



SUPERIOR COURT OF CALIFORNIA

**COUNTY OF TULARE**

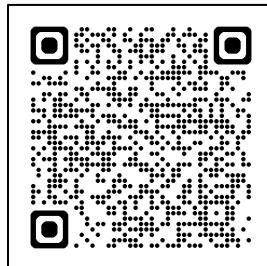
[www.tulare.courts.ca.gov](http://www.tulare.courts.ca.gov) • (559) 730-5000

## ELDER OR DEPENDENT ADULT ABUSE RESTRAINING ORDER

| Forms included in this packet:       |           |  |
|--------------------------------------|-----------|--|
| <b>COMPLETE<br/>&amp; FILE</b>       | EA-100    | Request for Elder or Dependent Adult Abuse Restraining Orders                    |
|                                      | EA-109    | Notice of Court Hearing  |
|                                      | EA-110    | Temporary Restraining Order  |
|                                      | CLETS-001 | Confidential Information for Law Enforcement                                     |
| <b>SERVE</b><br><i>(leave blank)</i> | EA-120    | Response to <i>Request for Elder or Dependent Adult Abuse Restraining Orders</i> |
|                                      | EA-800    | Receipt for Firearms, Firearm Parts, and Ammunition                              |
|                                      | EA-250    | Proof of Service of Response by Mail   |
| <b>FILE AFTER<br/>SERVICE</b>        | EA-200    | Proof of Personal Service  |

For a list of legal packets and samples, scan the QR code below, or visit:

<https://www.tulare.courts.ca.gov/forms-filing/local-forms-information-filing-instructions>



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

## **Completing Forms:**

- **California Court forms:** Fillable, printable PDF versions of the forms referenced in this packet are available at the California Court website. For details, visit:  
<https://courts.ca.gov/rules-forms/find-your-court-forms>
- **LawHelp Interactive:** A free resource that assists litigants with completing legal forms through a series of guided interview questions. For details, visit:  
<https://lawhelpinteractive.org/Interview/GenerateInterview/5791/engine>
- **Legal packets and samples:** The Tulare County Superior Court's website offers many packets and samples. For a current list, visit:  
<https://www.tulare.courts.ca.gov/forms-filing/local-forms-information-filing-instructions>

## **Self-Help Resource Center:**

If you do not have an attorney representing you, free assistance is available. Contact the Self-Help Resource Center (SHRC), also known as the Office of the Family Law Facilitator. SHRC staff will provide instructions on how to complete forms, how to serve the other party, and can answer procedural questions. However, SHRC staff **CANNOT** complete your forms for you, provide legal advice, or represent you in court. The SHRC can be reached at (559) 737-5500 and [selfhelp@tulare.courts.ca.gov](mailto:selfhelp@tulare.courts.ca.gov), and offices are located at:

### County Civic Center

221 S. Mooney Blvd., Room 203  
Visalia, CA 93291

### South County Justice Center

300 E. Olive Ave.  
Porterville, CA 93257

## **Other Resources:**

If you have further questions or concerns, consult with an attorney or use the assistance of a paralegal or typing service. You may also conduct research on your legal issue and find additional information at:

- **California Courts' Self-Help website:** <https://selfhelp.courts.ca.gov/>
- **Tulare County Law Library:** <https://tularecounty.ca.gov/lawlibrary/>
  - The Tulare County Law Library is located on the ground floor of the County Civic Center, and Law Library computer terminals are available at the South County Justice Center in the Self-Help Resource Center lobby.
- **Sacramento County Public Law Library:** <https://saclaw.org/>

# INSTRUCTIONS

This packet contains the required forms for an *Elder or Dependent Adult Abuse Restraining Order*. These instructions explain how to complete and submit them to the Clerk of Court for filing. Before filling out the forms, read form ***EA-100-INFO, Can a Restraining Order to Prevent Elder or Dependent Adult Abuse Help Me?***, which provides a basic overview on elder abuse restraining orders. Forms referenced but not included in this packet are available on the California Court website (see *URL listed on page 2*).

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

This type of restraining order is only available to adults age 65 or older, or adults between 18 and 64 who have certain mental or physical disabilities that keep them from being able to do normal activities or protect themselves. Elder or dependent adult abuse can consist of physical abuse, neglect, financial abuse, abandonment, isolation, abduction, or other behavior that causes physical harm, pain, or mental suffering.

## STEP 1: COMPLETE THE FORMS

### **EA-100, Request for Elder or Dependent Adult Abuse Restraining Orders**

- **Item 1:** Enter the name, gender, and age of the elder or dependent adult.
- **Item 2:** Enter the restrained party's name and address (*if known*).
- **Item 3:** Mark 3(a) if you are requesting protection for yourself.
  - Mark 3(b) if you are the conservator of the elder or dependent adult that needs protection. Provide details about the conservatorship.
  - Mark 3(c) if you are requesting protection on behalf of an elder or dependent adult and have the legal authority to do so. Attach proof of your legal authority.
- **Item 4:** At 4(a), enter "in pro per" if you are representing yourself.
  - At 4(b), enter your contact information, including an address where you can reliably receive mail. You are not required to provide a telephone number or email address.

