

Do You Need to Renew Your Elder or Dependent Adult Abuse Restraining Order, which is about to expire?

Step 1	<p>Complete the following forms in blue or black ink:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> CV-5014 Declaration Re: Notice Upon Ex Parte Application for Orders for Civil Harassment <input checked="" type="checkbox"/> EA-710 Notice of Hearing to Renew Restraining Order <input checked="" type="checkbox"/> EA-700 Request to Renew Restraining Order <input checked="" type="checkbox"/> CLETS-001 Confidential CLETS Information <input checked="" type="checkbox"/> A copy of your current Restraining Order <p><i>Only complete the next form if you want to ask the Sheriff to serve your forms:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Local form FM-1041 Request for Sheriff to Serve and Sheriff's Fee Statement
Step 2	<p>Review: Bring your completed form to the Restraining Order Help Center at 201 N. First Street, San Jose to have them reviewed to make sure they are filled out correctly.</p>
Step 3 There is no filing fee.	<p>File: Turn in the original to the Court Specialist located in the Courthouse at: 191 North First Street, San Jose, CA 95113</p> <p>The Clerk's Office opens at 8:30am Monday-Friday, closing times are subject to change, visit www.sccourt.org or call 408-882-2100 for current office hours.</p> <p>The Court Specialist will give you a slip to let you know how to check if your forms are ready. If you lose that slip contact the Court Specialist at (408) 882-2100, option 6, then 5, then 4.</p>
Step 4	<p>Service: After the filed copies are returned to you:</p> <ul style="list-style-type: none"> • Keep for your records—1 filed copy • If you did not ask the Sheriff to serve: At least 5 days before the court date serve 1 filed copy and a blank <i>EA-720 Response to Request to Renew Restraining Order</i> on the other party. "Service" means: someone, NOT you, who is at least 18 years old must hand deliver the filed copies to the restrained person. <p>Whoever does the service must complete the attached <i>Proof of Service (In Person)</i> form (EA-200) and give it back to you. You must file the original and a copy of this form at the Clerk's Office. The clerk will file stamp the copy and give it back to you. Keep this copy for your records.</p> <ul style="list-style-type: none"> • If you asked the Sheriff to serve your forms the court will forward your forms to the Sheriff's office. You can contact the Sheriff's office at (408)808-4800 to see if they were able to serve
Step 5	<p>Go to your court date.</p>

WHAT HAPPENS IF I DO NOT ASK TO RENEW MY RESTRAINING ORDER?

When your original Restraining Order was granted, the Judge set an end date. If you do not apply to renew the restraining order **before** that date, the orders will end and you will no longer have a restraining order protecting you from the other party. If that happens and you still want a restraining order, you will have to file a brand new request and follow the same procedure you went through to get your expired restraining order.

Please turn over for important information



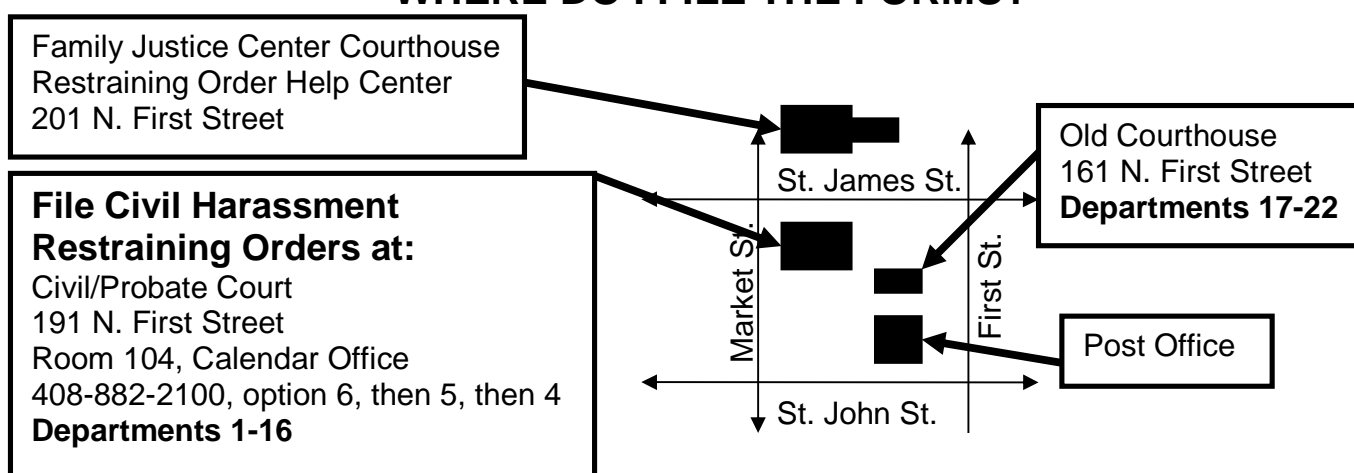
HOW CAN I CHECK THE STATUS OF THE REQUEST TO RENEW A RESTRAINING ORDER I JUST FILED?

