

SAMPLE

EA ANSWER PACKET

Please use the following samples to help you fill out the blank forms.

Response to Request for Elder or Dependent Adult Abuse Restraining Orders

Clerk stamps date here when form is filed.

SAMPLE ONLY
Do not write on this copy!

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.)

Fill in court name and street address:

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

Court fills in case number when form is filed.

Case Number:
COURT CASE NUMBER

① Elder or Dependent Adult Seeking Protection

Name: **PROTECTED PERSON'S NAME**

Name of person asking for the protection, if different (This is the person who filed the request.)
NAME OF PERSON WHO FILED REQUEST, IF DIFFERENT FROM PROTECTED PERSON

② Person From Whom Protection Is Sought

a. Your Name: **YOUR NAME**

Your Lawyer (if you have one for this case)

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: **YOUR ADDRESS**

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Email Address: _____

Present your response and any opposition at the hearing. **Fill in your Court Date Information. Look on the front of the paperwork you were served with.**

Hearing Date

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

③ Personal Conduct Orders

a. I agree to the orders requested

b. **Fill in your responses to the following questions, based on the EA-100 form, in the paperwork you were given for a restraining order. If you did not get this form, see staff for information on how to get it.** (page 4.)

c.

④ State If an item was marked on the EA-100, you need to mark a box to say you "agree" or "don't agree". You can give an explanation on your answers in Attachment 10.

a.

b.

c.



5 **Move-Out Orders**

- a. I agree to the orders requested.
- b. I do not agree to the orders requested.
- c. I agree to the following orders:

Fill in your responses to the following questions, based on the EA-100 form, in the paperwork you were given for a restraining order. If you did not get this form, see staff for information on how to get it.

6 **Additional Orders**

- a. I agree to the orders requested.
- b. I do not agree to the orders requested.

If an item was marked on the EA-100, you need to mark a box to say you "agree" or "don't agree". You can give an explanation on your answers in Attachment 10.

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 item **14** on page 4.)
- c. I agree to the following orders (specify below or in item **14** on page 4):

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

If you were served with form EA-110 (guns), firearm parts, or ammunition used as or easily turned into a receipt. **CHECK ONE, IF ITEM 8 ON FORM EA-110 WAS GRANTED.** Do not own or possess any firearms, and any item that may be used as or easily turned into a receipt. (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) or firearm parts 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 and Firearm Parts*, for the receipt.

- a. I do not own or control any firearms (guns), firearm parts, or ammunition.
- b. I ask for an exemption from the firearms prohibition under Code of Civil Procedure section 527.9(f) because carrying a firearm is a condition of my employment, and my employer is unable to reassign me to another position where a firearm is unnecessary. (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 8b—Firearms Surrender Exemption" as a title. You may use form MC-025, Attachment.

- c. I have turned in my firearms (guns) and firearm parts to the police or sold them to or stored them with a licensed gun dealer.

A copy of the receipt **SEE ATTACHMENT 10** filed with the court.



9 **Debts Caused by Financial Abuse**

- a. I agree to the findings requested.
- b. I do not agree to the findings requested.
- c. I agree to the following orders (specify below or in item 14 on page 4):

Fill in your responses to the following questions, based on the EA-100 form, in the paperwork you were given for a restraining order. If you did not get this form, see staff for information on how to get it.

10 **Possession of Property**

- a. I agree to the findings requested.
- b. I do not agree to the findings requested.
- c. I agree to the following orders (specify below or in item 14 on page 4):

If an item was marked on the EA-100, you need to mark a box to say you "agree" or "don't agree". You can give an explanation on your answers in Attachment 10.

11 **Other Orders**

- a. I agree to the findings requested.
- b. I do not agree to the findings requested (specify why you disagree in item 14 on page 4).
- c. I agree to the following orders (specify below or in item 14 on page 4):

12 **Denial**

I did not do any of the things described in the protected person's declaration.

CHECK BOX 11 IF YOU DID NOT DO ANY OF THE THINGS DESCRIBED IN THE PROTECTED PERSON'S DECLARATION.

13 **Justification or Excuse**

If I did some or all of the things described in the protected person's declaration, I have a reason for doing them.

Check off the box of papers you have provided.

CHECK BOX 12 IF YOU DID SOME OR ALL OF THE THINGS DESCRIBED IN THE PROTECTED PERSON'S DECLARATION AND YOU HAVE A REASON FOR DOING THEM.

SEE ATTACHMENT 12



14 **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 14—Reasons I Disagree" as a title. You may use form MC-025, Attachment.

If you disagree with any one of the requested orders, mark here and explain why. You may attach additional pages if needed.

CHECK BOX 11 IF YOU ARE ASKING FOR ATTORNEY FEES OR COURT COSTS. YOU MUST LIST THE COSTS BELOW.

15 **Lawyer's Fees and Costs**

a. I ask the court to order payment of my lawyer's fees court costs. The amounts requested are:

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

Check here if there are more items. Put the items and amounts on the attached sheet of paper and write "Attachment 15—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 his or her lawyer's fees and costs.

16 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 and correct.

Date: TODAY'S DATE _____

PRINT YOUR NAME HERE

Type or print your name

SIGN YOUR NAME HERE

Sign your name

SHC

Last Name of the Person asking for protection and Your Last Name

CASE NUMBER:

Your Court Case Number

ATTACHMENT 10 - JUSTIFICATION OR EXCUSE

- 1
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USE THIS SPACE TO TELL THE JUDGE YOUR SIDE OF THE STORY AND TO RESPOND TO THE DECLARATION ATTACHED TO THE EA-100.

BE AS DETAILED AS POSSIBLE.

(Required for verified pleading) The items on this page stated on information and belief are *(specify item numbers, not line numbers)*:

This page may be used with any Judicial Council form or any other paper filed with the court.

Page _____

Clerk stamps date here when form is filed.

SAMPLE ONLY
Do not write on this copy!

1 Elder or Dependent Adult Seeking Protection

Full Name: **PROTECTED PERSON'S NAME**

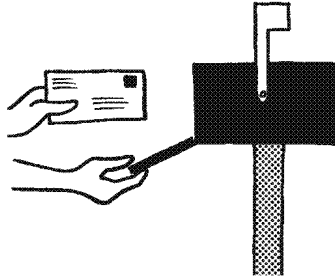
2 Person From Whom Protection Is Sought

Your Full Name: **YOUR 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 Santa Clara
Street: 191 North First Street
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San Jose, CA 95113
Downtown Superior Courthouse

Court fills in case number when form is filed.

Case Number:

COURT 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)

ITEM 5 AND 6 SHOULD BE COMPLETED BY THE PERSON WHO MAILED THE FORMS FOR YOU.

- 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): **NAME OF PERSON SEEKING PROTECTION**
- b. To this address: **ADDRESS OF PERSON SEEKING PROTECTION**
City: CITY State: STATE Zip: ZIP CODE
- c. On (date) DATE MAILED Mailed from (city): _____ State: _____

6 Server's Information **CITY AND STATE FORMS WERE MAILED**

Name: **SERVER'S NAME (PERSON WHO MAILED THE FORMS)** Telephone: **SERVER'S PHONE NUMBER**
Address: **SERVER'S ADDRESS**
City: CITY State: STATE Zip: ZIP CODE

(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: **DATE SERVER SIGNS**

SERVER WILL SIGN HIS/HER NAME HERE

SERVER WILL PRINT HIS/HER NAME HERE

Server to sign here

Type or print server's name