How much does it cost?**

There is no fee for filing a request for a restraining order.

You do not need to pay a fee for service of the order. A sheriff or marshal will serve the order for free. Or you may arrange for service by a registered process server or a private party and pay any fee that is charged.

The court can make the person who loses the case pay all the court fees and the lawyer's fees for the other party.

**What forms do I need to get the order?**

You must fill out all of Form EA-100, *Request for Elder or Dependent Adult Abuse Restraining Orders*, and Form CLETS-001, *Confidential CLETS Information*. If you need attachments, you may use Form MC-025, Attachment. You must also fill out items 1 and 2 on Form EA-109, *Notice of Court Hearing*, and items 1, 2, and 3 on Form EA-110, *Temporary Restraining Order*.

**Where can I get these forms?**

You can get the forms from legal publishers or on the Internet at [www.courts.ca.gov](http://www.courts.ca.gov). You also may be able to find them at your local courthouse or county law library.

**What do I need to do to get the order?**

You must go to the superior court in the county where the abuse took place or the person to be restrained lives. At the court, ask where you should file your request for a restraining order. (A self-help center or legal aid association may be able to assist you in filing your request.)

At the court, give your forms to the clerk of the court. The clerk will give you a hearing date on the *Notice of Court Hearing* form, and if your request for immediate orders is granted, a copy of the *Temporary Restraining Order* signed by a judicial officer.

**How soon can I get the order?**

If you ask for a temporary restraining order, the court will decide within 24 hours whether or not to make the order. Sometimes the court decides sooner. Ask whether you should wait or come back later to get the signed *Notice of Court Hearing* and *Temporary Restraining Order*.



**Can I agree with the restrained person to cancel the order?**

No. Once the order is issued, only the judge can change or cancel it. You or the restrained person would have to file a request with the court to cancel the order.

**For help in your area, contact:**

*[Local information may be inserted.]*

**What if I am deaf or hard of hearing?**

Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available if you ask at least five days before the hearing. Contact the clerk's office or go to [www.courts.ca.gov/forms](http://www.courts.ca.gov/forms) for *Request for Accommodations by Persons with Disabilities and Response* (Form MC-410). (Civ.Code, § 54.8.)

**Request for Elder or Dependent Adult Abuse Restraining Orders**

Clerk stamps date here when form is filed.

Read *Can an Elder or Dependent Adult Abuse Restraining Order Help Me?* (Form EA-100-INFO) before completing this form. Also fill out *Confidential CLETS Information* (Form CLETS-001), with as much information as you know.

**1 Elder or Dependent Adult in Need of Protection**

a. Full Name: \_\_\_\_\_

Sex:  M  F Age: \_\_\_\_\_**2 Person From Whom Protection Is Sought**

Full Name: \_\_\_\_\_

Address (if known): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

**3 Person Requesting Order**

Who is asking the court for protection? (Check a, b, or c):

a.  The elder or dependent adult named in ①.b.  Name: \_\_\_\_\_conservator of the  person  estate  person and estate

of the person named in ①, appointed by (name of court): \_\_\_\_\_

Case No.: \_\_\_\_\_

c.  Other (name) \_\_\_\_\_

(Show this person's legal authority to make this request on an attached sheet of paper. Write "Attachment 3c—Information About Person Requesting Protective Order" for a title. You may use Form MC-025, Attachment.)

**4 Contact Information**

Contact information for the person asking the court for protection:

a. Your Lawyer (if you have one for this case):

Name: \_\_\_\_\_ State Bar No.: \_\_\_\_\_

Firm Name: \_\_\_\_\_

b. Your Address (If you have a lawyer, give your lawyer's information. If you do not have a lawyer and want to keep your home address private, you may give a different mailing address instead. The person in ① does not have to give telephone, fax, or e-mail.):

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**This is not a Court Order.**

Fill in court name and street address:

**Superior Court of California, County of**

Court fills in case number when form is filed.

**Case Number:**

**5 Description of Protected Person**

Describe the person named in ①. (Check a or b):

- a.  Is age 65 or older and a resident of California.
- b.  Is a resident of California and an adult under age 65. This person has physical or mental limitations that restrict his or her ability to carry out normal activities or to protect his or her rights. (Briefly describe limitations on the attached sheet of paper or Form MC-025. Write "Attachment 5—Description of Protected Person" for a title.)

**6 Additional Protected Persons**

- a. Are you asking for protection for any other family or household members or for the conservator of the elder or dependent adult listed in ①?  Yes  No (If yes, list them):

<u>Full Name</u>	<u>Sex</u>	<u>Age</u>	<u>Lives with you?</u>	<u>How are they related to you?</u>
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Check here if there are more persons. Attach a sheet of paper and write "Attachment 6a—Additional Protected Persons" for a title. You may use Form MC-025, Attachment.

- b. Why do these people need protection? (Explain below):

Check here if there is not enough space for your answer. Put your complete answer on the attached sheet of paper or Form MC-025 and write "Attachment 6b—Why Others Need Protection" for a title.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**7 Relationship of Parties**

How does the person in ① know the person in ②? (Explain below):

Check here if there is not enough space for your answer. Put your complete answer on the attached sheet of paper or Form MC-025 and write "Attachment 7—Relationship of Parties" for a title.

\_\_\_\_\_

**8 Venue**

Why are you filing in this county? (Check all that apply):

- a.  The person in ② lives in this county.
- b.  The person in ① was abused by the person in ② in this county.
- c.  Other (specify): \_\_\_\_\_

**This is not a Court Order.**



**9 Other Court Cases**

a. Has the person in (1) or any of the persons named in (6) been involved in another court case with the person in (2)?  No  Yes (If yes, specify the kind of each case and indicate where and when each was filed):

	<u>Kind of Case</u>	<u>Filed in (County/State)</u>	<u>Year Filed</u>	<u>Case Number (if known)</u>
(1)	<input type="checkbox"/> Elder or Dependent Adult Abuse	_____	_____	_____
(2)	<input type="checkbox"/> Civil Harassment	_____	_____	_____
(3)	<input type="checkbox"/> Domestic Violence	_____	_____	_____
(4)	<input type="checkbox"/> Divorce, Nullity, Legal Separation	_____	_____	_____
(5)	<input type="checkbox"/> Paternity, Parentage, Child Custody	_____	_____	_____
(6)	<input type="checkbox"/> Eviction	_____	_____	_____
(7)	<input type="checkbox"/> Guardianship	_____	_____	_____
(8)	<input type="checkbox"/> Workplace Violence	_____	_____	_____
(9)	<input type="checkbox"/> Small Claims	_____	_____	_____
(10)	<input type="checkbox"/> Criminal	_____	_____	_____
(11)	<input type="checkbox"/> Other (specify): _____	_____	_____	_____

b. Are there now any protective or restraining orders in effect relating to the person in (1) or any of the persons named in (6) and the person in (2)?  No  Yes (If yes, attach a copy if you have one.)

**10 Description of Abuse**

a. Abuse means either:

- (1) Physical abuse, neglect, financial abuse, abandonment, isolation, abduction, or other treatment with resulting physical harm or pain or mental suffering; or
- (2) The withholding by a caretaker of goods or services that are necessary to avoid physical harm or mental suffering.

b. Tell the court about the last time the person in (2) abused the person in (1).

(1) When did it happen? (Provide date or estimated date): \_\_\_\_\_

(2) Who else was there?  
 \_\_\_\_\_  
 \_\_\_\_\_

(3) Describe what happened below.

Check here if there is not enough space for your answer. Put your complete answer on the attached sheet of paper or Form MC-025 and write "Attachment 10b(3)—Describe Abuse" for a title.

\_\_\_\_\_  
 \_\_\_\_\_

(4) Was the abuse solely financial abuse unaccompanied by force, threat, harassment, intimidation, or any other form of abuse?

Yes, only financial abuse.  No, the abuse included other forms of abuse described above.

**This is not a Court Order.**



(5) Did the person in ② use or threaten to use a gun or any other weapon?

Yes  No (If yes, explain below):

Check here if there is not enough space for your answer. Put your complete answer on the attached sheet of paper or Form MC-025 and write "Attachment 10b(5)—Use of Weapons" for a title.

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(6) Was the person in ① harmed or injured as a result of the acts of abuse described above?

Yes  No (If yes, explain below):

Check here if there is not enough space for your answer. Put your complete answer on the attached sheet of paper or Form MC-025 and write "Attachment 10b(6)—Harm or Injury" for a title.

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(7) Did the police come?  Yes  No

If yes, did they give the person in ① or the person in ② an Emergency Protective Order?  Yes  No

If yes, the order protects (check all that apply):

a.  The person in ① b.  The person in ② c.  The persons in ⑥

(Attach a copy of the order if you have one.)

c. Is the person in ② a care custodian who deprived the person in ① of (kept from him or her, did not allow him or her to have or receive, or did not provide him or her with) goods or services that the person needed to avoid physical harm or mental suffering?

Yes  No (If yes, describe below what the person was deprived of and how that affected him or her):

Check here if there is not enough space for your answer. Put your complete answer on the attached sheet of paper or Form MC-025 and write "Attachment 10c—Deprivation by Care Custodian" for a title.

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d. Has the person in ② abused the person in ① at other times?

Yes  No (If yes, describe prior incidents and provide dates below):

Check here if there is not enough space for your answer. Put your complete answer on the attached sheet of paper or Form MC-025 and write "Attachment 10d—Previous Abuse" for a title.

