

Santa Clara County  
Superior Court

**SAMPLE**

Elder or Dependent Adult  
Abuse Protection forms  
(Restraining Order)

*Rev. 1/1/2026*



COURT USE ONLY

NAME AND ADDRESS OF PARTY OR ATTORNEY FOR PARTY

**Your Legal Name**  
**Your Address**

\*\*\*NOTE: Your contact information will be seen by the Restrained Person so **use a mailing address that is safe** on all your forms. It cannot be left blank. You do not need to list a phone number or email address.\*

ATTORNEY FOR (Name): **Self-Represented****SUPERIOR COURT OF CALIFORNIA**

STREET ADDRESS: 191 N. First Street San Jose CA 95113

MAILING ADDRESS: 191 North First Street

CITY AND ZIP CODE: San Jose CA 95113

BRANCH NAME: Downtown Superior Courthouse

Note: You will be assigned a court case number when you file your forms. If you have filed this exact paperwork before against this person, then you will use the case number you were already assigned.

Person/Entity Seeking Protection:

**Your Legal Name**

Person From Whom Protection is Sought:

**Restrained Person's Legal Name**

**DECLARATION IN SUPPORT OF EX PARTE APPLICATION FOR  
CIVIL RESTRAINING ORDERS**

**Leave Blank**

(this is not a police report/case #)

I, the undersigned, declare:

1. I am (choose one): ☐ attorney for Person or Entity Seeking Protection  
☒ self-represented Person or Entity Seeking Protection  
☐ other (explain): \_\_\_\_\_

2. The opposing party is represented by an attorney: ☐ Yes ☐ No **Choose One**  
 (If you checked "yes", fill in the attorney's name, address, and telephone number. If you checked "no", fill in the other party's name address, and telephone number.)

Party/Attorney name: **Restrained Person's Legal Name (Or Their Attorney's Name)**Address/Telephone number: **Restrained Person's Address/Phone #**

3. **OTHER CASES:** Have the parties to this case been involved in litigation with each other in another Civil, Family, Probate Juvenile, or Criminal Court Case? ☐ Yes ☐ No **Choose One**

**4. NOTICE****a. I HAVE**☐ Person

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

I have re

**Leave This Section Blank****b. I HAVE NOT given notice of the request for orders because (Check all that apply. You must explain below):**

- ☒ This is an application for Civil Harassment Prevention Act, Elder Abuse, Private Postsecondary School Violence, Transitional Housing Misconduct, or Workplace Violence Act restraining orders and:  
☒ Great or irreparable injury will result before the matter can be heard on notice.  
☐ It is impossible to give notice.  
☐ The other party agrees to the orders requested.  
☐ Other: \_\_\_\_\_

**c. Explanation:**

- ☐ A hearing between the parties is already set I am asking that this motion be heard at the same time.  
☐ I am unable to serve the other party in the time required by law.  
☒ I fear for my physical safety (and that of others, if applicable).  
☐ Other: \_\_\_\_\_

I declare under penalty of perjury that the forgoing is true and correct.

**Today's Date**

Date

**Print Your Name**

Print Name

**Sign Your Name**

Declarant's Signature

## **INSTRUCTIONS**

**Please refer to Santa Clara County Local Civil Rules for more information. This form is not for use in restraining order applications filed at Family Court.**

This form is required in Santa Clara County, if you are asking the Judge to make immediate orders without the other party being present for a hearing. These orders are called *ex parte* orders. This form must be completed in any case where *ex parte* orders are requested. If you have given notice to the other side of your case, you must state the form of notice given. Notice means providing the other side of the case, either the attorney or a self-represented party, with copies of any papers that you want the Judge to review and any orders that you are requesting. If you have not given notice, you must explain why you have not given notice. There are some circumstances when notice may be waived, such as cases involving allegations of domestic violence where the safety of a party or a child might be at risk if notice is given. It is up to the Judge in your case to determine whether notice will be required or not.

### **SECTION #1**

State whether you are the Petitioner or the Respondent in the case. Once a case is filed, the parties keep the same status in the case. You do not change from the Respondent to the Petitioner by filing a new motion in the case. If you do not have an attorney, you are considered self-represented.

### **SECTION #2**

If the other party is represented by an attorney, you must provide the Court with the attorney's name and address. If the other party is not represented by an attorney, you must provide the Court with the other party's address.

### **SECTION #3**

It is very important to list all other cases in which you and the other party have been involved with the courts. This would include other Family Law, Probate, Juvenile, Restraining Order, Child Support, Civil, or Criminal matters. If you do not have the case number, please put unknown and list the county and the year of the filing, if possible.

