

Santa Clara County
Superior Court

SAMPLE

Elder or Dependent Adult
Abuse Protection forms
(Restraining Order)

Rev. 01/1/2024

NAME AND ADDRESS OF PARTY OR ATTORNEY FOR PARTY

***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.*

COURT USE ONLY

Your Legal Name
Your 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 given notice of the request for orders because (Check all that apply. You must explain below):
 Person or Entity Seeking Protection is unable to be served in the time required by law.
Date: _____
I have released the request for orders to the other party.

- 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 different (person named in item 3 of form EA-100): **Check here and fill in name below, if different from above.**

Full Name: **Name of Person Filing Request**

Lawyer for person (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. *****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.***

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: **Restrained Person's Legal Name**

The court will complete the rest of this form.

3 Notice of Hearing

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

		Name and address of court if different from above:	
Hearing 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 Request for: *******LEAVE BLANK******* (in form EA-100, see box below):

(1) All **GRANTED** until the court hearing. **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 b, 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 of _____
- (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 for Elder or Dependent Adult Abuse Restraining Orders*
- b. EA-110, *Temporary Restraining Order*
- c. EA-120, *Response to Restraining Order*
- d. EA-120-INFO, *Response to Restraining Order - Information*
- e. Other (specify _____)

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) and firearm parts 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 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 www.courts.ca.gov/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

Clerk stamps date here when form is filed.

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

SAMPLE ONLY
Do not write on this copy!

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 different from the name above.]
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: [Write a mailing address that is safe for the other party to see, unless they know it already.]
City:
Telephone:
Email Address:

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

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

2 Restrained Person
Restrained Person's Legal Name [Restrained Person's description, make your best guess about describing them.]
*Full Name: *Race: *Gender: M Eye Color:
City: Relationship to Protected Person: [How do you know the Restrained Person? (example: neighbor, grandchild, son, daughter...etc.)]

3 Additional Protected Persons
In addition to the dependent adult named in ①, the following family or household members or conservator or that person are protected by the temporary orders indicated below:
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.

4 Expiration Date
The [Leave Blank (The court clerk will fill this out)]

This is a Court Order.

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 Orders

Not Requested Denied Until the Hearing Granted as Follows:

a. You must **not** do the following things to the elder or dependent adult named in ①

and to the other protected persons listed in ③ (If requested):

(1) Physically abuse, financially abuse, intimidate, molest, attack, strike, stalk, threaten, assault (sexually or otherwise)

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).

(2) Contact the person, by telephone, in person, by mail, or by electronic mail, text messages, by fax, or by any other means

(3) Take any action that would cause the person to believe that the court has issued a restraining order

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

b. Peaceful written contact through a lawyer or a process server or other person for service of legal papers related to a court case is allowed and does not violate this order. However, you may have your papers served by mail on the person in ①.

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

⑥ Stay-Away Orders

Not Requested Denied

a. You must stay **300 IS THE MAX** away from (check all that apply):

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

(2) The residence of the person in ② (6) Other (specify):

(3) The max distance you may ask for is up to 300 yards (3 football fields) (1 yard = 3 feet, 36 inches). Mark all the boxes you want the other person to stay away from.

(4) _____
or dependent adult

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:

You _____
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.

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

8 No Firearms (Guns), Firearm Parts, or Ammunition

- Not Issued (financial abuse only)** **Granted as Follows:**

This

a. Y

P

b. P

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c. Y

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d. The court has received information that you or your spouse possess a firearm (gun), firearm parts, or ammunition.

*******LEAVE BLANK*******

THE JUDGE WILL FILL IN THIS SECTION.

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9 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.

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

10 Possession and Protection of Animals

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

a. The person in ① is given the sole possession, care, and control of the animals listed below, which are owned, possessed, leased, kept, or held by him or her, or reside in his or her 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, or otherwise dispose of, the animals listed above.

This is a Court Order.

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

11 Other Orders

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

- Not Requested Denied until the hearing 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 11.

To the Person in 1 :

12 M
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C
a
b
c

13 N
If

14 N
D

Leave Blank

This is a Court Order.



Warnings and Notices to the Restrained Person in ②

You Cannot Have Firearms (Guns), Firearm Parts, or Ammunition

If the court grants the orders in item ⑧, you cannot own, have, possess, buy or try to buy, receive or try to receive, or otherwise get any prohibited items listed in item 8b on page 3 while this Order is in effect. If you do, you can go to jail and pay a \$1,000 fine. You must sell to or store with a licensed gun dealer, or turn in to a law enforcement agency, any firearms (guns) and firearm parts that you have or control as stated in item ⑧. The court will require you to prove that you did so.

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.

If you
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clerk's office at the court shown on page 1 of this form or at www.courts.ca.gov/forms. If you do not know how to prepare a declaration, you should see a lawyer.