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**This is not a Court Order.**



**Check the orders you want.**

**11  Personal Conduct Orders**

I ask the court to order the person in ② **not** to do any of the following things to the person in ① or to any person to be protected listed in ⑥:

- a.  Physically abuse, financially abuse, intimidate, molest, attack, strike, stalk, threaten, assault (sexually or otherwise), hit, harass, destroy the personal property of, or disturb the peace of the person.
- b.  Contact the person, either directly or indirectly, in **any** way, including, but not limited to, in person, by telephone, in writing, by public or private mail, by interoffice mail, by e-mail, by text message, by fax, or by other electronic means.
- c.  Other (*specify*):  
 *Check here if there is not enough space for your answer. Put your complete answer on the attached sheet of paper or Form MC-025 and write "Attachment 11c—Other Personal Conduct Orders," for a title.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*The person in ② will be ordered not to take any action to get the addresses or locations of any protected person unless the court finds good cause not to make the order.*

**12  Stay-Away Orders**

a. I ask the court to order the person in ② to stay at least \_\_\_\_\_ yards away from (*check all that apply*):

- (1)  The elder or dependent adult in ①
- (2)  The persons in ⑥
- (3)  The home of the elder or dependent adult
- (4)  The job or workplace of the elder or dependent adult
- (5)  The vehicle of the elder or dependent adult
- (6)  Other (*specify*): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

b. If the court orders the person in ② to stay away from all the places listed above, will he or she still be able to get to his or her home, school, or job?  Yes  No (*If no, explain below*):

*Check here if there is not enough space for your answer. Put your complete answer on the attached sheet of paper or Form MC-025 and write "Attachment 12b—Stay-Away Orders," for a title.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**This is not a Court Order.**

**13**  **Move-Out Order**

I ask the court to order the person in **(2)** to move out from and not return to the residence at *(address)*:

The person in **(1)** will suffer physical or emotional harm if the person in **(2)** does not leave the residence. The person in **(2)** is not named in the title or lease of the residence, either alone or with others beside the person in **(1)**.

I ask for this move-out order right away to last until the hearing, because:

- a. The person in **(2)** assaulted or threatened the person in **(1)**; and
- b. The person in **(1)** has the right to live at the above residence. *(Explain below)*:

*Check here if there is not enough space for your answer. Put your complete answer on the attached sheet of paper or Form MC-025 and write "Attachment 13—My Right to Residence," for a title.*

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**14** **Guns or Other Firearms and Ammunition**

Does the person in **(2)** own or possess any guns or other firearms?  Yes  No  I don't know

*Unless the abuse is only financial, if the judge grants a protective order, the person in **(2)** will be prohibited from owning, possessing, purchasing, receiving, or attempting to purchase or receive a gun, other firearm, and ammunition while the protective order is in effect. The person in **(2)** will also be ordered to turn in to law enforcement, or sell to or store with a gun dealer, any guns or firearms within his or her immediate possession or control.*

**15** **Immediate Orders**

Do you want the court to make any of these orders now that will last until the hearing without notice to the person in **(2)**?  Yes  No *(If you answered yes, explain why below):*

*Check here if there is not enough space for your answer. Put your complete answer on the attached sheet of paper or Form MC-025 and write "Attachment 15—Immediate Orders" for a title.*

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**16**  **Request to Give Less Than Five Days' Notice**

*You must have your papers personally served on the person in **(2)** at least five days before the hearing, unless the court orders a shorter time for service. (Form EA-200-INFO explains What Is "Proof of Personal Service"? Form EA-200, Proof of Personal Service, may be used to show the court that the papers have been served.)*

If you want there to be fewer than five days between service and the hearing, explain why below:

*Check here if there is not enough space for your answer. Put your complete answer on the attached sheet of paper or Form MC-025 and write "Attachment 16—Request to Give Less Than Five-Days Notice" for a title.*

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**This is not a Court Order.**

Case Number: \_\_\_\_\_

**17** **No Fee to Serve Orders** *If you want the sheriff or marshal to serve (notify) the person in 2 about the orders for free, ask the court clerk what you need to do.*

**18**  **Lawyer's Fees and Costs**

I ask the court to order payment of my: a.  Lawyer's fees b.  Court costs

The amounts requested are:

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

*Check here if there are more items. Put the items and amounts on the attached sheet of paper or Form MC-025 and write "Attachment 18—Lawyer's Fees and Costs" for a title.*

**19**  **Additional Orders Requested**

I ask the court to make the following additional orders (*specify*):

*Check here if there is not enough space for your answer. Put your complete answer on the attached sheet of paper or Form MC-025 and write "Attachment 19—Additional Orders Requested," for a title.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**20** Number of pages attached to this form, if any: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
*Lawyer's name (if any)*

\_\_\_\_\_  
*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: \_\_\_\_\_

\_\_\_\_\_  
*Type or print your name*

\_\_\_\_\_  
*Signature of person filling out this request*

**This is not a Court Order.**

Clerk stamps date here when form is filed.

**1 Elder or Dependent Adult in Need of Protection**

a. Full Name: \_\_\_\_\_

Person requesting protection for the elder or dependent adult, if different (person named in item 3 of Form EA-100):

Full Name: \_\_\_\_\_

Lawyer for person named above (if any for this case):

Name: \_\_\_\_\_ State Bar No.: \_\_\_\_\_

Firm Name: \_\_\_\_\_

b. Address for person named above (If you have a lawyer, give your lawyer's information. If you do not have a lawyer, give information for the person requesting the order. If you want to keep your home address private, you may give a different mailing address instead. You do not have to give telephone, fax, or e-mail.):

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Fill in court name and street address:

**Superior Court of California, County of**

Court fills in case number when form is filed.

**Case Number:**

**2 Person You Want Protection From**

Full Name: \_\_\_\_\_

*The court will complete the rest of this form.*

**3 Notice of Hearing**

**A court hearing is scheduled on the request for restraining orders against the person in 2 :**

<div style="border: 1px solid black; border-radius: 50%; padding: 5px; display: inline-block;"> <b>Hearing Date</b> </div>	→ Date: _____	Time: _____	Name and address of court if different from above:
	Dept.: _____	Room: _____	
	_____		

**4 Temporary Restraining Orders** (Any orders granted are on Form EA-110, served with this notice.)

a. Temporary Restraining Orders for personal conduct and stay-away orders as requested in Form EA-100, Request for Elder on Dependent Adult Abuse Restraining Orders are (check only one box below):

(1)  All **GRANTED** until the court hearing.

(2)  All **DENIED** until the court hearing. (Specify reasons for denial in b, below.)

(3)  Partly **GRANTED** and partly **DENIED** until the court hearing. (Specify reasons for denial in b, below.)



To the Person in ②:

- If you want to respond to the request for orders in writing, file Form EA-120, *Response to Request for Elder or Dependent Adult Abuse Restraining Orders*, and have someone age 18 or older—not you or anyone to be protected—mail it to the person in ①.
- The person who mailed the form must fill out a proof of service form. Form EA-250, *Proof of Service of Response by Mail*, may be used. File the completed form with the court before the hearing and bring a copy with you to the court hearing.
- Whether or not you respond in writing, go to the hearing if you want the judge to hear from you before making an order. You may tell the judge why you agree or disagree with the orders requested.
- You may bring witnesses and other evidence.
- At the hearing, the judge may make restraining orders against you that could last up to five years and may order you to sell or turn in any firearms that you own or possess.



**Request for Accommodations**

Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available if you ask at least five days before the hearing. Contact the clerk's office or go to [www.courts.ca.gov/forms](http://www.courts.ca.gov/forms) for *Request for Accommodations by Persons with Disabilities and Response* (Form MC-410). (Civ. Code, § 54.8.)

*(Clerk will fill out this part.)*

**—Clerk's Certificate—**

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

*Clerk's Certificate*  
*[seal]*

Date: \_\_\_\_\_

Clerk, by \_\_\_\_\_, Deputy

Clerk stamps date here when form is filed.

Person in ① must complete items ①, ② and ③ only.

**① Protected Elder or Dependent Adult**

a. Full Name: \_\_\_\_\_

Person requesting protection for the elder or dependent adult, if different (person named in item ③ of Form EA-100):

Full Name: \_\_\_\_\_

Lawyer for person named above (if any, for this case):

Name: \_\_\_\_\_ State Bar No.: \_\_\_\_\_

Firm Name: \_\_\_\_\_

b. Your Address (If you have a lawyer, give your lawyer's information. If you do not have a lawyer and want to keep your home address private, you may give a different mailing address instead. You do not have to give telephone, fax, or e-mail.):

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Fill in court name and street address:

**Superior Court of California, County of**

Court fills in case number when form is filed.

**Case Number:**

**② Restrained Person**

Full Name: \_\_\_\_\_

Description:

Sex:  M  F Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Age: \_\_\_\_\_ Race: \_\_\_\_\_

Home Address (if known): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship to Protected Person: \_\_\_\_\_

**③  Additional Protected Persons**

In addition to the elder or dependent adult named in ①, the following family or household members or conservator of that person are protected by the temporary orders indicated below:

Full Name	Sex	Age	Household Member?	Relation to Protected Person
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Check here if there are additional protected persons. List them on an attached sheet of paper and write "Attachment 3—Additional Protected Persons" as a title. You may use Form MC-025, Attachment.

**④ Expiration Date**

This Order expires at the end of the hearing scheduled for the date and time below:

Date: \_\_\_\_\_ Time: \_\_\_\_\_  a.m.  p.m.

**This is a Court Order.**

**To the Person in ② :**

The court has issued the temporary orders checked as granted below. If you do not obey these orders, you can be arrested and charged with a crime. You may have to go to jail for up to one year, pay a fine of up to \$1,000, or both .

**⑤ Personal Conduct Orders**

Not Requested     Denied Until the Hearing     Granted as Follows:

a. You must **not** do the following things to the elder or dependent adult named in ①

and to the other protected persons listed in ③ :

- (1)  Physically abuse, financially abuse, intimidate, molest, attack, strike, stalk, threaten, assault (sexually or otherwise), hit, harass, destroy personal property of, or disturb the peace of the person.
- (2)  Contact the person, either directly or indirectly, in **any** way, including, but not limited to, in person, by telephone, in writing, by public or private mail, by interoffice mail, by e-mail, by text messages, by fax, or by other electronic means.
- (3)  Take any action to obtain the person's address or location. If this item ③ is not checked, the court has found good cause not to make this order.
- (4)  Other (*specify*):  
 Other personal conduct orders are attached at the end of this Order on Attachment 5a(4).

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

b. 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. However, you may have your papers served by mail on the person in ①.

**⑥ Stay-Away Orders**

Not Requested     Denied Until the Hearing     Granted as Follows:

a. You **must** stay at least \_\_\_\_\_ yards away from (*check all that apply*):

- (1)  The elder or dependent adult in ①                      (5)  The vehicle of the person in ①
- (2)  Each person in ③                                              (6)  Other (*specify*):
- (3)  The home of the elder or dependent adult
- (4)  The job or workplace of the elder or dependent adult

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

b. This stay-away order does not prevent you from going to or from your home or place of employment.