**Protect your address:** This document must be served on the restrained party. If you don't want them to know where you live, use a P.O. Box or another person's address instead of your home address.

- **Item 5:** Mark either (a) or (b) depending on the elder or dependent adult's age.
- **Item 6:** If you are asking the court to protect any family or household members, list them at 6(a), and explain why they need protection at 6(b).
- **Item 7:** Explain the relationship between the protected party and the restrained party.
- **Item 8:** Describe how the restrained party has abused the elder or dependent adult, and indicate at 8(c) whether the restrained party is their care custodian.

- **Item 9:** Mark the boxes indicating why you are filing in Tulare County.
- **Item 10:** Provide details of any court cases or restraining orders involving the parties.
  - If a restraining order is in place, attach a copy.
- **Item 11:** Complete if requesting personal conduct orders.
- **Item 12:** Complete if requesting stay-away orders, and whether such orders will allow the restrained party to get to their home, school, or job.
- **Item 13:** Complete if requesting that the restrained party move out.
- **Item 14:** Complete if requesting that the restrained party attend counseling or anger management courses.
- **Item 15:** Indicate whether the restrained party has any firearms or ammunition. Use the chart to provide a description, quantity, and location, if known.
- **Item 16:** Mark the box that you are submitting form **EA-110, Temporary Restraining Order**, to request that a TRO is issued that will last until the initial hearing. In addition, indicate whether you told the restrained party that you would seek a TRO. If not, explain why.
- **Item 17:** Complete if requesting that the restrained party is served less than five days before the hearing. If so, explain why shorter service is needed.
- **Item 18:** Indicate whether you incurred any debts or bills caused by financial abuse.
- **Item 19:** Complete if requesting reimbursement for attorney's fees or court costs.
- **Item 20:** Complete if requesting possession and protection of animals.
- **Item 22:** Complete if requesting other orders.
- **Item 23:** Enter the number of additional pages you've attached.
  - Attach a copy of your **Emergency Protective Order**, if one has been granted.
- **Middle of Page 10:** Date, print your name, and sign.

#### **EA-109, Notice of Court Hearing**

- Complete *Items 1 and 2* only. The court will complete the rest of the form.

#### **EA-110, Temporary Restraining Order**

- Complete *Items 1, 2, and 3* only. The court will complete the rest of the form.

#### **CLETS-001, Confidential Information for Law Enforcement**

- Enter information about you, the restrained party, and the other people you want to be protected under the restraining order.

## STEP 2: FILE YOUR FORMS

Now that you've completed your forms, make two copies of form **EA-100, Request for Elder or Dependent Adult Abuse Restraining Orders**, along with any attachments. Bring all originals and copies to the Clerk of Court, located at Room 201 of the Visalia Courthouse, or the filing windows at the South County Justice Center in Porterville.

**No Fee:** There is no fee to file these forms.

The Court Clerk will file the forms, send them to the judge for review, and give you back copies of form **EA-100**. The judge will carefully consider your request and will grant a temporary restraining order if it appears necessary to keep you safe until the hearing, which will be set approximately three weeks from the filing date. After the court makes a decision, the clerk will call to let you know your paperwork may be picked up. You will receive copies of form **EA-109, Notice of Court Hearing** and certified copies of form **EA-110, Temporary Restraining Order**.

**Temporary Restraining Order:** To see if the court granted or denied your request for a TRO, carefully review *Item 4* on form **EA-109**, and all of form **EA-110**. If temporary orders were granted, they will remain in effect until the initial hearing.

## STEP 3: SERVE YOUR FORMS

After you get your forms back from the court, have someone serve a copy of your documents on the restrained party at least 5 calendar days before the hearing (*or the amount of time listed on form EA-109, Notice of Hearing*). The server must be at least 18 years old and not a protected person. For more information on service, read form **EA-200-INFO, What is "Proof of Personal Service"?**

**Service through the Sheriff:** The Sheriff can serve the documents at no charge. Provide two copies of each document you want the Sheriff to serve. The Sheriff's Civil Division is located at Room 102 of the Visalia Courthouse. Be sure to check with their office to determine whether service was successful, and if the **Proof of Service** has been filed (*see Step 4 below*).

**The restrained party must be served copies of the following forms that you filed:**

- **EA-100**, Request for Elder or Dependent Adult Abuse Restraining Orders
- **EA-109**, Notice of Court Hearing
- **EA-110**, Temporary Restraining Order

**The restrained party must also be served the following blank forms:**

- **EA-120**, Response to *Request for Elder or Dependent Adult Abuse Restraining Orders*
- **EA-800**, Receipt for Firearms, Firearm Parts, and Ammunition
- **EA-250**, Proof of Service of Response by Mail

## STEP 4: FILE THE PROOF OF SERVICE

After service, the server must complete form **EA-200, Proof of Personal Service**, stating what documents were served, and when and where the service took place. The server will date, print, and sign at the bottom. Make one copy and bring to the Clerk of Court for filing. The Clerk will keep the original and give you back a filed copy for your records. A filed **Proof of Service** tells the court that the restrained party received the forms and was notified of the court date. If there is no filed **Proof of Service**, the court may not be able to make orders at the hearing.