When you file your restraining order forms the Court Specialist at the courthouse will give you a slip with instructions on how to find out if your forms are ready. However, if you lose that slip, you can call the courthouse where you filed your forms (408) 882-2100.

HOW LONG CAN I ASK TO RENEW MY RESTRAINING ORDER?

You may ask the Court to renew your restraining for either 5 years or permanently.

WHERE DO I FILE THE FORMS?



HOW CAN I GET HELP?

Here are some ways to get help:

- Go to <http://www.calbar.ca.gov/Public>, then click on “Lawyer Referral services” to hire or consult with a private attorney.
- For free legal advice and information, see our “Do-It-Yourself Resources” flyer. Go to www.scscourt.org, click on “Self-Help” then “Self-Help Flyers”.
- The Self Help Center/Family Law Facilitator – See our information flyer:
 - **Contact us:** Go to www.scscourt.org then click “**Contact the Self Help Center**”. Walk-in assistance is limited to emergencies so contact us remotely first.
 - **Obtain Forms:** Go to www.scscourt.org then click “**Complete Forms at Home**”
 - **Form Review:** Restraining order forms may be reviewed in person at the Restraining Order Help Center located at 201 N. First Street, San Jose, CA 95113, visit www.scscourt.org for current office hours. If you cannot get to the office in person you may email your forms as a PDF file to SHCDocReview@scscourt.org. Reviews by email will take longer than in-person reviews.
 - Note: We **cannot** help people who have attorneys.

Superior Court, County of Santa Clara
Self Help Center/Family Law Facilitator’s Office
 201 N. First Street, San Jose, CA 95113
 408-882-2926

NAME AND ADDRESS OF PARTY OR ATTORNEY FOR PARTY:	TELEPHONE NUMBER:	<i>FOR COURT USE ONLY</i>
ATTORNEY FOR (Name): Self-Represented		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA		
STREET ADDRESS: 191 North First Street, San Jose, CA 95113		
MAILING ADDRESS: 191 North First Street		
CITY AND ZIP CODE: San José, CA 95113		
BRANCH NAME: Downtown Courthouse		
Person/Entity Seeking Protection:		
Person From Whom Protection is Sought:		
DECLARATION IN SUPPORT OF EX PARTE APPLICATION FOR CIVIL RESTRAINING ORDERS		CASE NUMBER: DEPT #:

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
 (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: _____
 Address/Telephone number: _____

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 If "yes", case(s) number(s): _____

4. **NOTICE**
 - a. **I HAVE given notice to the opposing party and/or their attorney by the following method:**
 Personal delivery Overnight Carrier First Class Mail Other: _____
 Date: _____ Time: _____
 I have received confirmation that the other party has received my papers as follows: (describe)

 - 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.

Date

Print 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

Notice of Hearing to Renew Restraining Order

Clerk stamps date here when form is filed.

1 Protected Elder or Dependent Adult

a. Full Name: _____

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

Full Name: _____

Lawyer for person named above (*if any for this case*):Name: **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 e-mail.*):

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

E-Mail Address: _____

Court name and street address:

Superior Court of California, County of

**Santa Clara
191 N. First St.
191 N. First St.
San Jose, CA 95113**

Fill in case number:

Case Number: _____

2 Restrained Person

Full Name: _____

Address (*if known*): _____

City: _____ State: _____ Zip: _____

To the Restrained Person:**3 Court Hearing**The judge has set a court hearing date. *Court will fill in box below.***The current restraining order stays in effect until the end of the hearing.****Hearing
Date** →

Date: _____ Time: _____

Dept.: _____ Room: _____

Name and address of court if different from above:

191 N. First Street**San Jose, CA 95113**

At the hearing, the judge can renew the current restraining order for up to another five years or make it permanent. You *must* continue to obey the current restraining order until the hearing. At the hearing, you can tell the judge if you do not want the order against you renewed. If the restraining order is renewed, you *must* obey the order even if you do not attend the hearing.

If you wish to make a written response to the request to renew the restraining order, you may fill out Form EA-720, *Response to Request to Renew Restraining Order*. File the original with the court before the hearing and have someone age 18 or older—**not you**—mail a copy of it to the person in (1) at the address in (1) at least **-2-** days before the hearing. Also file Form EA-250, *Proof of Service of Response by Mail*, with the court before the hearing.

This is a Court Order.

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

Someone age 18 or older—**not you or anyone else protected by the restraining order**—must personally serve (give) a copy of the following forms on the restrained person at least **-5-** days before the hearing.

