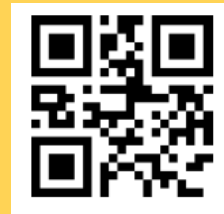


# RENEWING AN ELDER/DEPENDENT ADULT ABUSE RESTRAINING ORDER

## SELF-HELP FORM PACKET



SHC-DV-01 (Rev. 07/30/2021)

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](http://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.

Clerk stamps below when form is filed.

Court name and street address:

**Superior Court of California, County of Orange**  
700 Civic Center Drive West  
Santa Ana, CA 92701  
Central Justice Center

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: \_\_\_\_\_

**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: <hr/>	CASE NUMBER:
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**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.

**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**

**Orange**  
**700 Civic Center Drive West**  
**Santa Ana, CA 92701**  
**Central Justice Center**

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.**



**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](http://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.**

Clerk stamps date here when form is filed.

Fill in court name and street address: Superior Court of California, County of Orange 700 Civic Center Drive West Santa Ana, CA 92701 Central Justice Center

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:

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

- 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.

Fill in court name and street address:

**Superior Court of California, County of**

Court fills in case number when form is filed.

**Case Number:**

**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.



**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, *Proof of Firearms Turned In or Sold* (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



## 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: \_\_\_\_\_

**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.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Court name and street address:

**Superior Court of California, County of Orange**  
700 Civic Center Drive West  
Santa Ana, CA 92701  
Central Justice Center

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.



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**

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

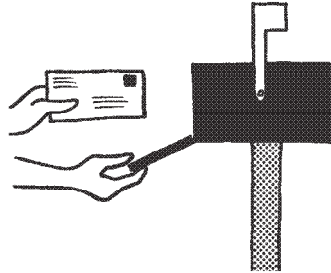
**2 Person From Whom Protection Is Sought**

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 Orange**  
 700 Civic Center Drive West  
 Santa Ana, CA 92701  
 Central Justice Center

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