## STEP 5: ATTEND THE HEARING

Your court date is listed on *Item 3* of form **EA-109, Notice of Hearing**. At the hearing, the court will either grant or deny your request for a restraining order, or set a further “contested” hearing where both parties can bring evidence to support their position. If a further hearing is set and a TRO was granted, the court may extend the TRO until the next court date.

If a restraining order is granted, it will be prepared on form **EA-130, Elder or Dependent Adult Abuse Restraining Order After Hearing**. Read this carefully to understand the orders the court made, whether the restrained party must be served with the **EA-130**, how the restraining order may be enforced, and the consequences for violating the restraining order.

**EA-100****Request for Elder or Dependent Adult Abuse Restraining Orders**

Read *Can a Restraining Order to Prevent Elder or Dependent Adult Abuse 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.

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**

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

Gender: ☐ M ☐ F ☐ Nonbinary 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 email.)

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

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

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

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

**This is not a Court Order.**

**5 Description of Protected Person**

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 their ability to carry out normal activities or protect their rights. (Briefly describe limitations on an attached sheet of paper or form MC-025. Write "Attachment 5b—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>Gender</u> | <u>Age</u> | <u>Relation to person in ①?</u> | <u>Lives with person in ①?</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 an 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 an attached sheet of paper or form MC-025 and write "Attachment 7—Relationship of Parties" for a title.

---

---

---

---

---

---

---

---

**This is not a Court Order.**

**8 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 an attached sheet of paper or form MC-025 and write "Attachment 8b(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.

(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 an attached sheet of paper or form MC-025 and write "Attachment 8b(5)—Use of Weapons" for a title.

(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 an attached sheet of paper or form MC-025 and write "Attachment 8b(6)—Harm or Injury" for a title.

(7) Did the police come? ☐ Yes ☐ NoIf yes, did they give the person in **(1)** or the person in **(2)** an Emergency Protective Order? ☐ Yes ☐ NoIf yes, the order protects *(check all that apply)*:

☐ the person in **(1)** ☐ the person in **(2)** ☐ the persons in **(6)**.

*(Attach a copy of the order if you have one.)***This is not a Court Order.**

- 8 c. Is the person in 2 a care custodian who deprived the person in 1 of (kept from the person, did not allow the person to have or receive, or did not provide the person 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 the person):  
☐ Check here if there is not enough space for your answer. Put your complete answer on an attached sheet of paper or form MC-025 and write "Attachment 8c—Deprivation by Care Custodian" for a title.

---

---

---

- 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 an attached sheet of paper or form MC-025 and write "Attachment 8d—Previous Abuse" for a title.

---

---

---

---

9 **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): \_\_\_\_\_

10 **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):

|      | Kind of Case   | Filed in (County/State) | Year Filed | Case Number (if known) |
|------|--|-------------------------|------------|------------------------|
| (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.)

**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 an 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 they still be able to get to their 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 an 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 an attached sheet of paper or form MC-025 and write "Attachment 13b—My Right to Residence" for a title.

---



---



---

**14 ☐ Order for Counseling or Anger Management Courses**

**i** This item is only available in instances of alleged physical abuse or deprivation of care, not in cases with only alleged financial abuse.

- a. I request the person in item (2) be ordered by the court to attend clinical counseling or anger management courses provided by a professional (a counselor, psychologist, psychiatrist, therapist, clinical social worker, or mental or behavioral health professional licensed in the State of California to provide counseling or anger management courses).
- b. Explain why you are requesting an order that the person in (2) attend clinical counseling or anger management courses.

☐ Check here if there is not enough space for your answer. Put your complete answer on an attached sheet of paper or form MC-025 and write "Attachment 14b—Counseling or Anger Management" for a title.

---



---



---

**This is not a Court Order.**

**15 Firearms (Guns), Firearm Parts, and Ammunition**

Does the person in (2) have firearms (guns), firearm parts, or ammunition? (This includes firearm receivers and frames, and any item that may be used as or easily turned into a receiver or frame (see Penal Code section 16531).)

- a. ☐ I don't know  
 b. ☐ No  
 c. ☐ Yes (*If you have information, complete the section below.*)

| <u>Describe Firearms (Guns), Firearm Parts, or Ammunition</u> | <u>Number or Amount</u> | <u>Location, if known</u> |
|---|-------------------------|---------------------------|
| (1)   |                         |                           |
| (2)   |                         |                           |
| (3)   |                         |                           |
| (4)   |                         |                           |
| (5)   |                         |                           |
| (6)   |                         |                           |

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 firearms (guns), firearm parts, 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 firearms (guns), firearm parts, and ammunition within the respondent's immediate possession or control. If an order is granted, the person in (2) will also be prohibited from owning, possessing, or buying body armor and would have to relinquish any they have.

**16 ☐ Temporary Restraining Order**

I request that a Temporary Restraining Order (TRO) be issued against the person in (2) to last until the hearing. I am presenting form EA-110, *Temporary Restraining Order*, for the court's signature together with this *Request*.