### **SECTION #4A**

**Unless notice is excused by the Court, you must provide notice of this motion to the other party before you deliver a copy to the Court. When you give such notice, specify how you did it (by courier or personally, for example) and at what time and date. Also, please explain how you know that the other side received copies of your papers and what response you were given.**

### **SECTION #4B**

**If you did not give notice of this application, explain why in this section. Check as many boxes as apply. You may also write out any further explanation of your reasons for not giving notice.**

After this form is completed, attach it to your restraining order application and submit them as follows:

- If Civil Harassment, Workplace Violence, Private Postsecondary School Violence, or Transitional Housing Misconduct; to the Civil Division Clerk's Office at 191 North First Street, San José, CA 95113
- If Elder or Dependant Adult Abuse; to the Family Division Clerk's Office at 201 North First Street, San José, CA 95113

*Clerk stamps date here when form is filed.*

**SAMPLE  
ONLY**

**Do not write  
on this copy!**

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

a. Full Name: **Protected Person's Legal Name**

☐ **Person** Check here and fill in name below, if different from above.

different (person named in item 3 of form EA-100).

[illegible]

Lawyer for petitioner (if not the person listed above)

Name: **Self-Represented** State Bar No.:

*Fill in court name and street address:*

**Superior Court of California, County of Santa Clara**  
**Street: 191 N. First St., S.J., CA**  
**Mail: 191 N. First St., S.J. CA 95113**  
**Downtown Superior Courthouse**

b. the Restrained Person so **use a mailing address that is safe** on all your forms. It cannot be left blank. You do not need to list a phone number or email address.\*

*You do not have to give telephone, fax, or email.):*

Address: **Your Street Address**

City: \_\_\_\_\_ **City, State, Zip**

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

Email Address:

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

## Leave Blank

(this is not a police report/case #)

**2 Person You Want Protection From**

Full Name:	<b>Restrained Person's Legal Name</b>
------------	---------------------------------------

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

### 3 Notice of Hearing

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

Name and address of court if different from above:

**Hearin**  
**Date**

Date:

Time:

Dept.:

\*\*\*\*\*LEAVE BLANK\*\*\*\*\*

**THE CLERK WILL FILL IN THIS SECTION.**

**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 Abuse Restraining Order* (how):

(1)  $\square A$

**THE JUDGE WILL FILL IN THIS SECTION.**

(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 ④b, below.*)



**Leave Blank**

(this is not a police report/case #)

**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 acts

(2) ☐ Other

**\*\*\*\*\*LEAVE BLANK\*\*\*\*\***  
**THE JUDGE WILL FILL IN THIS SECTION.**

a past act or

**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*

b. ☐ EA-110, *T*

c. [EA-120](#), *Respo*

d. [EA-120-INFO](#)

e. ☒ Other (*spe*

**NOTE: IF THE COURT GRANTS AN ORDER PROHIBITING THE OTHER PERSON FROM OWNING OR POSSESSING GUNS/FIREARMS, YOU MUST ALSO HAVE THEM SERVED WITH FORM EA-800, EA-800-INFO AND LOCAL FORM FM-1047.**

m)

g Orders?

Date:

**LEAVE BLANK**

**LEAVE BLANK**

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?*



**Leave Blank**

(this is not a police report/case #)

**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]

**LEAVE BLANK**

Clerk, by

**LEAVE BLANK**

, Deputy





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

## ① Protected Elderly Person

a. Full Name:

Your Legal Name

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

Full Name: Mark box and fill in name here, if

Lawyer for different from the name above.

Name: Self-Represented State Bar No.:

Firm Name: Self-Represented

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: Write a mailing address that is safe for the other party to see, unless they know it already.

Telephone:

Email Address:

**SAMPLE  
ONLY**

**Do not write  
on this copy!**

Fill in court name and street address:

Superior Court of California, County of Santa Clara  
191 North First Street  
San Jose, CA 95113  
Downtown Superior Courthouse

Court fills in case number when form is filed.

**Leave Blank**

(this is not a police report/case #)

## ② Restrained Person

(Give all the information you know. Information with a star (\*) is required to add this order to the California police database.)

Restrained Person's Legal Name

\*Full Name:

\*Age:

Date of Birth:

\*Race:

\*Gender: ☐ M

Restrained Person's description, make your best guess about describing them.

Eye Color:

City:

Relationship to Protected Person:

How do you know the Restrained Person?  
(example: neighbor, grandchild, son, daughter...etc.)