- Whether or not you file a response, you should attend the hearing. If you have any witnesses, they must also go to the hearing.
- At the hearing, the judge can make restraining orders against you that last for up to five years. Tell the judge why you disagree with the orders requested.

Instructions for Law Enforcement

Enforcing the Restraining Order

This order is enforceable by any law enforcement agency that has received the order, is shown a copy of the order, or has verified its existence on the California Restraining and Protective Order System (CARPOS). If the law enforcement agency has not received proof of service on the restrained person, the agency must advise the restrained person of the terms of the order and then must enforce it. Violations of this order are subject to criminal penalties.

This is a Court Order.



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

Start Date and End Date of Orders

This order *starts* on the date next to the judge’s signature on page 4. The order *ends* on the expiration date in item 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.

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:

§§ 6381

READ THIS INFORMATION

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

- 1.
- 2.
- 3.
4. *Civil Restraining Orders:* If there is more than one civil restraining order (e.g., domestic violence, juvenile, elder abuse, civil harassment), then the order that was issued last must be enforced. Provisions that do not conflict with the most recent civil restraining order must be enforced.

Clerk’s Certificate
[seal]

I certify that this is the original of the order.

Date: _____

Leave Blank

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

Clerk stamps date here when form is filed.

Read Carefully
Help Me Understand
Confidential
information as you know.

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 of Protection
Your Legal Name
Full Name: _____
Gender: M F Nonbinary Age: _____

2 Person From Whom Protection Is Sought
Full Name: _____
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. _____
b. _____
c. _____

Court fills in case number when form is filed.

Who is filling out this application? (mark the correct box "a.- c.")
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.

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 one for this case)
Name: _____
Firm Name: _____
This is if an attorney is representing you.

b. Your Address (if you do not have a lawyer and want to keep your home address private, you may give a different mailing address instead. The person in 1 does not have to give telephone, fax, or email.)

Address: _____
City: _____
Telephone: _____
Email Address: _____
Write your mailing address that is safe for the Restrained Person to see, unless they know it already.

This is not a Court Order.



5 Description of Protected Person

The person named in ① (check a or b):

a. Is aged

Mark the correct box "a." or "b."

b. Is a resident

This person has physical or mental limitations that restrict his or her ability to carry out normal activities or to protect his or her rights. (Briefly describe limitations on the attached sheet of paper or form MC-025. Write "Attachment 5b—Description of Protected Person" for a title.)

Mark one

6 Additional Protected Persons

a. Are you asking for protection for any other family or household members or for the conservator of the elder or dependent adult listed in ①? Yes No (If yes, list them):

Full Name	Gender	Age	Relation to person in ①?	Lives with person in ①?
List additional people, who live with you, that also need protection from the Restrained Person.				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Check here if there are more persons. Attach a sheet of paper and write "Attachment 6a—Additional Protected Persons" for a title. You may use form MC-025, Attachment.

b. Why do these people need protection? (Explain below):

Check here if there is not enough space for your answer. Put your complete answer on the 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 the 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.



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 the attached sheet of paper or form MC-025 and write "Attachment 8b(3)—Describe 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** using force, threat, harassment, intimidation, or any other form of abuse? **Mark one**

- Yes, only financial abuse. No, the abuse included other forms of abuse described above.

(5) Did the person in (2) use or threaten to use a gun or any other weapon?

- Yes No (If yes, explain below):
- Check here if there is not enough space for your answer. Put your complete answer on the 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 as a result of the acts of abuse described above?

- Yes No (If yes, explain below) **Mark one**
- Check here if there is not enough space for your answer. Put your complete answer on the 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.

(7) Did the police come? Yes No **Mark one**

If yes, did they give the person in (1) or the person in (2) an Emergency Protective Order? Yes No

If 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.



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

8 c. Is the person in **(2)** a caregiver who deprived the person in **(1)** of (kept from the person, did not allow the person to have or receive, or did not provide the person with) goods or services that the person needed to avoid physical harm or mental suffering? Yes No
(If yes, describe below what the person was deprived of and how that affected the person):
 Check here if there is not enough space for your answer. Put your complete answer on the 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 or **Mark one** Yes No (If yes, describe prior incidents and Yes No (If yes, describe prior incidents and how they affected you below):

Give examples of how often the other party has harrassed 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 2/14, 2/15, 2/19/2018 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. **Mark one**
- b. The person in **(1)** was abused by the person in **(2)** in this county.
- c. Other (specify): _____

10 **Other Court Cases**

a. Has the person in **(1)** or any of the persons named in **(2)**? No Yes (If yes, describe the court case below):