Has the person in (2) been told that you were going to go to court to seek a TRO against them?

☐ Yes ☐ No (*If you answered no, explain why below*):

☐ Check here if there is not enough space for your answer. Put your complete answer on an attached sheet of paper or form MC-025 and write "Attachment 16—Temporary Restraining Order" for a title.

---



---



---

**This is not a Court Order.**

**17 ☐ Request to Give Less Than Five Days' Notice of Hearing**

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. *(Read form EA-200-INFO, What Is "Proof of Personal Service"?, to learn about serving legal papers. 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:

☐ Check here if there is not enough space for your answer. Put your complete answer on an attached sheet of paper or form MC-025 and write "Attachment 17—Request to Give Less Than Five Days' Notice" for a title.

---

---

---

**18 ☐ Debts Caused by Financial Abuse**

You can ask the judge to decide at the hearing that certain debts or bills you have were caused by the person in (2) 's financial abuse. This may help you defend against the debt if you are sued in another case.

a. If you want the judge to make this special finding, list the debts or bills you have that were caused by the person in (2) 's financial abuse.

☐ Check here if you want to list additional debts or bills that were caused by financial abuse. You can attach form MC-025 and write "Attachment 18a—Additional Debts" for a title.

|     | <u>Money Owed To</u> | <u>For</u> | <u>Amount</u> |
|-----|----------------------|------------|---------------|
| (1) | _____                | _____      | \$ _____      |
| (2) | _____                | _____      | \$ _____      |
| (3) | _____                | _____      | \$ _____      |

b. Describe what the person in (2) did to cause the debts and bills that you listed above. Provide as much detail as you can about the person in (2) 's financial abuse.

☐ Check here if there is not enough space for your answer. Put your complete answer on an attached sheet of paper or form MC-025 and write "Attachment 18b—How Debt Was Incurred" for a title.

---

---

---

**This is not a Court Order.**

**19** ☐ **Lawyer's Fees and Costs**

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 an attached sheet of paper or form MC-025 and write "Attachment 19—Lawyer's Fees and Costs" for a title.

**20** ☐ **Possession and Protection of Animals**

I ask the court to order the following:

- a. ☐ That the person in **(1)** be given the sole possession, care, and control of the animals listed below, which they own, possess, lease, keep, or hold, or which reside in their household.  
(Identify animals by, e.g., type, breed, name, color, sex.)

---

---

---

I request sole possession of the animals because (specify good cause for granting order):

☐ Check here if there is not enough space for your answer. Put your complete answer on an attached sheet of paper or form MC-025 and write "Attachment 20a—Possession of Animals" for a title.

---

---

---

- b. ☐ That the person in **(2)** must stay at least \_\_\_\_\_ yards away from, and not take, sell, transfer, encumber, conceal, molest, attack, strike, threaten, harm, or otherwise dispose of, the animals listed above.

**21** **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.

**This is not a Court Order.**

Case Number:

**22** ☐ **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 an attached sheet of paper or form MC-025 and write "Attachment 22—Additional Orders Requested," for a title.

---

---

---

---

---

---

---

---

---

---

**23** 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 email.*):
- Address: \_\_\_\_\_
- City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_
- Email 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: 10px; padding: 5px; display: inline-block;"> <b>Hearing<br/>Date</b> </div> <span style="font-size: 2em; vertical-align: middle;">➔</span> | Date: _____  | Time: _____ | Name and address of court if different from above:<br>_____<br>_____<br>_____ |
|  | Dept.: _____ | Room: _____ |   |
|  | _____        | _____       |   |
|  | _____        | _____       |   |

**To the person in (2):**

- If you attend the hearing (in person, by phone, or by videoconference) and the judge grants a restraining order against you, the order will be effective immediately, and you could be arrested if you violate the order.
- If you do not attend the hearing, the judge may still grant the restraining order that could last up to five years. After you receive a copy of the order, you could be arrested if you violate the order.

**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 (4) b, below.*)



**4 Temporary Restraining Orders (Continued)**

b. Reasons for denial of some or all of those personal conduct and stay-away orders as requested in form EA-100, *Request for Elder or Dependent Adult Abuse Restraining Orders*, are:

(1) ☐ The facts as stated in form EA-100 do not sufficiently show reasonable proof of a past act or acts of abuse of the elder or dependent adult by the person in **(2)**.

(2) ☐ Other (*specify*): ☐ As stated on Attachment 4b.