**⑦ Move-Out Order**

Not Requested     Denied Until the Hearing     Granted as Follows:

You must immediately move out from and not return to (*address*):

\_\_\_\_\_  
 \_\_\_\_\_

**This is a Court Order.**



**8 No Guns or Other Firearms and Ammunition**

- Not Issued** (financial abuse only)                       **Granted as Follows:**

**This order must be granted unless only financial abuse is alleged.**

- a. You cannot own, possess, have, buy or try to buy, receive or try to receive, or in any other way get guns, other firearms, or ammunition.
- b. You must:
  - (1) Sell to or store with a licensed gun dealer, or turn in to a law enforcement agency, any guns or other firearms in your immediate possession or control. This must be done within 24 hours of being served with this Order.
  - (2) File a receipt with the court within 48 hours of receiving this Order that proves that your guns or firearms have been turned in, sold, or stored. *(You may use Form EA-800, Proof of Firearms Turned In, Sold, or Stored, for the receipt.)*
- c.  The court has received information that you own or possess a firearm.

**9 Financial Abuse**

This case  does not             does involve solely financial abuse unaccompanied by force, threat, harassment, intimidation, or any other form of abuse.

**10 Other Orders**

- Not Requested**             **Denied Until the Hearing**             **Granted as Follows** (specify):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Additional orders are attached at the end of this Order on Attachment 10.

**To the Person in 1:**

**11 Mandatory Entry of Order Into CARPOS Through CLETS**

This Order must be entered into the California Restraining and Protective Order System (CARPOS) through the California Law Enforcement Telecommunications System (CLETS). *(Check one):*

- a.  The clerk will enter this Order and its proof-of-service form into CARPOS.
- b.  The clerk will transmit this Order and its proof-of-service form to a law enforcement agency to be entered into CARPOS.
- c.  By the close of business on the date that this Order is made, the petitioner or the petitioner's lawyer should deliver a copy of the Order and its proof-of-service form to the law enforcement agencies listed below to enter into CARPOS:

Name of Law Enforcement Agency

Address (City, State, Zip)

\_\_\_\_\_  
\_\_\_\_\_

- Additional law enforcement agencies are listed at the end of this Order on Attachment 11.

**This is a Court Order.**



**12 No Fee to Serve (Notify) Restrained Person**

If the sheriff or marshal serves this Order, he or she will do it for free.

**13** Number of pages attached to this Order, if any: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
*Judicial Officer*

**Warnings and Notices to the Restrained Person in 2****Possession of Guns or Firearms**

If the court grants the orders in item 8, you cannot own, have, possess, buy or try to buy, receive or try to receive, or otherwise get guns, other firearms, or ammunition while this Order is in effect. If you do, you can go to jail and pay a \$1,000 fine. You must sell to or store with a licensed gun dealer, or turn in to a law enforcement agency, any guns or other firearms that you have or control as stated in item 8. The court will require you to prove that you did so.

**Notice Regarding Nonappearance at Hearing and Service of Order**

If you have been personally served with this Temporary Restraining Order and Form EA-109, *Notice of Court Hearing*, but you do not appear at the hearing either in person or by a lawyer, and a restraining order that does not differ from this order except for the expiration date is issued at the hearing, a copy of the order will be served on you by mail at the address in item 2.

If this address is not correct or you wish to verify that the Temporary Restraining Order was converted into a restraining order at the hearing without substantive change, or to find out the duration of the order, contact the clerk of the court.

**After You Have Been Served With a Restraining Order**

- Obey all the orders.
- Read Form EA-120-INFO, *How Can I Respond to a Request for Elder or Dependent Adult Abuse Restraining Orders?*, to learn how to respond to this Order.
- If you want to respond, fill out Form EA-120, *Response to Request for Elder or Dependent Adult Abuse Restraining Orders*, and file it with the court clerk. You do not have to pay any fee to file your response.
- You must have Form EA-120 served on the person in 1 (the person asking the court for protection of the elder or dependent adult or the elder or dependent adult if no other person is named in that item), or that person's attorney, by mail. You cannot do this yourself. The person who does the mailing should complete and sign Form EA-250, *Proof of Service of Response by Mail*. File the completed proof of service with the court clerk before the hearing date or bring it with you to the hearing.
- In addition to the response, you may file and have declarations served signed by you and other persons who have personal knowledge of the facts. You may use Form MC-030, *Declaration*, for this purpose. It is available from the clerk's office at the court shown on page 1 of this form or at [www.courts.ca.gov/forms](http://www.courts.ca.gov/forms). If you do not know how to prepare a declaration, you should see a lawyer.
- Whether or not you file a response, you should attend the hearing. If you have any witnesses, they must also go to the hearing.
- At the hearing, the judge can make restraining orders against you that last for up to five years. Tell the judge why you disagree with the orders requested.

**This is a Court Order.**



**Instructions for Law Enforcement****Enforcing the Restraining Order**

This order is enforceable 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 Restraining and Protective Orders System (CARPOS). If the law enforcement agency has not received proof of service on the restrained person, the agency must advise the restrained person of the terms of the order and then must enforce it. Violations of this order are subject to criminal penalties.

**Start Date and End Date of Orders**

This order *starts* on the date next to the judge's signature on page 4. The order *ends* on the expiration date in item ④ on page 1.

**Arrest Required if Order Is Violated**

If an officer has probable cause to believe that the restrained person had notice of the order and has disobeyed the order, the officer must arrest the restrained person. (Pen. Code, §§ 836(c)(1), 13701(b).) A violation of the order may be a violation of Penal Code section 166 or 273.6. Agencies are encouraged to enter violation messages into CARPOS.

**Notice/Proof of Service**

The law enforcement agency must first determine if the restrained person had notice of the order. Consider the restrained person "served" (given notice) if (Pen. Code, § 836(c)(2)):

- The officer sees a copy of the Proof of Service or confirms that the Proof of Service is on file; or
- The restrained person was informed of the order by an officer.

An officer can obtain information about the contents of the order and proof of service in CARPOS. If proof of service on the restrained person cannot be verified, the agency must advise the restrained person of the terms of the order and then enforce it.

**If the Protected Person Contacts the Restrained Person**

Even if the protected person invites or consents to contact with the restrained person, this order remains in effect and must be enforced. The protected person cannot be arrested for inviting or consenting to contact with the restrained person. The order can be changed only by another court order. (Pen. Code, § 13710(b).)

**This is a Court Order.**

**Conflicting Orders—Priorities of Enforcement**

**If more than one restraining order has been issued, the orders must be enforced according to the following priorities:** (See Pen. Code, § 136.2, Fam. Code, §§ 6383(h)(2), 6405(b).)

1. *EPO*: If one of the orders is an *Emergency Protective Order* (Form EPO-001) and is more restrictive than other restraining or protective orders, it has precedence in enforcement over all other orders.
2. *No Contact Order*: If there is no EPO, a no-contact order that is included in a restraining or protective order has precedence over any other restraining or protective order.
3. *Criminal Order*: If none of the orders includes a no contact order, a domestic violence protective order issued in a criminal case takes precedence in enforcement over any conflicting civil court order. Any nonconflicting terms of the civil restraining order remain in effect and enforceable.
4. *Family, Juvenile, or Civil Order*: If more than one family, juvenile, or other civil restraining or protective order has been issued, the one that was issued last must be enforced.

*(Clerk will fill out this part.)*

**—Clerk's Certificate—**

*Clerk's Certificate*  
*[seal]*

I certify that this *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.**

**California Law Enforcement Telecommunications System (CLETS)  
Information Form**

- This form is submitted with the initial filing (date): \_\_\_\_\_
- This is an amended form (date): \_\_\_\_\_

**Important: This form MUST NOT become part of the public court file. It is confidential and private.**

Fill out as much of this form as you can and give it to the court clerk. If the court issues a restraining order, this form will provide law enforcement with information that will help them enforce it. If any of this information changes, fill out a new (amended) form.

<b>Case Number (if you know it):</b> _____
--------------------------------------------

**1 Person to Be Protected (Name):** \_\_\_\_\_

Sex:  M  F Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Race: \_\_\_\_\_

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address (listed on restraining order): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone (optional): \_\_\_\_\_

Vehicle (Type, Model, Year): \_\_\_\_\_ (License Number and State): \_\_\_\_\_

**2 Person to Be Restrained (Name):** \_\_\_\_\_

Sex:  M  F Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Race: \_\_\_\_\_

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Residence Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation/Title: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Driver's License Number and State: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Vehicle (Type, Model, Year): \_\_\_\_\_ (License Number and State): \_\_\_\_\_

Describe any marks, scars, or tattoos: \_\_\_\_\_

Other names used by the restrained person: \_\_\_\_\_

**3 Guns or Firearms** Describe any guns or firearms that you believe the person in **2** owns or has access to (Number, types, and locations): \_\_\_\_\_

\_\_\_\_\_

**4 Other People to Be Protected**

<u>Name</u>	<u>Date of Birth</u>	<u>Sex</u>	<u>Race</u>	<u>Relation to Person in 1</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Additional persons to be protected are listed on Attachment 4.

**This is not a Court Order—Do not place in court file.**

**What is an elder or dependent adult abuse restraining order?**

It is a court order that prohibits you from doing certain things and going certain places.

**What does the order do?**

The court can order you to:

- Not contact the person who is protected by the order
- Stay away from that person and the person's home and workplace
- Move out of the place where you and that person are living together
- Not have any guns as long as the order is in effect

**Who can ask for a restraining order?**

A person who is being:

- Financially abused
- Abandoned or abducted
- Harmed
- Neglected
- Isolated
- Deprived by a caregiver of goods or services necessary to live on

A conservator may seek an order on behalf of an elder or dependent adult.

**I've been served with a request for elder or dependent adult abuse restraining orders. What do I do now?**

Read the papers served on you very carefully. The *Notice of Court Hearing* tells you when to appear in court. There may also be a *Temporary Restraining Order* forbidding you from doing certain things. You must obey the order until the hearing.

**What if I don't obey the order?**

The police can arrest you. You can go to jail and pay a fine.