## ③ Additional Protected Person

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:

Mark, if needed

Full Name

Gender

Age

Household Member?

Relation to Protected Person

List additional people, who live with you, that also need protection from the other party.

☐ If you have more than 3 people you are protecting that live in your home, mark this box and attach a sheet with their information on it. Ask staff for the attachment.

If you have more than 3 people you are protecting that live in your home, mark this box and attach a sheet with their information on it. Ask staff for the attachment.

## ④ Expiration Date

The

Leave Blank

(The court clerk will fill this out)



**Leave Blank**  
(this is not a police report/case #)

**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 pay up to \$1,000, or both.

**Leave these TOP boxes blank**  
(The judge will mark them)

**⑤ Personal Conduct Order**

☐ **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: (If requested):

(1) ☒ Physical contact, sexual contact, or sexual harassment (sexually or otherwise)

(2) ☐ Contact by telephone, mail, electronic mail, or by any other means

(3) ☐ Take or attempt to take any action to remove the elder or dependent adult from the court's jurisdiction

(4) ☐ Other (specify):  
☐ Other personal conduct orders are attached at the end of this order on Attachment 5a(4).

**Check boxes that you want for a temporary restraining order.**  
**If granted by the judge, the Other Party is to be restrained from doing until the court date (usually 3 weeks).**

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**

**Leave these TOP boxes blank**  
(Only mark this box if you do NOT want a "stay away" order.)

☐ **Not Requested**    ☐ **Denied Until the Hearing**    ☐ **Granted as Follows:**

a. You **must** stay away from (check all that apply):

(1) ☐ The elder or dependent adult in ①    (5) ☐ The vehicle of the person in ①

(2) ☐ The max distance you may ask for is up to 300 yards (3 football fields)

(3) ☐ (1 yard = 3 feet, 36 inches). Mark all the boxes you want the other person to stay away from.

(4) ☐ The job or workplace of the elder or dependent adult

**300 IS THE MAX**

b. This stay-away order does not prevent

**Leave these TOP boxes blank**  
(Only mark this box if you do NOT want a "move-out" order.)

**⑦ Move-Out Order**

☐ **Not Requested**    ☐ **Denied Until the Hearing**    ☐ **Granted as Follows:**

Y  
Fill in your address if you want the Restrained Person to move out temporarily before the court hearing, including removal of personal property.

**This is a Court Order.**

**8 No Firearms or Ammunition**

☐ **No**

This order

a. You must

**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 Firearm Parts and Ammunition](#).)

d. ☐ The restrained person

**Check this box and complete this section if the Restrained Person owns or possesses any firearms, firearm parts or ammunition.**

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.**



**Leave Blank**

(this is not a police report/case #)

**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 taken care of the items listed in (1) or own, including any items listed in (2) that you have violated the restraining order.

**Leave Blank**



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

If different than court

**12 Financial Abuse**

**Choose one**

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**

**Leave these TOP boxes blank**  
(Only mark this box if you do NOT want an order protecting any 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.)

**Use this section to ask for protection for your animals.**

- b. ☐ The person in (2) must stay **300 IS THE MAX** feet 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**

**Leave these TOP boxes blank**  
(Only mark this box if you do NOT want an other orders.)

☐ **Not Requested** ☐ **Granted as Follows** (specify):

**Use this section to ask for other orders that are not addressed in the rest of the form.**

☐ 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**

This order must be served on the person named in this order through the California Law Enforcement Agency (CLEA).

- a. ☐ The clerk of the court enters the order into the CLEA system.
- b. ☒ The clerk of the court enters the order into the CLEA system.
- c. ☐ By the clerk of the court, the order is delivered to the person named in the order.

**Leave Blank**

through the

to be entered

lawyer should  
ted below to

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, the sheriff or marshal will do so for free.

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

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

**READ THIS  
INFORMATION**

**It will help you understand the warnings and notices given to the other party you are trying to restrain. It tells them what do expect and what to do with these papers after they are given to them.**

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After You Have Been Served With a Restraining Order

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**READ THIS  
INFORMATION**

**It will help you understand the warnings and notices given to the other party you are trying to restrain. It tells them what do expect and what to do with these papers after they are given to them.**

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**Start Date and End Date of Order**

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.**



Case Number:

**Leave Blank**  
(this is not a police report/case #)

### 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 for 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; Fam. Code,

§§ 6

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**READ THIS INFORMATION**  
**If more than one restraining order are active, this is the order in which they are to be enforced.**

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arges

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

[seal]

**Leave Blank**  
**The Court Clerk will fill this information out after this application has been filed.**

by of the

, Deputy

**This is a Court Order.**





# Request for Elder or Dependent Adult Abuse Restraining Orders

Clerk stamps date here when form is filed.