---

---

---

---

---

---

---

---

---

---

**5 Service of Documents by the Person in **(1)****

At least ☐ five ☐ \_\_\_\_\_ days before the hearing, someone age 18 or older—**not you or anyone to be protected**—must personally give (serve) a court file-stamped copy of this form EA-109, *Notice of Court Hearing*, to the person in **(2)** along with a copy of all the forms indicated below:

- a. EA-100, *Request for Elder or Dependent Adult Abuse Restraining Orders* (file-stamped)
- b. ☐ EA-110, *Temporary Restraining Order* (file-stamped) **IF GRANTED**
- c. EA-120, *Response to Request for Elder or Dependent Adult Abuse Restraining Orders* (blank form)
- d. EA-120-INFO, *How Can I Respond to a Request for Elder or Dependent Adult Abuse Restraining Orders?*
- e. ☐ Other (*specify*): \_\_\_\_\_

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



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

**To the Person in **(1)** :**

- The court cannot make the restraining orders after the court hearing unless the person in **(2)** has been personally given (served) a copy of your request and any temporary orders. To show that the person in **(2)** has been served, the person who served the forms must fill out a proof of service form. Form EA-200, *Proof of Personal Service*, may be used.
- For information about service, read form EA-200-INFO, *What Is “Proof of Personal Service”?*
- You may ask to reschedule the hearing if you are unable to find the person in **(2)** and need more time to serve the documents, or for other good reasons. Read form EA-115-INFO, *How to Ask for a New Hearing Date*.
- You must attend the hearing if you want the judge to make any of the orders you requested on form EA-100, *Request for Elder or Dependent Adult Abuse Restraining Orders*. Bring any evidence or witnesses you have. For more information, read form EA-100-INFO, *Can a Restraining Order to Prevent Elder or Dependent Adult Abuse Help Me?*



**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 (guns), firearm parts, and ammunition that you own or possess. This includes firearm receivers and frames, and any item that may be used as or easily turned into a receiver or frame (see Penal Code section 16531). If an order is granted, you will also be prohibited from owning, possessing, or buying body armor and will have to relinquish any body armor you have.**
- If you are unable to attend your court hearing or need more time to prepare your case, you may ask to reschedule your court date. Read form EA-115-INFO, *How to Ask for a New Hearing Date*.

**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 [courts.ca.gov/rules-forms/find-your-court-forms](https://courts.ca.gov/rules-forms/find-your-court-forms) for *Disability Accommodation Request* (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 email.*):

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

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

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

Email 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***(Give all the information you know. Information with a star (\*) is required to add this order to the California police database. If age is unknown, give an estimate.)*

\*Full Name: \_\_\_\_\_ \*Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

\*Race: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

\*Gender: ☐ M ☐ F ☐ Nonbinary Home Address: \_\_\_\_\_

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 | Gender | 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 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 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
- (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 person in ①
- (6) ☐ Other (*specify*):

---

---

---

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 Firearms (Guns), Firearm Parts, or 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 any prohibited items listed in b below.
- b. **Prohibited items are:**
- (1) Firearms (guns);
  - (2) Firearm parts, meaning receivers, frames, or any item that may be used as or easily turned into a receiver or frame (see Penal Code section 16531); and
  - (3) Ammunition.
- c. You must:
- (1) Sell to or store with a licensed gun dealer, or turn in to a law enforcement agency, any firearms (guns), firearm parts, and ammunition 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 firearms (guns), firearm parts, and ammunition have been turned in, sold, or stored. (You may use form EA-800, *Receipt for Firearms, Firearm Parts, and Ammunition*, for the receipt.)
- d. ☐ The court has received information that you own or possess a firearm (gun), firearm parts, or ammunition.

**9 Restrained Person Has Prohibited Items**

The court finds that you have the following prohibited items:

**a. Firearms and/or firearm parts**

| Description (include serial number, if known) | Location, if known | Proof of compliance received by the court |
|---|--------------------|---|
| (1) _____                                     | _____              | <input type="checkbox"/> (date): _____    |
| (2) _____                                     | _____              | <input type="checkbox"/> (date): _____    |
| (3) _____                                     | _____              | <input type="checkbox"/> (date): _____    |
| (4) _____                                     | _____              | <input type="checkbox"/> (date): _____    |

**b. Ammunition**

| Description | Amount, if known | Location, if known | Proof of compliance received by the court |
|-------------|------------------|--------------------|---|
| (1) _____   | _____            | _____              | <input type="checkbox"/> (date): _____    |
| (2) _____   | _____            | _____              | <input type="checkbox"/> (date): _____    |
| (3) _____   | _____            | _____              | <input type="checkbox"/> (date): _____    |
| (4) _____   | _____            | _____              | <input type="checkbox"/> (date): _____    |

☐ Check here to list additional items. List them on a separate piece of paper, write "EA-110, Restrained Person Has Prohibited Items" at the top, and attach it to this form.

**10 No Body Armor**

If the order in **8** is granted, you cannot own, possess, or buy body armor (defined in Penal Code section 16288). You must relinquish any body armor you have in your possession.

**This is a Court Order.**

**11 ☐ Court Hearing to Review Firearms (Guns), Firearm Parts, and Ammunition Compliance**

In addition to the hearing listed on form EA-109, you must attend the court hearing listed below to prove that you have properly turned in, sold, or stored all prohibited items (described in ⑧ b) you still have or own, including any items listed in ⑨. If you do not attend the court hearing listed below, a judge may find that you have violated the restraining order and notify law enforcement and a prosecuting attorney of the violation.



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

Name and address of court, if different than court address listed on page 1:

**12 Financial Abuse**

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

**13 Possession and Protection of Animals**

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

- a. ☐ The person in ① is given the sole possession, care, and control of the animals listed below, which are owned, possessed, leased, kept, or held by them, or reside in their household.