**What if I don't agree with what the order says?**

You still must obey the order until the hearing. If you disagree with the orders the person is asking for, fill out Form EA-120, *Response to Request for Elder and Dependent Adult Abuse Restraining Orders*, before your hearing date and file it with the court. If you need to include attachments, you can use Form MC-025. You can get the forms from legal publishers or on the Internet at [www.courts.ca.gov](http://www.courts.ca.gov). You also may be able to find them at your local courthouse or county law library.

**Do I have to serve the other person with a copy of my response?**

Yes. Have someone age 18 or older—not you—mail a copy of completed Form EA-120 to the person who asked for the order (or that person's lawyer). (This is called "service by mail.")

The person who serves the form by mail must fill out Form EA-250, *Proof of Service of Response by Mail*. Have the person who did the mailing sign the original. Take the completed form back to the court clerk or bring it with you to the hearing.

**Should I go to the court hearing?**

Yes. You should go to court on the date listed on Form EA-109, *Notice of Court Hearing*. If you do not go to the hearing, the judge can make orders against you without hearing from you.

**EA-109 Notice of Court Hearing**

Clerk stamps date here when form is filed.

**1 Elder or Dependent Adult in Need of Protection**

a. Full Name: \_\_\_\_\_  
 Person requesting protection for the elder or dependent adult, if different (person named in item 3 of Form EA-109):  
 Full Name: \_\_\_\_\_  
 Lawyer for person named above (if any for this case):  
 Name: \_\_\_\_\_ State Bar No.: \_\_\_\_\_

b. Firm Name: \_\_\_\_\_  
 Address for person named above (if you have a lawyer, give your lawyer's information. If you do not have a lawyer, give information for the person requesting the order. If you want to keep your home address private, you may give a different mailing address instead. You do not have to give telephone, fax, or e-mail):  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_

Fill in court name and street address:  
 Superior Court of California, County of \_\_\_\_\_

Court fills in case number when form is filed.  
 Case Number: \_\_\_\_\_

**2 Person You Want Protection From**  
 Full Name: \_\_\_\_\_  
The court will complete the rest of this form.

**3 Notice of Hearing**  
 A court hearing is scheduled on the request for restraining orders against the person in 2):  
 Name and address of court if different from above:  
 Hearing Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Dept.: \_\_\_\_\_ Room: \_\_\_\_\_

**4 Temporary Restraining Orders** (Any orders granted are on Form EA-110, served with this notice.)  
 a. Temporary Restraining Orders for personal conduct and stay-away orders as requested in Form EA-100, *Request for Elder or Dependent Adult Abuse Restraining Orders* are (check only one box below):  
 (1)  All GRANTED until the court hearing.  
 (2)  All DENIED until the court hearing. (Specify reasons for denial in b, below.)  
 (3)  Partly GRANTED and partly DENIED until the court hearing. (Specify reasons for denial in b, below.)

Judicial Council of California, www.courts.ca.gov  
 New January 1, 2012, Mandatory Form  
 Welfare and Institutions Code, § 10281.02  
 Approved by DCL

**Notice of Court Hearing**  
 (Elder or Dependent Adult Abuse Prevention)

EA-109, Page 1 of 3



**How Can I Respond to a Request for Elder or Dependent Adult Abuse Restraining Orders?****How long does the order last?**

If the court issued a temporary restraining order before the hearing, it will last until your hearing date. At that time, the court will decide to continue or cancel the order. Any order issued at the hearing can last for up to five years.

**Do I need a lawyer?**

Having a lawyer is always a good idea, but it is not required, and you are not entitled to a free court-appointed attorney. Ask the court clerk about free and low-cost legal services and self-help centers in your county.

**Will I see the person who asked for the order at the court hearing?**

Yes. Assume that the person who is asking for the order will attend the hearing. Do not talk to him or her unless the judge or that person's attorney says that you can.

**Can I bring a witness to the court hearing?**

Yes. You can bring witnesses or documents that support your case to the hearing. But if possible, you should also bring the witnesses' written statements of what they saw or heard. Their statements must be made under penalty of perjury. You can use Form MC-030 for this.

**For help in your area, contact:**

*[Local information may be inserted.]*

**What if I don't speak English?**

When you file your papers, ask the clerk if a court interpreter is available. You may have to pay a fee for the interpreter. If an interpreter is not available for your court date, bring someone to interpret for you. You should ask someone age 18 or older to interpret for you.

**What if I have a gun?**

If a restraining order is issued, unless the order is to prevent financial abuse only, you cannot own, possess, or have a gun, other firearm, or ammunition while the order is in effect. If you have a gun or other firearm in your immediate possession or control, you must sell it to or store it with a licensed gun dealer or turn it in to a law enforcement agency.

**Can I agree with the protected person to cancel the order?**

No. Once the order is issued, only the judge can change or cancel it. You or the protected person would have to file a request with the court to cancel the order.

**What if I am deaf or hard of hearing?**

Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available if you ask at least five court days before the hearing. Contact the clerk's office or go to [www.courts.ca.gov/forms](http://www.courts.ca.gov/forms) for *Request for Accommodations by Persons with Disabilities and Response* (Form MC-410). (Civ. Code, § 54.8.)

**Response to Request for Elder or Dependent Adult Abuse Restraining Orders**

Clerk stamps date here when form is filed.

[Empty box for clerk stamp]

**Use this form to respond to the Request (Form EA-100)**

- Read *How Can I Respond to a Request for Elder or Dependent Adult Abuse Restraining Orders?* (Form EA-120-INFO), to protect your rights.
- Fill out this form and take it to the court clerk.
- Have someone age 18 or older—**not you**—serve the person requesting protection in ① by mail with a copy of this form and any attached pages. (Use Form EA-250, Proof of Service of Response by Mail.)

**① Elder or Dependent Adult Seeking Protection**

Name: \_\_\_\_\_

Name of person asking for the protection, if different (This is the person named in item ③ of the request (Form EA-100).):

\_\_\_\_\_

**② Person From Whom Protection Is Sought**

a. Your Name: \_\_\_\_\_

Your Lawyer (if you have one for this case):

Name: \_\_\_\_\_ State Bar No.: \_\_\_\_\_

Firm Name: \_\_\_\_\_

b. Your Address (If you have a lawyer, give your lawyer's information. If you do not have a lawyer and want to keep your home address private, you may give a different mailing address instead. You do not have to give telephone, fax, or e-mail.):

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Fill in court name and street address:

Superior Court of California, County of \_\_\_\_\_

[Empty box for court name and street address]

Court fills in case number when form is filed.

Case Number: \_\_\_\_\_

Present your response and any opposition at the hearing. Write your hearing date, time, and place from Form EA-109 item ③ here:

Hearing Date → Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Dept.: \_\_\_\_\_ Room: \_\_\_\_\_

**If you were served with a Temporary Restraining Order, you must obey it until the hearing. At the hearing, the court may make orders against you that last for up to five years.**

**③  Personal Conduct Orders**

a.  I agree to the orders requested.

b.  I do not agree to the orders requested.

c.  I agree to the following orders (specify): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**④  Stay-Away Orders**

a.  I agree to the orders requested.

b.  I do not agree to the orders requested.

c.  I agree to the following orders (specify): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5**  **Move Out Orders**

- a.  I agree to the orders requested.
- b.  I do not agree to the orders requested.
- c.  I agree to the following orders (*specify*): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**6**  **Additional Protected Persons**

- a.  I agree that the persons listed in item **6** of Form EA-100 may be protected by the order requested.
- b.  I do not agree that the persons listed in item **6** of Form EA-100 may be protected by the order requested.

**7**  **Guns or Other Firearms and Ammunition**

If you were served with Form EA-110, *Temporary Restraining Order*, you cannot own or possess any guns, other firearms, or ammunition. (See item **8** of Form EA-110.) You must sell to or store with a licensed gun dealer, or turn in to a law enforcement agency, any guns or other firearms in your immediate possession or control within 24 hours of being served with Form EA-110. You must file a receipt with the court. You may use Form EA-800, *Proof of Firearms Turned In, Sold, or Stored* for the receipt.

- a.  I do not own or control any guns or firearms.
- b.  I have turned in my guns and firearms to the police or sold them to or stored them with a licensed gun dealer.

A copy of the receipt  is attached.  has already been filed with the court.

**8**  **Other Orders**

- a.  I agree to the orders requested.
- b.  I do not agree to the orders requested.
- c.  I agree to the following orders (*specify*): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**9**  **Denial**

I did not do anything described in item **7** of Form EA-100. (*Skip to 11.*)

**10**  **Justification or Excuse**

If I did some or all of the things that the person in **1** has accused me of, my actions were justified or excused for the following reasons (*explain*):

- Check here if there is not enough space below for your answer. Put your complete answer on an attached sheet of paper and write "Attachment 10—Justification or Excuse" as a title. You may use Form MC-025, Attachment.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Case Number: \_\_\_\_\_

**11**  **Lawyer's Fees and Costs**

a.  I ask the court to order payment of my  Lawyer's fees  Court costs

The amounts requested are:

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

Check here if there are more items. Put the items and amounts on the attached sheet of paper or Form MC-025 and write "Attachment 11—Lawyer's Fees and Costs" for a title.

b.  I ask the court to deny the request of the person asking for protection named in **1** that I pay his or her lawyer's fees and costs.

**12** Number of pages attached to this form, if any: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
*Lawyer's name (if any)*

\_\_\_\_\_  
*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: \_\_\_\_\_

\_\_\_\_\_  
*Type or print your name*

\_\_\_\_\_  
*Sign your name*

**1 What is a firearm?**

A firearm is a:

- Handgun
- Rifle
- Shotgun
- Assault weapon

**2 If you own or have a firearm you must:**

- Turn it in to local law enforcement
- Sell it to a licensed firearms dealer, or
- Store it with a licensed firearms dealer

**3 How do I sell or store my firearm?**

Find a California licensed firearms dealer in your area.

Look under "Firearms Dealers" in your local Yellow Pages or on the Internet. Make sure the dealer is licensed.

**4 How do I take my firearm to law enforcement?**

Call your local law enforcement agency to ask about their procedures. Take a copy of the restraining order with you. Go directly to the law enforcement agency. Do not go anywhere else with firearms in your vehicle!

