

RENEWING AN ELDER/DEPENDENT ADULT ABUSE RESTRAINING ORDER

SELF-HELP FORM PACKET

Attention



New Probate Court and In-Person Location:

Costa Mesa Justice Complex
3390 Harbor Boulevard
Costa Mesa, CA 92626



SHC-DV-01 (Rev. 05/01/2023)

Self-Help Services can review your completed forms before you file them with the Court. To request review of your completed forms:

1. Complete the attached forms in black ink.
2. Scan your completed forms and save as a single PDF file.
3. Go to www.occourts.org/self-help (click on the blue button labeled Click Here to Contact Self-Help Services), attach the PDF, and complete the online request form. Make sure to select PROBATE as the case type on the form.

Superior Court of California, County of
Orange
3390 Harbor Boulevard
Costa Mesa, CA 92626
Costa Mesa Justice Complex

Case Number:

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: _____

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.

SHORT TITLE:

CASE NUMBER:

ATTACHMENT (Number): _____

(This Attachment may be used with any Judicial Council form.)

(If the item that this Attachment concerns is made under penalty of perjury, all statements in this Attachment are made under penalty of perjury.)

Page _____ of _____

(Add pages as required)

Clerk stamps below when form is filed.

Court name and street address:

Superior Court of California, County of

Orange

3390 Harbor Boulevard

Costa Mesa, CA 92626

Costa Mesa Justice Complex

Fill in case number:

Case Number:

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: _____

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.

To the Protected Person:**4 Service and Response**

Someone age 18 or older—**not you or anyone else protected by the restraining order**—must personally serve (give) a copy of the following forms on the restrained person at least _____ days before the hearing.

- EA-700, *Request to Renew Restraining Order*;
- EA-710, *Notice of Hearing to Renew Restraining Order* (this form);
- EA-720, *Response to Request to Renew Restraining Order* (blank copy);
- EA-130, the current *Elder or Dependent Adult Abuse Restraining Order After Hearing* for which renewal is requested.

After the restrained person has been served, file Form EA-200, *Proof of Personal Service*, with the court clerk. For help with service, read Form EA-200-INFO, *What Is “Proof of Personal Service”?*

Date: _____

Judicial Officer**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 for *Request for Accommodations by Persons with Disabilities and Response* (Form MC-410). (Civ. Code, § 54.8.)

This is a Court Order.

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
Orange
3390 Harbor Boulevard
Costa Mesa, CA 92626
Costa Mesa Justice Complex

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.**

Clerk stamps date here when form is filed.

1 Elder or Dependent Adult

Name: _____

2 Person From Whom Protection Is Sought or Person Alleged to Be Preventing Contact

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 or be listed in items ①, ②, ③, or ④ on form EA-300.
- 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

Court fills in case number when form is filed.

Case Number:**PROOF OF PERSONAL SERVICE****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, *Receipt for Firearms, Firearm Parts, and Ammunition* (blank form)
- i. ☐ EA-300, *Request for Elder or Dependent Adult Restraining Order Allowing Contact*
- j. ☐ EA-309, *Notice of Court Hearing to Allow Contact*
- k. ☐ EA-320, *Response to Request for Elder or Dependent Adult Restraining Order Allowing Contact* (blank form)
- l. ☐ EA-320-INFO, *How Can I Respond to a Request for an Elder or Dependent Adult Restraining Order Allowing Contact?*
- m. ☐ EA-330, *Elder or Dependent Adult Restraining Order Allowing Contact After Hearing*
- n. ☐ 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



DO NOT

WRITE ON THE FOLLOWING BLANK FORMS!

THESE BLANK FORMS

MUST BE SERVED ON THE

OTHER PARTY,

SO THAT THE OTHER PARTY MAY
RESPOND TO THIS ACTION.

ALONG WITH THE BLANK FORMS YOU MUST
ALSO INCLUDE A COPY OF THE FORMS
THAT YOU PREPARED AND FILED

ES NECESARIO

DEJAR LOS SIGUIENTES DOCUMENTOS
EN BLANCO.

ESTOS DOCUMENTOS TIENEN QUE
SER ENTREGADOS A LA OTRA PERSONA,
PARA QUE PUEDA RESPONDER A ESTA ACCION.
INCLUYA CON ESTOS DOCUMENTOS UNA COPIA DE
LOS DOCUMENTOS QUE USTED LLENO Y ARCHIVO.

Clerk stamps date here when form is filed.

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: _____

Court name and street address:

Superior Court of California, County of

Orange
3390 Harbor Boulevard
Costa Mesa, CA 92626
Costa Mesa Justice Complex

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.

(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.



Case Number:

Date: _____

Lawyer's name, if you have one



Lawyer's signature

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

Clerk stamps date here when form is filed.

1 Elder or Dependent Adult Seeking Protection

Full Name: _____

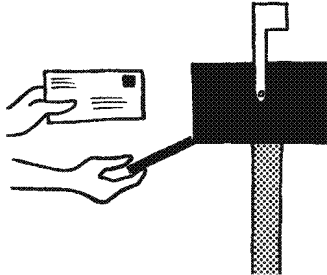
2 Person From Whom Protection Is Sought

Your Full Name: _____

3 Notice to Server

The server must:

- Be 18 years of age or older.
- Live or be employed in the county where the mailing took place.
- Not be listed in items **1**, **3**, or **6** of form EA-100 or in items **1**, **2**, **3** or **4** on form EA-300.
- 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

Court fills in case number when form is filed.

Case Number: _____**4 PROOF OF SERVICE BY MAIL**

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. ☐ Form EA-320, *Response to Request for Elder or Dependent Adult Restraining Order Allowing Contact*
- c. ☐ Other (specify): _____

5 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: _____

6 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: _____



Server to sign here

Type or print server's name