(Identify animals by, e.g., type, breed, name, color, sex.)

---

---

---

---

- b. ☐ The person in ② must stay at least \_\_\_\_\_ yards away from, and not take, sell, transfer, encumber, conceal, molest, attack, strike, threaten, harm, or otherwise dispose of, the animals listed above.

**14 Other Orders**

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

---

---

---

---

☐ Additional orders are attached at the end of this order on Attachment 14.

**This is a Court Order.**



**To the Person in ①:****⑮ 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 15.

**⑯ No Fee to Serve (Notify) Restrained Person**

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

**⑰** Number of pages attached to this order, if any: \_\_\_\_\_

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

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

**Warnings and Notices to the Restrained Person in ②****You Cannot Have Firearms (Guns), Firearm Parts, or Ammunition**

If the court grants the orders in ⑧, you cannot own, have, possess, buy or try to buy, receive or try to receive, or otherwise get any prohibited items listed in ⑧b on page 3 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 firearms (guns), firearm parts, and ammunition that you have or control as stated in 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 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.

**This is a Court Order.**

## 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 [courts.ca.gov/rules-forms/find-your-court-forms](http://courts.ca.gov/rules-forms/find-your-court-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.

## 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 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.

**This is a Court Order.**

**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).)

**Conflicting Orders—Priorities of Enforcement**

**If more than one restraining order has been issued protecting the protected person from the restrained person, the orders must be enforced in the following priority** (see Pen. Code, § 136.2; and Fam. Code, §§ 6383(h)(2), 6405(b); Code Civ. Proc., § 527.12(d)(2)):

1. *Emergency Protective Order (EPO)*: If one of the orders is an *Emergency Protective Order* (form EPO-001), provisions (e.g., stay-away order) that are more restrictive than in the other restraining/protective orders must be enforced. Provisions of another order that do not conflict with the EPO must also be enforced.
2. *No-Contact Order*: If a restraining/protective order includes a no-contact order, the no-contact order must be enforced. **(5)** a(2) is an example of a no-contact order.
3. *Criminal Protective Order (CPO)*: If none of the orders includes an EPO or a no-contact order, the most recent CPO must be enforced. (Fam. Code, §§ 6383(h)(2), 6405(b); Code Civ. Proc., § 527.12(d)(2).) Additionally, a CPO issued in a criminal case involving charges of domestic violence, Penal Code sections 261, 261.5, or former 262, or charges requiring sex offender registration must be enforced over any civil court order. (Pen. Code, § 136.2(e)(2).) All provisions in the civil court order that do not conflict with the CPO must also be enforced.
4. *Civil Restraining Orders*: If there is more than one civil restraining order (e.g., domestic violence, juvenile, elder abuse, civil harassment), then the order that was issued last must be enforced. Provisions that do not conflict with the most recent civil restraining order must also 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.**



**Instructions:**

- If you are asking for a restraining order, you must complete this form and give it to the court clerk, along with the other court forms required in your case. For juvenile orders, list the primary protected person's information in (2) and (3).
- If the judge grants the restraining order, information you give on this form will be entered into a California database (called CLETS) to help law enforcement enforce the order.
- If information changes later, you may complete this form again and turn it in to the court.

**To Court Clerk: Do not file this form. The information on this form must be entered into the protective order registry in CLETS.**

*Court fills in case number when form is received.*

**Case Number:**

Date received by court: \_\_\_\_\_

**Information that has a star (\*) next to it is required. All other information is helpful.**

**(1) Person You Want a Restraining Order Against**

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

Other names used: \_\_\_\_\_

Marks, scars, or tattoos: \_\_\_\_\_

Driver's license (*number and state*): \_\_\_\_\_ SSN: \_\_\_\_\_

Vehicle type: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Plate number: \_\_\_\_\_

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

Name of employer and address: \_\_\_\_\_

Does the person speak English?

- ☐ Yes
- ☐ No (*list language*): \_\_\_\_\_
- ☐ I don't know

Does the person have any firearms (guns), firearm parts, ammunition, or body armor?

- ☐ No
- ☐ I don't know
- ☐ Yes (*Give any information you have below, like the type, amount, or location of any items, if known.*)

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

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

Case Number:

2 \*Your Name: \_\_\_\_\_

(Skip 3 and 4 if you are asking for a gun violence (form GV-100) or retail crime (form RT-100) restraining order.)

3 Your information

\*Gender: ☐ ☐ F ☐ X (nonbinary) Race: \_\_\_\_\_

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

Date of Birth (month, day, year): \_\_\_\_\_

(If the judge grants your restraining order, your information will be entered into California's law enforcement database. If you give your date of birth, it will also be entered into the federal law enforcement database. If your information is not in the federal law enforcement database, your restraining order may be more difficult to enforce outside of California.)

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

Do you speak English?