**5 If I turn my firearm in to law enforcement, how long will they keep it?**

Ask the law enforcement agency.

**6 After I give my firearm to law enforcement, can I change my mind?**

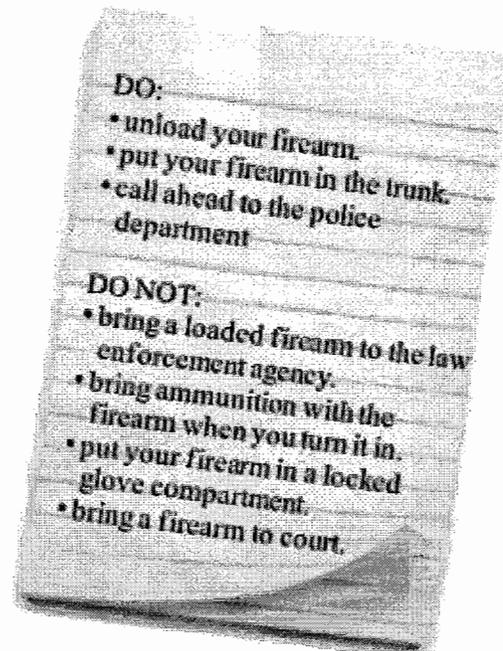
Yes. You are allowed to make one sale through a licensed gun dealer. To do this, a licensed gun dealer must present a bill of sale to your local law enforcement agency. The law enforcement agency will give the licensed gun dealer the firearm you are selling.

**7 Do I have to pay the law enforcement agency to keep my firearm?**

You may have to pay the agency for keeping your firearm. Contact your local law enforcement agency and ask if a fee is charged. The agency will tell you how much you need to pay.

**8 Questions?**

Call your local law enforcement agency:  
(Insert local information here.)



Clerk stamps date here when form is filed.

**1 Protected Person**

Name: \_\_\_\_\_

**2 Restrained Person**

a. Your Name: \_\_\_\_\_

Your Lawyer (if you have one for this case):

Name: \_\_\_\_\_ State Bar No.: \_\_\_\_\_

Firm Name: \_\_\_\_\_

b. Your Address (If you have a lawyer, give your lawyer's information. If you do not have a lawyer and want to keep your home address private, you may give a different mailing address instead. You do not have to give telephone, fax, or e-mail.):

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Fill in court name and street address:

**Superior Court of California, County of**

Court fills in case number when form is filed.

**Case Number:****3 To the Restrained Person:**

If the court has ordered you to turn in, sell, or store your firearms, you may use this form to prove to the court that you have obeyed its orders. When you deliver your unloaded weapons, ask the law enforcement officer or the licensed gun dealer to complete item 4 or 5 and item 6. After the form is signed, file it with the court clerk. Keep a copy for yourself. For help, read Form CH-800-INFO, *How Do I Turn in, Sell, or Store My Firearms?*

**4 To Law Enforcement**

Fill out items 4 and 6 of this form. Keep a copy and give the original to the person who turned in the firearms.

The firearms listed in 6 were turned in on:

Date: \_\_\_\_\_ at: \_\_\_\_\_  a.m.  p.m.

To: \_\_\_\_\_

*Name and title of law enforcement agent**Name of law enforcement agency**Address*

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

\_\_\_\_\_  
*Signature of law enforcement agent*

**5 To Licensed Gun Dealer**

Fill out items 5 and 6 of this form. Keep a copy and give the original to the person who sold you the firearms or stored them with you.

The firearms listed in 6 were

 sold to me  transferred to me for storage on:Date: \_\_\_\_\_ at: \_\_\_\_\_  a.m.  p.m.

To: \_\_\_\_\_

*Name of licensed gun dealer**License number Telephone**Address*

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

\_\_\_\_\_  
*Signature of gun dealer*



Case Number: \_\_\_\_\_

**6 Firearms**

	<u>Make</u>	<u>Model</u>	<u>Serial Number</u>
a.	_____	_____	_____
b.	_____	_____	_____
c.	_____	_____	_____
d.	_____	_____	_____
e.	_____	_____	_____

Check here if you turned in, sold, or stored more firearms. Attach a sheet of paper and write "EA-800, Item 6—Firearms Turned In, Sold, or Stored" for a title. Include make, model, and serial number of each firearm. You may use Form MC-025, Attachment.

**7** Do you have, own, possess, or control any other firearms besides the firearms listed in **6**?  Yes  No  
If you answered yes, have you turned in, sold, or stored those other firearms?  Yes  No

If yes, check one of the boxes below:

- a.  I filed a *Proof of Firearms Turned In, Sold, or Stored* for those firearms with the court on (date):
- b.  I am filing the proof for those firearms along with this proof.
- c.  I have not yet filed the proof for the other firearms. (*Explain why not*):

Check here if there is not enough space below for your answer. Put your complete answer on the attached sheet of paper or Form MC-025 and write "Attachment 7c" for a title.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Date:

\_\_\_\_\_  
*Type or print your name*

▶ \_\_\_\_\_  
*Sign your name*

### What is "Service"?

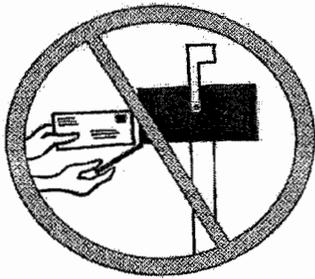
Service is the act of giving your legal papers to the other party. There are many kinds of service—in person, by mail, and others. This form is about personal or "in-person service." The *Request for Elder or Dependent Adult Abuse Restraining Orders* (Form EA-100), the *Notice of Court Hearing* (Form EA-109), and the *Temporary Restraining Order* (Form EA-110) must be served "in person." That means that someone must personally "serve" (give) a copy of the forms to the person to be restrained. These forms cannot be served by mail.

Service lets the other person know:

- What orders you are asking for
- The hearing date
- How to respond

### Why do I have to get the orders served?

- The police cannot arrest anyone for violating an order unless that person knows about the order.
- The judge cannot make the orders permanent unless the restrained person was served.



*Don't serve it by mail!*

### Who can serve?

Ask someone you know, a process server, or a law enforcement agency to personally serve (give) a copy of the forms to the person to be restrained. You **cannot** send the forms to that person by mail.

The server must:

- Be 18 years of age or older
- Not be you or anyone whom you are asking to be protected by the orders.

The sheriff or marshal may be authorized to serve the court's orders **for free**.

A "registered process server" is a business you pay to deliver court forms. Look for "Process Serving" in the Yellow Pages or on the Internet.

(If a law enforcement agency or the process server uses a different proof-of-service form, make sure it lists the forms served.)

### How to serve

Ask the server to:

- Walk up to the person to be served.
- Make sure it is the right person. Ask the person's name.
- Give the person copies of all papers checked on Form EA-200, *Proof of Personal Service*.
- Fill out and sign the *Proof of Personal Service* form.
- Give the signed *Proof of Personal Service* to you.

### What if the person won't take the papers or tears them up?

- If the person won't take the papers, just leave them near him or her.
- It doesn't matter if the person tears them up. Service is still

Clerk stamps date here when form is filed.

**1 Elder or Dependent Adult in Need of Protection**

Name: \_\_\_\_\_

**2 Person From Whom Protection Is Sought**

Name: \_\_\_\_\_

**3 Notice to Server**

The server must:

- Be 18 years of age or older.
- Not be listed in items **1**, **3**, or **6** of Form EA-100.
- Give a copy of all documents checked in **4** to the person in **2**. (You cannot send them by mail.) Then complete and sign this form and give or mail it to the person in **1**.



Fill in court name and street address:

Superior Court of California, County of \_\_\_\_\_

**PROOF OF PERSONAL SERVICE**

Court fills in case number when form is filed.

Case Number: \_\_\_\_\_

**4** I gave the person in **2** a copy of the forms checked below:

- a.  EA-109, *Notice of Court Hearing*
- b.  EA-110, *Temporary Restraining Order*
- c.  EA-100, *Request for Elder or Dependent Adult Abuse Restraining Orders*
- d.  EA-120, *Response to Request for Elder or Dependent Adult Abuse Restraining Orders* (blank form)
- e.  EA-120-INFO, *How Can I Respond to a Request for Elder or Dependent Adult Abuse Restraining Orders?*
- f.  EA-130, *Elder or Dependent Adult Abuse Restraining Order After Hearing*
- g.  EA-250, *Proof of Service of Response by Mail* (blank form)
- h.  EA-800, *Proof of Firearms Turned In, Sold, or Stored* (blank form)
- i.  Other (*specify*): \_\_\_\_\_

**5** I personally gave copies of the documents checked above to the person in **2**:a. On (*date*): \_\_\_\_\_ b. At (*time*): \_\_\_\_\_  a.m.  p.m.

c. At this address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**6 Server's Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

*(If you are a registered process server):*

County of registration: \_\_\_\_\_ Registration number: \_\_\_\_\_

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

Date: \_\_\_\_\_

Type or print server's name

Server to sign here

Clerk stamps date here when form is filed.

**1 Elder or Dependent Adult Seeking Protection**

Name: \_\_\_\_\_

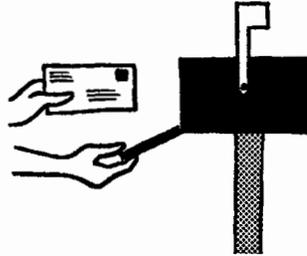
**2 Person From Whom Protection Is Sought**

Your Name: \_\_\_\_\_

**3 Notice to Server**

The server must:

- Be 18 years of age or older.
- Be a resident of or employed in the county where the mailing took place.
- Not be listed in items 1, 3, or 6 of Form EA-100.
- Mail a copy of all documents checked in 4 to the person in 1.
- Complete and sign this form and give it to the person in 2.