Read Carefully  
Help Me Understand  
Confidentiality  
Information

The other person who you are restraining, will see this application. Do not write or attach anything that you do not want them to see.

**SAMPLE  
ONLY**  
**Do not write  
on this copy!**

## 1 Elder or Dependent Adult in Need of Protection

Full Name: **Your Legal Name**  
Gender: ☐ M ☐ F ☐ Nonbinary Age: \_\_\_\_\_

## 2 Person From Whom Protection Is Sought

Full Name: **Restrained Person's Legal Name**  
Address (if known): **and address (if you know it)**  
City: \_\_\_\_\_

Fill in court name and street address:

Superior Court of California, County of  
Santa Clara  
191 North First Street  
San Jose, CA 95113  
Downtown Superior Courthouse

## 3 Person Requesting Order

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

- a. ☐ The person is the restrained person's spouse or partner.  
b. ☐ The person is the restrained person's parent or guardian.  
c. ☐ The person is the restrained person's adult child or grandchild.  
Note: If "c", you must explain why you have legal authority to make this request. If you have a power of attorney, attach a copy.

Court fills in case number when form is filed.

**Leave Blank**

(this is not a police report/case #)

(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 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.)  
Name: **Leave Blank**  
Firm Name: **This is if an attorney is representing you.**  
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: **Write your mailing address that is safe for the Restrained Person to see, unless they know it already.**  
City: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**This is not a Court Order.**



**5 Description of Protected Person**

The person named in ① (check a or b):

a. ☐ Is ageb. ☐ Is a re**Mark the correct box "a." or "b."**

5. 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****Mark one**

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):

Full NameGender AgeRelation to person in ①?Lives with person in ①?☐ Yes ☐ No☐ Yes ☐ No☐ Yes ☐ No☐ Yes ☐ No

**List additional people, who live with you, that also need protection from the Restrained Person.**

☐ 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.

**If you listed people above (besides yourself), explain why they need protection too.**

**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.

**How do you know the Restrained Person?**

(example: former dating relationship, grandchild, neighbor, friend's friend, former friend, co-worker, maternal uncle, paternal aunt, cousin, classmate,...etc.)

**This is not a Court Order.**

**Leave Blank**

(this is not a police report/case #)

**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)—Description of Abuse" for a title.

**Don't fill information out here.****You will include this information in the lined paper that is attached.**(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.
**Mark one**

(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.
**If "yes", explain what happened here.**

(6) Was the person in (1) harmed or injured by 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.
**If "yes", describe your injuries here.****Mark one**(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.**

Case Number:

**Leave Blank**

(this is not a police report/case #)

- 8 c. Is the person in 2 a caregiver who deprived the person in 1 (or any of the persons named in 6) of (or prevented the person from receiving) 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.

**If "yes", describe the deprivation here.**

- d. Has the person in 2 abused the person in 1 at other times? ☐ Yes ☐ No (If yes, describe prior incidents and how they affected the person below):

**Give examples of how often the other party has harassed you other times.**

**Some Examples:**

- The other party texted me 48 times in one hour between 1AM-2 AM on 2/14/2018.
- The other party writes me lots of letters/emails, they wrote 20 on 2/14/2018.
- They knock on my door at all hours, they came on 12/14, 12/15, 12/19/2024 at 2 AM....etc
- Be very specific and clear.

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):

**Mark one**

10 **Other Court Cases**

- a. Has the person in 1 or any of the persons named in 6 been in court with the person in 2? ☐ No ☐ Yes (If yes, specify the court case and the date each was filed):
- Kind of Case
- Number (if known)

- (1) ☐ Elder or Dependent Adult Abuse
- (2) ☐ Civil Harassment
- (3) ☐ Domestic Violence
- (4) ☐ Divorce, Nullity, Legal Separation
- (5) ☐ Paternity, Parentage, Child Custody
- (6) ☐ Eviction
- (7) ☐ Guardianship
- (8) ☐ Workplace Violence
- (9) ☐ Small Claims
- (10) ☐ Criminal
- (11) ☐ Other (specify):

**Mark one and fill info below (if needed).**

**Mark yes, if there have been any court cases between you and the other party.**

- 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.**



**Leave Blank**

(this is not a police report/case #)

Check the orders you want. **p****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. ☒ **Select what type of permanent protection you are seeking, this could be approved for up to 5 years.**

b. ☐ **This has to be filled out by you, don't leave blank.**

c. ☐ **Mark all the boxes if you don't want the other party to contact you in any way.**

☐ 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) ☐ **Select if you are asking for a stay away, this could be approved for up to 5 years.**

(2) ☐ **If yes, mark where you want them to stay away from (1) - (9).**

(3) ☐ **The max yards the other person can stay away is 300 yards.**

(4) ☐

(5) ☐

(6) ☐

b. If the court orders the person in **(2)** to stay away from all the places **Mark one** 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.