☐ Yes

☐ No (list language): \_\_\_\_\_

4 Other People You Want Protected

\*Name: \_\_\_\_\_ \*Gender: \_\_\_\_\_ Race: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

\*Name: \_\_\_\_\_ \*Gender: \_\_\_\_\_ Race: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

\*Name: \_\_\_\_\_ \*Gender: \_\_\_\_\_ Race: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

\*Name: \_\_\_\_\_ \*Gender: \_\_\_\_\_ Race: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

☐ Check here if you have more people to list. Write them on a separate piece of paper and write "Item 4" at the top and attach it to this form.

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

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

Clerk stamps date here when form is filed.

## 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).)

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 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 email.)

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

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

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

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

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

- ☐ I agree to the orders requested.
- ☐ I do not agree to the orders requested. (Specify why you disagree in ⑮ on page 5.)
- ☐ I agree to the following orders (specify below or in ⑮ on page 5):  
\_\_\_\_\_  
\_\_\_\_\_

### ④ ☐ Stay-Away Orders

- ☐ I agree to the orders requested.
- ☐ I do not agree to the orders requested. (Specify why you disagree in ⑮ on page 5.)
- ☐ I agree to the following orders (specify below or in ⑮ on page 5):  
\_\_\_\_\_  
\_\_\_\_\_

**5 ☐ Move-Out Orders**

- a. ☐ I agree to the orders requested.
- b. ☐ I do not agree to the orders requested. (*Specify why you disagree in (15) on page 5.*)
- c. ☐ I agree to the following orders (*specify below or in (15) on page 5*):

---



---

**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 ☐ Order for Counseling or Anger Management Courses**

- i This item is only available in instances of alleged physical abuse or deprivation of care, not in cases with only alleged financial abuse.

- a. ☐ I agree to the orders requested.
- b. ☐ I do not agree to the orders requested. (*Specify why you disagree in (15) on page 5.*)
- c. ☐ I agree to the following orders (*specify below or in (15) on page 5*):

---



---

**8 Firearms (Guns), Firearm Parts, and Ammunition**

If you were served with form EA-110, *Temporary Restraining Order*, you cannot own or possess any firearms (guns), firearm parts, or ammunition. This includes firearm receivers and frames, and any item that may be used as or easily turned into a receiver or frame (see Penal Code section 16531). (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 firearms (guns), firearm parts, and ammunition 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, *Receipt for Firearms, Firearm Parts, and Ammunition*, for the receipt.

- a. ☐ I do not own or control any firearms (guns), firearm parts, or ammunition.
- b. ☐ I have turned in my firearms (guns), firearm parts, and ammunition to law enforcement or sold them to or stored them with a licensed gun dealer. A copy of the receipt
- (1) ☐ is attached.
- (2) ☐ has already been filed with the court.
- c. ☐ I ask for an exception to carry a firearm or ammunition for work. (*Complete items (1)-(3) below*):
- (1) Are you a sworn peace officer?
- ☐ No
- ☐ Yes

8 c. (2) Are there any orders or state or federal laws that prohibit you from having firearms or ammunition?

☐ No

☐ I don't know (*explain*):

---

---

---

☐ Yes (*explain*):

---

---

---

(3) (*Explain what your job is and why you need a firearm or ammunition*):

---

---

---

(Note: You **must** follow any orders to turn in, sell, or store prohibited items until the judge decides whether to grant you an exception. Before an exception can be granted, you will be required to show the judge that (1) carrying a firearm or ammunition is required for your work, and (2) your employer is unable to reassign you to another position where carrying a firearm or ammunition is not necessary. There are other things you will need to prove. For more information on what you need to show the judge to qualify for this exception, go to [selfhelp.courts.ca.gov/respond-to-EA-restraining-order/obey-firearms-orders/exception](https://selfhelp.courts.ca.gov/respond-to-EA-restraining-order/obey-firearms-orders/exception) or see Code of Civil Procedure section 527.9(f).)

## 9 No Body Armor

If you were served with form EA-110, *Temporary Restraining Order*, you are prohibited from owning, possessing, or buying body armor. You must also relinquish any body armor you have in your possession.

(*Check all that apply*):

a. ☐ I do not own or have any body armor.

b. ☐ I have relinquished all body armor that I have in my possession.

c. ☐ I was granted an exception, or will ask for an exception, to have body armor. Note: This exception is granted by a chief of police or sheriff. See Penal Code section 31360(c). (*Attach a copy of the letter granting permission, if you have one.*)

## 10 ☐ Debts Caused by Financial Abuse

a. ☐ I agree to the findings requested.

b. ☐ I do not agree to the findings requested. (*Specify why you disagree in 15 on page 5.*)

c. ☐ I agree to the following findings (*specify below or in 15 on page 5*):

---

---

**11 ☐ Possession and Protection of Animals**

- a. ☐ I agree to the orders requested.
- b. ☐ I do not agree to the orders requested. (Specify why you disagree in **15** on page 5.)
- c. ☐ I agree to the following orders (specify below or in **15** on page 5):

---



---

**12 ☐ Other Orders**

- a. ☐ I agree to the orders requested.
- b. ☐ I do not agree to the orders requested. (Specify why you disagree in **15** on page 5.)
- c. ☐ I agree to the following orders (specify below or in **15** on page 5):

---



---

**13 ☐ Denial**

I did not do anything described in item 8 of form EA-100. (Skip to **15**.)