Fill in court name and street address:

**Superior Court of California, County of**

Fill in case number:

**Case Number:**

**PROOF OF SERVICE BY MAIL**

**4** I am 18 years of age or older and not a party to this proceeding. I live or am employed in the county where the mailing took place. I mailed the person in 1 a copy of all documents checked below:

- a. Form EA-120, *Response to Request for Elder or Dependent Adult Abuse Restraining Orders* (completed)
- b.  Other (specify): \_\_\_\_\_

**5** I placed copies of the documents checked above in a sealed envelope and mailed them as described below:

- a. Mailed to (name): \_\_\_\_\_
- b. To this address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- c. On (date): \_\_\_\_\_ Mailed from: City: \_\_\_\_\_ State: \_\_\_\_\_

**6 Server's Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

*(If you are a registered process server):*

County of registration: \_\_\_\_\_ Registration number: \_\_\_\_\_

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

Date: \_\_\_\_\_

\_\_\_\_\_  
*Type or print server's name*

\_\_\_\_\_  
*Server to sign here*

**You may need to ask for a new hearing date if:**

- You are the person seeking protection and are unable to have form EA-109, *Notice of Court Hearing*, and other papers served in time before the hearing date.
- You are the person to be restrained making your first request for continuance, and you need time to hire an attorney or prepare a response.
- You have a good reason for needing a new hearing date. (The court may grant a request to continue the hearing on a showing of good cause.)

**What does Form EA-115 do?**

Use form EA-115 to ask the court to “continue” the hearing. If the court continues the hearing and a *Temporary Restraining Order* (TRO; form EA-110) was issued, the TRO will be extended until the end of the new hearing unless the court decides to modify or terminate it.

- “Continue” the hearing means to give you a new hearing date.
- “Extend” means to keep any temporary orders in effect until the new hearing date.

**Follow these steps:**

- Fill out all of form EA-115.
- Fill out items ① through ③ on form EA-116, *Order on Request to Continue Hearing*.
- The judge will need to review your papers. In some courts, you must give your papers to the clerk. Ask the court clerk for information on how you ask the judge to review your papers.
- After you turn in your forms as required by your local court, check with the clerk’s office to see if the judge approved (granted) your request to continue the hearing.
- If the judge signs form EA-116, the court will give you a new hearing date. If the judge does NOT sign the form, you should go to the hearing at the date, time, and location that is shown on form EA-109.
- Next, file both forms EA-115 and EA-116 with the clerk. The clerk will make up to three file-stamped copies for you. Keep at least one copy to bring to court on the hearing date.
- The other party must be served a copy of the court papers as described in item ⑨ on form EA-116.
- Ask the person who serves the papers to complete a proof of service form and give it to you. If service was in person, use form EA-200, *Proof of Personal Service*. If service was by mail, use form POS-040, *Proof of Service—Civil*. Make two copies of the completed forms.
- File the completed and signed proof of service form with the clerk’s office before the hearing.
- If the court continues the hearing date and extends the TRO to the date of the new hearing, the clerk will send the TRO to law enforcement. It will be entered into a statewide computer system that lets police know about the order so that it can be enforced.

**Go to the hearing.**

- Take at least two copies of your documents and filed forms to the hearing. Include a filed proof of service form. “Documents” may include exhibits, declarations, and financial statements, which the court may enter into evidence at its discretion.
- If you are the person seeking protection and you do not go to the hearing, the Temporary Restraining Order will expire on the date and time of the hearing. If you are the person to be restrained and you do not go to the hearing, the court can still make orders against you that can last for up to five years.

**Need help?**

Ask the court clerk about free or low-cost legal help that may be available in your county.

Clerk stamps date here when form is filed.

Use this form to ask the court to change the hearing date listed on form EA-109, *Notice of Court Hearing*. Read EA-115-INFO, *How to Ask for a New Hearing Date*, for more information.

**1 Party Seeking Continuance**

a. Full Name: \_\_\_\_\_

- I am the  elder or dependent adult seeking protection.  
 person requesting protection for the elder or dependent adult (*person named in item 3 of form EA-100*):  
 party from whom protection is sought.

Lawyer for person named above (*if any for this case*):

Name: \_\_\_\_\_ State Bar No.: \_\_\_\_\_

Firm Name: \_\_\_\_\_

b. Your Address (*If you have a lawyer, give your lawyer's information. If you do not have a lawyer and want to keep your home address private, you may give a different mailing address instead. You do not have to give telephone, fax, or e-mail.*)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Fill in court name and street address:

Superior Court of California, County of \_\_\_\_\_

Fill in case number.

Case Number: \_\_\_\_\_

**2 Other Party**

Full Name: \_\_\_\_\_

**3 Request to Continue Hearing**

a. I ask the court to continue the hearing currently scheduled for (*date*): \_\_\_\_\_

b. I request that the hearing be continued because (*check any that apply*):

- (1)  The party from whom protection is sought could not be served before the hearing date.  
(2)  I am the party from whom protection is sought, and this is my first request to continue the hearing date.  
(3)  I need more time to hire a lawyer or prepare a response.  
(4)  Other good cause as stated  below  on Attachment 3b(4)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**This is not a Court Order.**

- 
- c. (1)  This is my first request for a continuance.  
(2)  The hearing has previously been continued \_\_\_\_ times.

**4 Extension of Temporary Restraining Order**

a.  A *Temporary Restraining Order* (Form EA-110) was issued on(date): \_\_\_\_\_  
Please attach a copy of the order if you have one.

b. **Notice: If the hearing date is continued, the *Temporary Restraining Order* will remain in effect until the end of the new hearing unless otherwise ordered by the court.**

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: \_\_\_\_\_

\_\_\_\_\_  
*Type or print your name*

Attorney  Party Without Attorney



\_\_\_\_\_  
*Signature*

**Order on Request to Continue Hearing**

Clerk stamps date here when form is filed.

Complete items ①, ②, and ③ only.

**① Protected Person**

Full Name: \_\_\_\_\_

**② Restrained Person**

Full Name: \_\_\_\_\_

**③ Person Seeking Continuance**

I am the  person in ①  person in ②

Your Lawyer (if you have one for this case):

Name: \_\_\_\_\_ State Bar No.: \_\_\_\_\_

Firm Name: \_\_\_\_\_

Your Address (If you have a lawyer, give your lawyer's information. If you do not have a lawyer and want to keep your home address private, you may give a different mailing address instead. You do not have to give telephone, fax, or e-mail.)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Fill in court name and street address:

Superior Court of California, County of \_\_\_\_\_

Fill in case number:

Case Number: \_\_\_\_\_

**④ Order on Request for Continuance**

a. The hearing in this matter is currently scheduled for (date): \_\_\_\_\_ at (time): \_\_\_\_\_

b.  The request for a continuance is DENIED for the reasons set forth  below  on Attachment 4b

\_\_\_\_\_  
\_\_\_\_\_

The hearing shall be held as currently scheduled in a, above. The *Temporary Restraining Order* (form EA-110) issued on (date): \_\_\_\_\_ remains in full force and effect until the hearing date.

c.  The request for a continuance is GRANTED as set forth below.

**⑤ Order for Continuance and Notice of New Hearing**

The court hearing on the *Request for Elder or Dependent Adult Abuse Restraining Orders* (form EA-100) is continued and rescheduled as follows:

<div style="border: 1px solid black; border-radius: 10px; padding: 5px; display: inline-block;"> <b>New Hearing Date</b> </div>	→ Date: _____	Time: _____	Name and address of court if different from above: _____ _____
	Dept.: _____	Room: _____	

The extended *Temporary Restraining Order* (form EA-110) expires at the end of this hearing.

**This is a Court Order.**



**6 Reason for the Continuance**

- a. The continuance is needed because:
  - (1)  The person in ② was not served before the current hearing date.
  - (2)  The person in ② asked for a first continuance of the hearing.
  - (3)  The person in ② asked for more time to hire a lawyer or prepare a response.
  - (4)  Other good cause as stated  below  on Attachment 6a(4)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- b.  The court finds good cause and orders a continuance in its discretion.

**7 Extension of Temporary Restraining Order**

- a.  No Temporary Restraining Order was issued in this case.
- b.  Extension of the *Temporary Restraining Order* (TRO; form EA-110) issued on (date): \_\_\_\_\_ until the new hearing date is:
  - (1)  GRANTED. There are no changes to the TRO except for the expiration date. The TRO remains in effect until the end of the hearing in ⑤.
  - (2)  GRANTED AS MODIFIED. The TRO is modified. See the attached modified order. Any orders on the attached form remain in effect until the end of the hearing in ⑤.
  - (3)  DENIED and the Temporary Restraining Order is TERMINATED for the reasons stated  below  on Attachment 7b(3)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Warning and Notice to the Person in ②**

If ⑦ b(1) or b(2) is checked, you must continue to obey the Temporary Restraining Order until it expires at the end of the hearing scheduled in ⑤.

**8  Other Orders (specify):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Other orders are attached at the end of this Order on Attachment 8.

**This is a Court Order.**

**9 Service of Order**

- a.  No further service of this Order is required because both parties were present at the initial hearing date in item 4a, and both were given a signed copy of this Order.
- b.  The court granted the person in ①'s request to continue the hearing date. A copy of this Order must be served on the person in ② at least \_\_\_\_ days before the hearing in ⑤.
  - (1)  All other documents requesting elder and dependent adult abuse restraining orders as shown in form EA-109, *Notice of Court Hearing*, item ⑤ must be personally served on the person in ②.
  - (2)  The *Temporary Restraining Order* (form EA-110) has been modified and must be personally served on the person in ②.
  - (3)  A copy of the *Temporary Restraining Order* must NOT be served because extension of the order is denied in item 7b(3).
- c.  The court granted the person in ②'s request to continue the hearing date. A copy of this Order must be served on the person in ① at least \_\_\_\_ days before the hearing in ⑤. A copy of the *Temporary Restraining Order* (form EA-110) must be personally served if it was modified by the court in item 7b(2).
- d.  All documents must be personally served unless otherwise specified below.

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**10 No Fee to Serve (Notify) Restrained Person**

If the sheriff or marshal serves this Order, he or she will do it for free.

**11 Mandatory Entry of Order Into CARPOS Through CLETS**

If a continuance is granted, the court or its designee will transmit this form within one business day to law enforcement personnel for entry into the California Restraining and Protective Order System (CARPOS) via the California Law Enforcement Telecommunications System (CLETS).

Date: \_\_\_\_\_

\_\_\_\_\_  
*Judicial Officer*

**This is a Court Order.**





**Request for Accommodations**

Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available if you ask at least five days before the hearing. Contact the clerk's office or go to [www.courts.ca.gov/forms.htm](http://www.courts.ca.gov/forms.htm) for *Request for Accommodations by Persons with Disabilities and Response* (form MC-410). (Civ. Code, § 54.8.)

