

SAMPLE

EA Renewal Request

Rev. 9/26/2022

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

NAME AND ADDRESS OF PARTY OR ATTORNEY FOR PARTY: <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> Your name Your address </div> TELEPHONE NUMBER: _____	FOR COURT USE ONLY
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: <div style="border: 1px solid black; padding: 2px 10px;">Your name</div>	
Person From Whom Protection is Sought: <div style="border: 1px solid black; padding: 2px 10px;">Restrained Person's name</div>	
DECLARATION IN SUPPORT OF EX PARTE APPLICATION FOR CIVIL RESTRAINING ORDERS	
CASE NUMBER: <div style="border: 1px solid black; padding: 2px 10px; display: inline-block;">Your Court Case Number</div>	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): _____ Check one

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:

Restrained Person's name (or their attorney's name, if they have one)

 Address/Telephone number:

Restrained Person's Address/Phone #

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

If "yes", case(s) number(s): _____ Check one, if "yes" list the case number(s) here

4. **NOTICE**
 - a. **I HAVE given notice to the opposing party and/or their attorney by the following method:**
 - Personal Service
 - First Class Mail
 - Other: _____

Date: _____

I have given notice by the following method:

LEAVE 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	Print your name	Sign your name
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: Protected Person's legal name

Person requests different (person) Full Name: If you are NOT the protected person listed above, mark this box and write your 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: Protected Person's mailing address
City: Note: Use a SAFE mailing address.
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:
Your Court Case Number

2 Restrained Person

Full Name: _____
Address (if known): _____
City: _____
Name and Address of the Restrained Person

To the Restrained Person:

3 Court Hearing

The judge has set a court hearing date. Court will fill in box below.

The court hearing date is set for _____ at _____ o'clock _____ of the month of _____, _____.
Hearing Date: LEAVE BLANK _____
_____ (Restrained Person) _____ (Person from above):

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: _____

LEAVE BLANK**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: **Protected Person's legal name**

Person requests different (person's) Full Name: **If you are NOT the protected person listed above, mark this box and write your 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: **Protected Person's mailing address**
City: **Note: Use a SAFE mailing address.**
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:
Your Court Case Number

2 Restrained Person

Full Name: _____
Address (if known): _____
City: _____ P: _____

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): **Date your order expires (Note: You must file before the order expires and no sooner than 3 months before the expiration date.)**

b. This is my first request to renew the order. **Check here if this is your first renewal**
 The order has been renewed **# of times order has been renewed** times.

c. I want the order to be renewed for five years permanently **Are you asking for 5 more years or a permanent order?**

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.

This is where you explain why you want the order renewed for the length of time listed above. Are you in continued fear? Have there been violations of the order?

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

Date: **Today's date**

Print your name
Type or print your name

Sign your name
Sign your name

This is not a Court Order.

SHORT TITLE
Your last name v. Restrained Person's last name

C
Your Court Case Number

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

You may use this page to continue your declaration explaining why you need a renewal of the restraining order.

(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)

**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 (<i>if you know it</i>): _____	COURT CASE #S ONLY DO NOT USE POLICE CARD/REPORT #S _____
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1 Person to Be Protected (*Name*): YOUR NAME

Sex: M F Height: _____ Weight: _____ Race: _____

Hair Color: FILL OUT YOUR PERSONAL INFO HERE Date of Birth: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Telephone (*optional*): _____

Vehicle (*Type, Model, Year*): _____ (*License Number and State*): _____

2 Person to Be Restrained (*Name*): RESTRAINED PERSON'S NAME

Sex: M F Height: _____ Weight: _____ Race: _____

Hair _____

Residence _____

City: _____

Business _____

City: _____

Employer _____

Occupation _____

Driver's License _____

FILL OUT THE RESTRAINED PERSON'S INFO HERE

FILL OUT AS MUCH AS YOU KNOW.

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

**FILL OUT IF YOU BELIEVE THE RESTRAINED PERSON
HAS ACCESS TO ANY GUNS OR FIREARMS.**

4 Other People to Be Protected Relation to _____

**IF THERE ARE ANY PROTECTED PEOPLE IN YOUR
EA-130, FILL THIS SECTION OUT**

Additional persons to be protected are listed on Attachment 4.

CHECK BOX IF YOU NEED MORE SPACE AND ATTACH A REGULAR SHEET OF PAPER (NOT BINDER PAPER) OR ASK STAFF FOR AN ATTACHMENT.

Protected Person's Name:

YOUR NAME

COURT CASE #S ONLY
DO NOT USE POLICE CARD/REPORT #S

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 #

YOUR ADDRESS

Today's Date:

TODAY'S DATE

SIGN YOUR NAME

Sign your name here

Protected Person/Protected Person's Attorney -

****READ THIS BEFORE FILLING OUT THIS FORM.****

FILL THIS FORM OUT IF YOU WANT THE SANTA CLARA COUNTY SHERIFF'S DEPT. TO ATTEMPT TO SERVE THE RESTRAINED PERSON WITH THIS APPLICATION.

IN ORDER TO APPLY:

- (1) YOU MUST HAVE A HOME OR WORK ADDRESS OF THE RESTRAINED PERSON
- (2) THE RESTRAINED PERSON MUST LIVE/WORK IN SANTA CLARA COUNTY

-If you don't want to apply, do not fill this form out.

-If you have an address outside of Santa Clara County for the Restrained person you may contact the local law enforcement in the city or county where the address is located and request them to serve this application for you.

-If you get the Restrained Person's Address after filing, you may come back to the court and fill out a new request to have the Santa Clara County Sheriff's Dept. to serve.