**14 ☐ 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 14—Justification or Excuse" as a title. You may use form MC-025, Attachment.

---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---

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

**15 ☐ Reasons I Do Not Agree to the Requests**

*Explain your answers to each order or finding requested that you do not agree with.*

☐ 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 15-Reasons I Disagree" as a title. You may use form MC-025, Attachment.

---

---

---

---

---

---

---

---

---

---

**16 ☐ 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 an attached sheet of paper and write "Attachment 16—Lawyer's Fees and Costs" for a title. You may use form MC-025, Attachment.

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

**17** 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 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 you want to keep your home address private, you may give a different mailing address instead. You do not have to give telephone, fax, and email.)

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

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

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

Email 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 a judge has ordered you to turn in, sell, or store your firearms (guns), ammunition, and firearm parts—meaning receivers, frames, or any item that may be used as or easily turned into a receiver or frame (see Penal Code section 16531)—use this form to prove to the judge that you have obeyed their orders. Take this form to a law enforcement officer or a licensed gun dealer to complete **4** or **5**. For more information on how to properly turn in your items, read form EA-800-INFO, *How Do I Turn In, Sell, or Store My Firearms, Firearm Parts, and Ammunition?*

**4****To Law Enforcement**(Complete the section below. Keep a copy and give the original to the person in **2**.)

Name of Law Enforcement Agency: \_\_\_\_\_

Name of Law Enforcement Agent: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Items Surrendered**

a. Firearms, firearm parts, and ammunition transferred on:

Date: \_\_\_\_\_ Time: \_\_\_\_\_ ☐ a.m. ☐ p.m.b. List of items (List all the items surrendered by the person in **2**). You may attach a separate form from your agency (e.g., a property report), use **6**, or both. Check below if you have attached a separate form):☐ Separate form is attached. (If it does not include all surrendered items, list additional items in **6**.)

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***(Complete the section below. Keep a copy and give the original to the person in ②.)*

Name of Licensed Gun Dealer: \_\_\_\_\_

License number: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Items Stored or Sold**

a. Firearms, firearm parts, and ammunition transferred on:

Date: \_\_\_\_\_ Time: \_\_\_\_\_ ☐ a.m. ☐ p.m.b. List of items *(List all the items surrendered by the person in ②. You may attach a separate form (e.g., Department of Justice's Report of Firearms Acquisition) or you may use ⑥. Check below if you have attached a separate form):*☐ Separate form is attached. *(If it does not include all surrendered items, list additional items in ⑥.)*

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



Signature of licensed gun dealer: \_\_\_\_\_

6

**☐ List of Items Surrendered****Firearms and firearm parts**

| Make      | Model | Serial number,<br>if there is one | Sold                     | Stored                   | To be<br>destroyed       |
|-----------|-------|-----------------------------------|--------------------------|--------------------------|--------------------------|
| (1) _____ | _____ | _____                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (2) _____ | _____ | _____                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (3) _____ | _____ | _____                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (4) _____ | _____ | _____                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (5) _____ | _____ | _____                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (6) _____ | _____ | _____                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Ammunition**

| Brand     | Type  | Amount | Sold                     | Stored                   | To be<br>destroyed       |
|-----------|-------|--------|--------------------------|--------------------------|--------------------------|
| (1) _____ | _____ | _____  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (2) _____ | _____ | _____  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (3) _____ | _____ | _____  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (4) _____ | _____ | _____  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (5) _____ | _____ | _____  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (6) _____ | _____ | _____  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

☐ Check here if there is not enough space above for your answer. Use a separate sheet of paper to list other items.  
Write "EA-800, item 6" at the top, and attach it to this form.

**7 To the Restrained Person:**

Besides the items listed on page 2 or in an attached form, do you have or own any other firearms (guns), firearm parts, or ammunition?

☐ No

☐ Yes (*If yes, check one of the boxes below*):

a. ☐ I filed a *Receipt for Firearms, Firearm Parts, and Ammunition* (form EA-800) or other proof for those items with the court on (*date*): \_\_\_\_\_

b. ☐ I am filing the proof for those firearms (guns), firearm parts, or ammunition along with this proof.

c. ☐ I have not yet filed the proof for the other firearms (guns), firearm parts, or ammunition.  
(*Explain why not*):

|  |
|--|
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

**Your 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*

**Your Next Steps**

- After the form is complete, make two additional copies. Take the copies and original to the court clerk to file.
- Keep a copy for yourself.

**Note that failure to file a receipt with the court is a violation of the court's order.**



**Proof of Service of  
Response by Mail**

Clerk stamps date here when form is filed.

**1 Elder or Dependent Adult Seeking Protection**

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

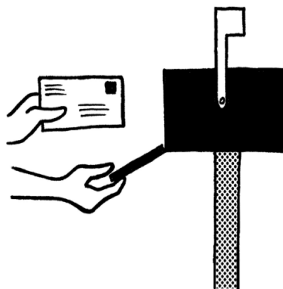
**2 Person From Whom Protection Is Sought**

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



# EA-200 Proof of Personal Service

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: \_\_\_\_\_

Case Number:

**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*