*(Clerk will fill out this part.)*

**—Clerk's Certificate—**

*Clerk's Certificate* I certify that this *Order on Request to Continue Hearing* is a true and correct copy of the original on file in the court.  
*[seal]*

Date: \_\_\_\_\_ Clerk, by \_\_\_\_\_, Deputy

**This is a Court Order.**

Clerk stamps date here when form is filed.

Person in ① must complete items ①, ②, and ③ only.

**① Elder or Dependent Adult Seeking Protection**

- a. Full Name: \_\_\_\_\_  
 Name of person asking for the protection, if different (*This is the person named in item ③ of the request (Form EA-100).*):  
 Full Name: \_\_\_\_\_  
 Lawyer for person named above (*if any for this case*):  
 Name: \_\_\_\_\_ State Bar No.: \_\_\_\_\_  
 Firm Name: \_\_\_\_\_
- b. Your Address (*If you have a lawyer, give your lawyer's information. If you do not have a lawyer and want to keep your home address private, you may give a different mailing address instead. You do not have to give telephone, fax, or e-mail.*):  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_

Fill in court name and street address:

**Superior Court of California, County of**

Court fills in case number when form is filed.

**Case Number:**

**② Restrained Person**

Full Name: \_\_\_\_\_

Description:

Sex:  M  F Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Age: \_\_\_\_\_ Race: \_\_\_\_\_  
 Home Address (*if known*): \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Relationship to Protected Person: \_\_\_\_\_

**③  Additional Protected Persons**

In addition to the elder or dependent adult named in ①, the following family or household members or conservator of the elder or dependent adult named in ① are protected by the orders indicated below:

Full Name	Sex	Age	Lives with you?	Relation to Protected Person
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Check here if there are additional protected persons. List them on an attached sheet of paper and write "Attachment 3—Additional Protected Persons" as a title. You may use Form MC-025, Attachment.

**④ Expiration Date**

*This Order, except for any award of lawyer's fees, expires at:*

Time: \_\_\_\_\_  a.m.  p.m.  midnight on (date): \_\_\_\_\_

If no expiration date is written here, this Order expires three years from the date of issuance.

**This is a Court Order.**



**5 Hearing**

- a. There was a hearing on (date): \_\_\_\_\_ at (time): \_\_\_\_\_ in Dept.: \_\_\_\_\_ Room: \_\_\_\_\_  
 (Name of judicial officer): \_\_\_\_\_ made the orders at the hearing.
- b. These people were at the hearing:
- (1)  The elder or dependent adult in need of protection
  - (2)  The lawyer for the elder or dependent adult (name): \_\_\_\_\_
  - (3)  The person in ① asking for protection (if not the elder or dependent adult)
  - (4)  The lawyer for the person in ① asking for protection (name): \_\_\_\_\_
  - (5)  The person in ②
  - (6)  The lawyer for the person in ② (name): \_\_\_\_\_
  - Additional persons present are listed at the end of this Order on Attachment 5.
- c.  The hearing is continued. The parties must return to court on (date): \_\_\_\_\_ at (time): \_\_\_\_\_.

**To the Person in ②:**

The court has granted the orders checked below. If you do not obey these orders, you can be arrested and charged with a crime. You may be sent to jail for up to one year, pay a fine of up to \$1,000, or both.

**6  Personal Conduct Orders**

- a. You must **not** do the following things to the elder or dependent adult named in ①
- and to the other protected persons listed in ③:
  - (1)  Physically abuse, financially abuse, intimidate, molest, attack, strike, stalk, threaten, assault (sexually or otherwise), hit, harass, destroy personal property of, or disturb the peace of the person.
  - (2)  Contact the person, either directly or indirectly, in any way, including, but not limited to, in person, by telephone, in writing, by public or private mail, by interoffice mail, by e-mail, by text message, by fax, or by other electronic means.
  - (3)  Take any action to obtain the person's address or location. If this item (3) is not checked, the court has found good cause not to make this order.
  - (4)  Other (specify): \_\_\_\_\_
  - Other personal conduct orders are attached at the end of this Order on Attachment 6a(4).
- b. 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.

**7  Stay-Away Orders**

- a. You **must** stay at least \_\_\_\_\_ yards away from (check all that apply):
- (1)  The elder or dependent adult in ①
  - (2)  Each person in ③
  - (3)  The home of the elder or dependent adult \_\_\_\_\_
  - (4)  The job or workplace of the elder or dependent adult \_\_\_\_\_
  - (5)  The vehicle of the elder or dependent adult \_\_\_\_\_
  - (6)  Other (specify): \_\_\_\_\_

**This is a Court Order.**



Case Number: \_\_\_\_\_

7 b. This stay-away order does not prevent you from going to or from your home or place of employment.

8  **Move Out Order**

You must immediately move out from and not return to (address):

\_\_\_\_\_

and must take only the personal clothing and belongings you need.

9  **No Guns or Other Firearms and Ammunition**

This Order must be granted unless the abuse is financial only.

a. You cannot own, possess, have, buy or try to buy, receive or try to receive, or in any other way get guns, other firearms, or ammunition.

b. If you have not already done so, you must:

- Sell to or store with a licensed gun dealer, or turn in to a law enforcement agency, any guns or other firearms in your immediate possession 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 that your guns or firearms have been turned in, sold, or stored. (You may use Form EA-800, Proof of Firearms Turned In, Sold, or Stored for the receipt.)

c.  The court has received information that you own or possess a firearm.

10 **Financial Abuse**

This case does not does involve solely financial abuse unaccompanied by force, threat, harassment, intimidation, or any other form of abuse.

11  **Lawyer's Fees and Costs**

You must pay to the person in 1 the following amounts for: a.  Lawyer's fees b.  Costs

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

Additional amounts are attached at the end of this Order on Attachment 11.

12  **Other Orders (specify):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional orders are attached at the end of this Order on Attachment 12.

**This is a Court Order.**



**To the Person in ① :****⑬ Mandatory Entry of Order Into CARPOS Through CLETS**

This Order must be entered into the California Restraining and Protective Order System (CARPOS) through the California Law Enforcement Telecommunications System (CLETS). *(Check one):*

- a.  The clerk will enter this Order and its proof-of-service form into CARPOS.
- b.  The clerk will transmit this Order and its proof-of-service form to a law enforcement agency to be entered into CARPOS.
- c.  By the close of business on the date that this Order is made, you or your lawyer should deliver a copy of the Order and its proof-of-service form to the law enforcement agency listed below to enter into CARPOS:

Name of Law Enforcement Agency

Address (City, State, Zip)

- Additional law enforcement agencies are listed at the end of this Order on Attachment 13.

**⑭ Service of Order on Restrained Person**

- a.  The person in ② personally attended the hearing. No other proof of service is needed.
- b.  The person in ① was at the hearing. The person in ② was not.
  - (1)  Proof of service of Form EA-110, *Temporary Restraining Order*, was presented to the court. The judge's orders in this form are the same as in Form EA-110 except for the end date. The person in ② must be served with this Order. Service may be by mail.
  - (2)  Proof of service of Form EA-110, *Temporary Restraining Order*, was presented to the court. The judge's orders in this form are different from the orders in Form EA-110. Someone—but not anyone in ① or ③—must personally serve a copy of this Order on the person in ②.

**⑮ No Fee to Serve (Notify) Restrained Person**

If the sheriff or marshal serves this Order, he or she will do so for free.

**⑯** Number of pages attached to this Order, if any: \_\_\_\_\_

Date: \_\_\_\_\_

▶ \_\_\_\_\_  
*Judicial Officer*

**Warning and Notice to the Restrained Person in ② :****You Cannot Have Guns or Firearms**

If the court grants the orders in item ⑨ on page 3, you cannot own, have, possess, buy or try to buy, receive or try to receive, or otherwise get guns, other firearms, or ammunition while this Order is in effect. If you do, you can go to jail and pay a \$1,000 fine. You must sell to or store with a licensed gun dealer, or turn in to a law enforcement agency, any guns or other firearms that you have or control as stated in item ⑨. The court will require you to prove that you did so.

**This is a Court Order.**

**Instructions for Law Enforcement****Enforcing the Restraining Order**

This order is enforceable 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 Restraining and Protective Orders System (CARPOS). If the law enforcement agency has not received proof of service on the restrained person, the agency must advise the restrained person of the terms of the order and then must enforce it. Violations of this order are subject to criminal penalties.

**Start Date and End Date of Orders**

This order *starts* on the date next to the judge's signature on page 4. The order *ends* on the expiration date in item ④ on page 1.

**Arrest Required if Order Is Violated**

If an officer has probable cause to believe that the restrained person had notice of the order and has disobeyed the order, the officer must arrest the restrained person. (Pen. Code, §§ 836(c)(1), 13701(b).) A violation of the order may be a violation of Penal Code section 166 or 273.6. Agencies are encouraged to enter violation messages into CARPOS.

**Notice/Proof of Service**

The law enforcement agency must first determine if the restrained person had notice of the order. Consider the restrained person "served" (given notice) if (Pen. Code, § 836(c)(2)):

- The officer sees a copy of the Proof of Service or confirms that the Proof of Service is on file; or
- The restrained person was informed of the order by an officer.

An officer can obtain information about the contents of the order and proof of service in CARPOS. If proof of service on the restrained person cannot be verified, the agency must advise the restrained person of the terms of the order and then enforce it.

**If the Protected Person Contacts the Restrained Person**

Even if the protected person invites or consents to contact with the restrained person, this order remains in effect and must be enforced. The protected person cannot be arrested for inviting or consenting to contact with the restrained person. The order can be changed only by another court order. (Pen. Code, § 13710(b).)

**This is a Court Order.**

**Conflicting Orders—Priorities of Enforcement**

**If more than one restraining order has been issued, the orders must be enforced according to the following priorities:** (See Pen. Code, § 136.2, Fam. Code, §§ 6383(h)(2), 6405(b).)