**If you marked no (above), explain how they the stay away order will be prevent them from getting to their home, school, or job.**

**This is not a Court Order.**

**Leave Blank**

(this is not a police report/case #)

**13** ☐ **Move-Out Order**

I ask the court

**Mark if you want the Restrained Person to move out.**

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 restraining order.

**If you marked #13 above, mark here and explain why you have the right to live at the listed address.**

☐ I ask for this move-out order.

a. The person in ② ass

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.

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

☒ 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 an order that the person in ② attend clinical counseling or anger management courses.

**Mark if you want the Restrained Person to be ordered to counseling or anger management courses. Then explain why below.**

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.

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**Mark one****This is not a Court Order.**

**Leave Blank**

(this is not a police report/case #)

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

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

**Mark one**

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

Describe Firearms (Guns), Firearm Parts, or Ammunition      Number or Amount      Location, if known

**If "yes", complete this section about the firearms, firearm parts or ammunition, to the best of your knowledge.**

- (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 X 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 on form MC-025 and write "Attachment 16 - Temporary Restraining Order" for a title.

**If you marked no, explain why you haven't told the other person why you are filling out this application against them.**

Example: I didn't tell them because they would go into hiding. I didn't tell them because it would cause me to be hurt by the other person...etc.

**This is not a Court Order.**

**Leave Blank**

(this is not a police report/case #)

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

**This is rarely granted. If you marked #17 above, you are asking the court to allow you to serve this application to the other party fewer than five days before the hearing.**

**Example: the other person has a court appearance for another case 1 day before this hearing or the other person will be visiting from other town fewer than 5 days before hearing, explain on the next page.**

**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  
in (2)



**Check this box and complete this section, if you have debts or bills due to the other party's financial abuse.**

**Explain below how the person in (2) caused the debts or bills listed here.**

(1)

(2)

(3)

**Example, "The Restrained Person used my credit card without permission to purchase a TV for their personal use."**

b. Describe  
you



*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.**







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

**Leave Blank**  
(this is not a police report/case #)

**22** ☐ **Additional Orders Requested**

I a

☐

**Mark this box and list any additional orders,  
that have not been requested in the options in previous pages (if needed).**

heet of

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

Date: **Self-Represented** \_\_\_\_\_

**Self-Represented**

*Lawyer's name (if any)*



**Self-Represented**

*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.

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

**Today's Date**  
**DD/MM/YY**

**Print Your Name**



**Sign Your Name**

st

**This is not a Court Order.**

**LAST NAME VS. LAST NAME**  
(PERSON WHO STARTED THIS CASE GOES FIRST.)

**Leave Blank**  
(this is not a police report/case #)

**EA-100, Item 8b(3) – DESCRIBE ABUSE:**

b(3) Most Recent Abuse

**Choose one**

- Is the person you want to restrain in jail **right now** for violence against you?

☐ YES

☐ NO

If YES, where:

**IF "YES", fill in jail name here.**

Describe **most recent** abuse (explain exactly what happened in detail):

**\*READ THIS FIRST BEFORE FILLING OUT THIS FORM!\***

Describe everything that the Restrained Person has said or done to you to make you want this restraining order. The court will use this declaration to decide whether or not to grant a temporary and/or permanent restraining order.

Although the court is mainly interested in what has happened in the last three months, you should also write about past abuse. Write about the most recent abuse first.

You may also attach other documentation to help support what you say the other person is saying or doing to you (for example: text messages, emails, photos of personal injury or property damage, Facebook/Instagram postings, letters, etc).