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

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

Date: _____

Judicial Officer**Request for Accommodations**

Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available if you ask at least five days before the hearing. Contact the clerk's office or go to www.courts.ca.gov/forms for *Request for Accommodations by Persons with Disabilities and Response* (Form MC-410). (Civ. Code, § 54.8.)

This is a Court Order.

Request to Renew Restraining Order

Clerk stamps below when form is filed.

1 Protected Elder or Dependent Adult

a. Full Name: _____

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

Full Name: _____

Lawyer for person named above (*if any for this case*):

Name: **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 e-mail.*):

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

E-Mail Address: _____

Court name and street address:

Superior Court of California, County of

**Santa Clara
191 N. First St.
191 N. First St.
San Jose, CA 95113**

Fill in case number:

Case Number:

2 Restrained Person

Full Name: _____

Address (*if known*): _____

City: _____ State: _____ Zip: _____

3 Request to Renew Restraining Order

I ask the court to renew the *Elder or Dependent Adult Abuse Restraining Order After Hearing* (Form EA-130). A copy of the order is attached.

a. The order ends on (*date*): _____

b. This is my first request to renew the order.

The order has been renewed _____ times.

c. I want the order to be renewed for five years permanently

d. I ask the court to renew the order because (*explain below*):

Check here if there is not enough space for your answer. Attach a sheet of paper and write "Attachment 3d—Reasons to Renew Order" for a title. You may use Form MC-025, Attachment.

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

Date: _____

Type or print your name

Sign your name

This is not a Court Order.

SHORT TITLE:

CASE NUMBER:

ATTACHMENT (Number) : 3d
(This Attachment may be used with any Judicial Council form.)

Lined area for text entry.

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

Page ____ of ____
(Add pages as required)

CONFIDENTIAL
CLETS Information

CLETS-001

**California Law Enforcement Telecommunications System (CLETS)
Information Form**

- This form is submitted with the initial filing (*date*): _____
- This is an amended form (*date*): _____

Important: This form MUST NOT become part of the public court file. It is confidential and private.

Fill out as much of this form as you can and give it to the court clerk. If the court issues a restraining order, this form will provide law enforcement with information that will help them enforce it. If any of this information changes, fill out a new (amended) form.

Case Number (*if you know it*): _____

1 Person to Be Protected (*Name*): _____
Sex: M F Height: _____ Weight: _____ Race: _____
Hair Color: _____ Eye Color: _____ Age: _____ Date of Birth: _____
Mailing Address (*listed on restraining order*): _____
City: _____ State: _____ Zip: _____ Telephone (*optional*): _____
Vehicle (*Type, Model, Year*): _____ (*License Number and State*): _____

2 Person to Be Restrained (*Name*): _____
Sex: M F Height: _____ Weight: _____ Race: _____
Hair Color: _____ Eye Color: _____ Age: _____ Date of Birth: _____
Residence Address: _____
City: _____ State: _____ Zip: _____ Telephone: _____
Business Address: _____
City: _____ State: _____ Zip: _____ Telephone: _____
Employer: _____
Occupation/Title: _____ Work Hours: _____
Driver's License Number and State: _____ Social Security Number: _____
Vehicle (*Type, Model, Year*): _____ (*License Number and State*): _____
Describe any marks, scars, or tattoos: _____
Other names used by the restrained person: _____

3 Guns or Firearms Describe any guns or firearms that you believe the person in **2** owns or has access to (*Number, types, and locations*): _____

4 Other People to Be Protected	<u>Name</u>	<u>Date of Birth</u>	<u>Sex</u>	<u>Race</u>	<u>Relation to Person in 1</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

- Additional persons to be protected are listed on Attachment 4.

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

Protected Person's Name:	Case Number:
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CONFIDENTIAL--DO NOT FILE IN COURT FILE

Request for Sheriff to Serve and Sheriff's Fee Statement

I WANT THE SHERIFF TO SERVE THE ATTACHED LEGAL FORMS WITHIN SANTA CLARA COUNTY AT NO COST TO ME.

To the Sheriff: Serve the attached legal forms on the Restrained Party in this case. Send a copy of the Proof of Service or any other documents to:

- the Protected Party's Attorney.
 - the Protected Party at the address listed below: Your phone number: _____
- _____
- _____

Today's Date: _____ _____ Sign your name here

**Protected Person/Protected Person's Attorney -
Do not fill out anything below this line**

INFORMATION BELOW IS TO BE COMPLETED BY SHERIFF'S OFFICE PERSONNEL ONLY

Service of the order was made or attempted on (date):

Fee for Service: \$

Type or Print Name of Sheriff's Office Representative

Title of Agency

Signature of Law Enforcement Representative