1. *EPO*: If one of the orders is an *Emergency Protective Order* (form EPO-001) and is more restrictive than other restraining or protective orders, it has precedence in enforcement over all other orders.
2. *No Contact Order*: If there is no EPO, a no-contact order that is included in a restraining or protective order has precedence over any other restraining or protective order.
3. *Criminal Order*: If none of the orders includes a no contact order, a domestic violence protective order issued in a criminal case takes precedence in enforcement over any conflicting civil court order. Any nonconflicting terms of the civil restraining order remain in effect and enforceable.
4. *Family, Juvenile, or Civil Order*: If more than one family, juvenile, or other civil restraining or protective order has been issued, the one that was issued last must be enforced.

*Clerk's Certificate*  
[seal]

*(Clerk will fill out this part.)*

**—Clerk's Certificate—**

I certify that this *Elder or Dependent Adult Abuse Restraining Order After Hearing* is a true and correct copy of the original on file in the court.

Date: \_\_\_\_\_ Clerk, by \_\_\_\_\_, Deputy

**This is a Court Order.**

**Proof of Service of Order  
After Hearing by Mail**

Clerk stamps date here when form is filed.

You may serve Form EA-130, Elder or Dependent Adult Abuse Restraining Order After Hearing, on the restrained person by mail if the restrained person was not at the hearing and:

- Before the hearing, the restrained person was personally served with Form EA-110, Temporary Restraining Order, and proof of service of Form EA-110 was presented to the court at the hearing; and
- The judge's orders in Form EA-130 are the same as in Form EA-110 except for the expiration date.

**1 Protected Elder or Dependent Adult**

Name: \_\_\_\_\_

**2 Restrained Person**

Name: \_\_\_\_\_

Fill in court name and street address:

Superior Court of California, County of \_\_\_\_\_

Fill in case number:

Case Number: \_\_\_\_\_

**PROOF OF SERVICE BY MAIL**

**3** I am 18 years of age or older and am not a party to this proceeding or a person listed in item **3** of Form EA-130. I live or am employed in the county where the mailing took place. I mailed the restrained person a copy of:

- a. Form EA-130, *Elder or Dependent Adult Abuse Restraining Order After Hearing*  
 b.  Other (specify): \_\_\_\_\_

**4** I placed copies of the documents above in a sealed envelope and mailed them as described below:

- a. Mailed to (name): \_\_\_\_\_  
 b. To this address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 c. On (date): \_\_\_\_\_ Mailed from: City: \_\_\_\_\_ State: \_\_\_\_\_

**5 Server's Information**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

(If you are a registered process server):

County of registration: \_\_\_\_\_ Registration number: \_\_\_\_\_

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

Date: \_\_\_\_\_

\_\_\_\_\_  
Type or print server's name\_\_\_\_\_  
Server to sign here

Clerk stamps below when form is filed.

**1 Protected Elder or Dependent Adult**

a. Full Name: \_\_\_\_\_

Person requesting protection for the elder or dependent adult, if different (person named in item 3 of Form EA-100):

Full Name: \_\_\_\_\_

Lawyer for person named above (if any for this case):

Name: \_\_\_\_\_ State Bar No.: \_\_\_\_\_

Firm Name: \_\_\_\_\_

b. Your Address (If you have a lawyer, give your lawyer's information. If you do not have a lawyer and want to keep your home address private, you may give a different mailing address instead. You do not have to give telephone, fax, or e-mail.):

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Court name and street address:

**Superior Court of California, County of**

Fill in case number:

**Case Number:**

**2 Restrained Person**

Full Name: \_\_\_\_\_

Address (if known): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**3 Request to Renew Restraining Order**

I ask the court to renew the *Elder or Dependent Adult Abuse Restraining Order After Hearing* (Form EA-130). A copy of the order is attached.

a. The order ends on (date): \_\_\_\_\_

b.  This is my first request to renew the order.

The order has been renewed \_\_\_\_\_ times.

c. I want the order to be renewed for  five years  permanently

d. I ask the court to renew the order because (explain below):

Check here if there is not enough space for your answer. Attach a sheet of paper and write "Attachment 3d—Reasons to Renew Order" for a title. You may use Form MC-025, Attachment.

\_\_\_\_\_  
\_\_\_\_\_

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

Date: \_\_\_\_\_

\_\_\_\_\_  
Type or print your name

\_\_\_\_\_  
Sign your name

**This is not a Court Order.**

Clerk stamps below when form is filed.

**1 Protected Elder or Dependent Adult**

a. Full Name: \_\_\_\_\_

- Person requesting protection for the elder or dependent adult, if different (*person named in item ③ of Form EA-100*):

Full Name: \_\_\_\_\_

Lawyer for person named above (*if any for this case*):

Name: \_\_\_\_\_ State Bar No.: \_\_\_\_\_

Firm Name: \_\_\_\_\_

- b. Your Address (*If you have a lawyer, give your lawyer's information. If you do not have a lawyer and want to keep your home address private, you may give a different mailing address instead. You do not have to give telephone, fax, or e-mail.*):

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Court name and street address:

Superior Court of California, County of \_\_\_\_\_

Fill in case number:

Case Number: \_\_\_\_\_

**2 Restrained Person**

Full Name: \_\_\_\_\_

Address (*if known*): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**To the Restrained Person:****3 Court Hearing**The judge has set a court hearing date. *Court will fill in box below.***The current restraining order stays in effect until the end of the hearing.**

Name and address of court if different from above:

**Hearing Date**

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Dept.: \_\_\_\_\_ Room: \_\_\_\_\_

At the hearing, the judge can renew the current restraining order for up to another five years or make it permanent. You *must* continue to obey the current restraining order until the hearing. At the hearing, you can tell the judge if you do not want the order against you renewed. If the restraining order is renewed, you *must* obey the order even if you do not attend the hearing.

If you wish to make a written response to the request to renew the restraining order, you may fill out Form EA-720, *Response to Request to Renew Restraining Order*. File the original with the court before the hearing and have someone age 18 or older—**not you**—mail a copy of it to the person in ① at the address in ① at least \_\_\_\_\_ days before the hearing. Also file Form EA-250, *Proof of Service of Response by Mail*, with the court before the hearing.

**This is a Court Order.**

**Use this form to respond to the Request to Renew Restraining Order (Form EA-700)**

- Fill out this form and then take it to the court clerk.
- Have someone—**age 18 or older**—serve the person requesting protection in ① by mail with a copy of this form and any attached pages. (Use Form EA-250, Proof of Service of Response by Mail).

**① Protected Elder or Dependent Adult**

Name: \_\_\_\_\_

- Person requesting protection for the elder or dependent adult, if different (person named in item ③ of Form EA-100):

Name: \_\_\_\_\_

**② Restrained Person**

a. Your Name: \_\_\_\_\_

Your Lawyer (if you have one for this case):

Name: \_\_\_\_\_ State Bar No.: \_\_\_\_\_

Firm Name: \_\_\_\_\_

- b. Your Address (If you have a lawyer, give your lawyer's information. If you do not have a lawyer and want to keep your home address private, you may give a different mailing address instead. You do not have to give telephone, fax, or e-mail.):

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**③ Response**

- a.  I agree to extend the order.
- b.  I do not agree to extend the order.
- c.  I agree to the following order instead (specify below):

- Check here if there is not enough space for your answer. Attach a sheet of paper and write "Attachment 3c—Order Requested" for a title. You may use Form MC-025, Attachment.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- d.  I ask the court not to renew the order for the following reasons (specify below):

- Check here if there is not enough space for your answer. Put your complete answer on the attached sheet of paper or Form MC-025 and write "Attachment 3d—Reasons Not to Renew" for a title.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Clerk stamps date here when form is filed.

Court name and street address:  
Superior Court of California, County of \_\_\_\_\_

Fill in case number:  
Case Number: \_\_\_\_\_

The court will consider your *Response* at the hearing. Write your hearing date, time, and place from Form EA-710 item ③ here.

**Hearing Date** → Date: \_\_\_\_\_  
Time: \_\_\_\_\_

Dept.: \_\_\_\_\_ Room: \_\_\_\_\_

**You must continue to obey the current restraining order until the hearing.**  
At the hearing, the court can extend the order against you for up to another five years.

**Order Renewing Elder or Dependent Adult Abuse Restraining Order**

Clerk stamps date here when form is filed.

**1 Protected Elder or Dependent Adult**

a. Full Name: \_\_\_\_\_

Person requesting protection for the elder or dependent adult, if different (person named in item 3 of Form EA-100):

Full Name: \_\_\_\_\_

Lawyer for person named above (if any for this case):

Name: \_\_\_\_\_ State Bar No.: \_\_\_\_\_

Firm Name: \_\_\_\_\_

b. Your Address (If you have a lawyer, give your lawyer's information. If you do not have a lawyer and want to keep your home address private, you may give a different mailing address instead. You do not have to give telephone, fax, or e-mail.):

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Fill in court name and street address:

Superior Court of California, County of \_\_\_\_\_

Fill in case number:

Case Number: \_\_\_\_\_

**2 Restrained Person**

Full Name: \_\_\_\_\_

Address (if known): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**3 Hearing**

There was a hearing on (date): \_\_\_\_\_ at (time): \_\_\_\_\_  a.m.  p.m. Dept.: \_\_\_\_\_ Room: \_\_\_\_\_ (Name of judicial officer): \_\_\_\_\_ made the orders at the hearing.

These people were at the hearing:

a.  The protected person c.  The lawyer for the protected person (name): \_\_\_\_\_

b.  The restrained person d.  The lawyer for the restrained person (name): \_\_\_\_\_

Additional persons present are listed on Attachment 3.

**4 Renewal and Expiration**

The request to renew the attached Elder or Dependent Adult Abuse Restraining Order After Hearing, originally issued on (date) \_\_\_\_\_, is:

a.  **GRANTED.** The attached order is renewed and will now be in effect for:

5 years  permanently (the renewed restraining order must be attached to this form.)

The attached order will expire on:

(date): \_\_\_\_\_ (time): \_\_\_\_\_  a.m.  p.m. or  midnight

If no expiration date is written here, the order expires three years from the date of the hearing in item 3.

b.  **DENIED.** The attached order expires as stated in item 4 of the order.

Date: \_\_\_\_\_

Judicial Officer \_\_\_\_\_

**This is a Court Order.**