**IF YOU NEED MORE ROOM, ATTACH A REGULAR SHEET OF PAPER (NOT BINDER PAPER) OR ASK STAFF FOR EXTRA ATTACHMENTS.**

**EA-100, Item 11 – DESCRIBE ABUSE**



**LAST NAME VS. LAST NAME**  
(PERSON WHO STARTED THIS CASE GOES FIRST.)

**Leave Blank**  
(this is not a police report/case #)

**EA-100, Item 8d – DESCRIBE PAST ABUSE:**

d) In the **past**, what did the person do to abuse you (include **dates**, **times** and **details**):

**Use this space to tell the Judge about the past abuse. Give as much detail as possible. If the other party has threatened or verbally abuses you, try to write the exact words he/she used.**

☐ Description of past abuse continued on next page.

**Check one. If "YES", describe below.**

- Were there any injuries during **abuse in the past**: ☐ YES ☐ NO

If "YES", describe: \_\_\_\_\_

- Did the police come to any of these **events**? ☐ YES ☐ NO

- Did they give you an Emergency

☐ YES ☐ NO

*If YES, please*

**Check one. If "YES", check one below.  
Attach a copy if an Emergency  
Protective Order was given.**

- Has the person you want restrained ever **been** ☐ YES ☐ NO *If YES, when:* \_\_\_\_\_

Describe what the person did to you that caused them to go to jail:

**Check one. If "YES", describe below.**

- Do you have a criminal protective order (restraining order from criminal court)?

☐ YES ☐ NO *If YES, please attach a copy.*

**Check one. If "YES", attach a copy.**

**EA-100, Item 11 – DESCRIBE ABUSE**



# CLETS-001 Confidential Information for Law Enforcement

## 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:**

**Your Case Number, if you have one  
Do NOT list police report #'s**

Date received by court

**Date this form  
is turned in**

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

## ① Person You Want a Restraining Order Against

\*Name: **Restrained Person's Name**

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

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

Other names used: **List any other names the Restrained Person uses, DOB and gender** D.O.B.: \_\_\_\_\_ Gender: \_\_\_\_\_

Marks, scars, \_\_\_\_\_

Driver's license \_\_\_\_\_

Vehicle type: \_\_\_\_\_

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

Name of employer \_\_\_\_\_

Does the person \_\_\_\_\_

☐ Yes

☐ No (list last \_\_\_\_\_)

☐ I don't know

**Complete as much information as possible  
about the restrained person**

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

☐ No

☐ I don't know

☐ Yes

**If the Restrained Person have any firearms, firearm parts or ammunition, describe what items they have in as much detail as possible and indicate where they are kept, if known.**

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



2 \*Your Name: 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

\*Ge

\*Ag

Date

(If

date

info

enfo

Tele

Do

☐ Y

☐ No (not language).

**Complete this section about yourself as fully as possible. The items in bold are mandatory.**

4 Other People You Want Protected

\*Name: If you asked to protect additional people, you must list them here. Complete the information as fully as possible. The items in bold are mandatory. of Birth: \_\_\_\_\_

\*Name: \_\_\_\_\_ of Birth: \_\_\_\_\_

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

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

☐ Check here if you are asking to protect more than 4 additional people. If so, on a separate sheet of paper, write "Item 4" at the top, and attach to this form. **If you are asking to protect more than 4 additional people, ask the Restraining Order Help Center staff for an attachment.**

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



Clerk stamps date here when form is filed.

**SAMPLE  
ONLY****Do not write  
on this copy!**

Fill in court name and street address:

Superior Court of California, County of Santa Clara  
 191 North First Street  
 San Jose, CA 95113  
 Downtown Superior Courthouse

Court fills in case number when form is filed.

Case Number:

You will get a case number when your forms are returned to you by the court.

**1 Elder or Dependent Adult**Name: **Protected Person's Legal Name****2 Person From Whom Protection Is Sought or Person Alleged to Be Preventing Contact**Name: **Restrained Person's Legal 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.

**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): Declaration in Support of Ex Parte Application for Civil Restraining Order, EA-800-INFO; How to Safely Turn in Firearms and Ammunition (local form FM-1047)

**5** I personally gave copies of the documents checked above to the person in ②:a. On (date): **Date of service** (e): **Time of service** p.m.c. At this address: **Where were the forms handed to the Restrained Person?**City: **City** State: **State** Zip: **Zip Code**

You will get a case number when your forms are returned to you by the court.

**6 Server's Information**

Name: **Name of server (person who gave the forms to the Restrained Person)**

Address: **Server's (person named above) address**

City: \_\_\_\_\_

Telephone: **Their phone number** \_\_\_\_\_

*(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: **Dater server signs this form (must be after date/time listed in item 5a)**

**Server prints their name here**  
*Type or print server's name*

**Server signs their name here**  
*Server to sign here*