Kind of Case	County	Case Number (if known)
(1) <input type="checkbox"/> Elder or Dependent Adult Abuse	_____	_____
(2) <input type="checkbox"/> Civil Harassment	_____	_____
(3) <input type="checkbox"/> Domestic Violence	_____	_____
(4) <input type="checkbox"/> Divorce, Nullity, Legal Separation	_____	_____
(5) <input type="checkbox"/> Paternity, Parentage, Child Custody	_____	_____
(6) <input type="checkbox"/> Eviction	_____	_____
(7) <input type="checkbox"/> Guardianship	_____	_____
(8) <input type="checkbox"/> Workplace Violence	_____	_____
(9) <input type="checkbox"/> Small Claims	_____	_____
(10) <input type="checkbox"/> Criminal	_____	_____
(11) <input type="checkbox"/> Other (specify): _____	_____	_____

b. Are there any protective or restraining orders in effect relating to the person in **(1)** or any of the persons named in **(6)** and the person in **(2)**? No Yes (If yes, attach a copy if you have one.)

This is not a Court Order.

Check the orders you want.

11 **Personal Conduct Orders**

I ask the court to order the person in (2) **not** to do any of the following things to the person in (1) or to any person to be protected listed in (6):

- a. **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.**

sheet of paper or form MC-025 and write "Attachment 11c—Other Personal Conduct Orders" for a title.

The person in (2) will be ordered not to take any action to get the addresses or locations of any protected person unless the court finds good cause not to make the order.

12 **Stay-Away Orders**

a. I ask the court to order the person in (2) to stay at least _____ yards away from (check all that apply):

- (1) **Select if you are asking for a stay away, this could be approved for up to 5 years.**
- (2) _____
- (3) _____
- (4) **If yes, mark where you want them to stay away from (1) - (9).**
- (5) _____
- (6) **The max yards the other person can stay away is 300 yards.**

- b. If the court orders the person in (2) to stay away from all the places listed above, will he or she still be able to get to his or her home, school, or job? Yes No **Mark one** (if no, explain)
- Check here if there is not enough space for your answer. Put your complete answer on the 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 to order the person in (2) to leave the residence.

Mark if you want the Restrained Person to move out.

The person in (1) will be the person in (2) if the person in (2) does not leave the residence. The person in (2) is not named in (1). **If you marked #13 above, mark here and explain why you have the right to live at the listed address.**

Ask for this move-out order.

- a. The person in (2) assaulted or threatened the person in (1); and
- b. The person in (1) has the right to live at the above residence. *(Explain below):*
 - Check here if there is not enough space for your answer. Put your complete answer on the attached sheet of paper or form MC-025 and write "Attachment 13b—My Right to Residence" for a title.

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

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

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

- a. I request an order that the person in (2) attend clinical counseling or anger management courses. (I am requesting an order for counseling or anger management courses from a mental or behavioral health professional licensed in the State of California to provide counseling or anger management courses).
- b. Explain why you are requesting an order that the person in item (2) attend clinical counseling or anger management courses.
 - Check here if there is not enough space for your answer. Put your complete answer on the attached sheet of paper or form MC-025 and write "Attachment 14b—Counseling or Anger Management" for a title.

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

Does the person in (2) own or possess any **Mark one** firearm parts, or ammunition? This includes firearm receivers and frames, and any items that may be used as or easily turned into a receiver or frame (see Penal Code section 16531). Yes No I don't know

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) and firearm parts within their immediate possession or control.

This is not a Court Order.



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

16 **Temporary Restraining Order**

I request that a Temporary Restraining Order (TRO) be issued against the person in (2) to last until the hearing. I am presenting form EA-1 **Mark one** 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):

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.

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 cannot check this box until after the hearing that certain debts or bills were caused by the person in (2)'s financial abuse.

a. If you have debts or bills due to the person in (2)

- (1)
- (2)
- (3)

b. Describe

you can about the person in (2)'s financial abuse.

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

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

This is not a Court Order.

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

19 **Lawyer's Fees and Costs**

I ask the court to order payment of my lawyer's fees court costs.

The amounts requested are:

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

Check here if there are more items. Put the items and amounts on the attached sheet of paper or form MC-025 and write "Attachment 19—Lawyer's Fees and Costs" for a title.

20 **Possession and Protection of Animals**

I ask the court to order the following:

Mark this box if there are any animals that live with you that you want possession of and/or protection for them.

If yes, mark and answer both "a." and "b."

h they

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

b. That the person in **2** must stay **300 IS THE MAX** away from, and not take, sell, transfer, encumber, conceal, molest, attack, strike, threaten, harm, or otherwise dispose of, the animals listed above.

21 **No Fee to Serve Orders** If you want the sheriff or marshal to serve (notify) the person in **2** about the orders for free, ask the court clerk what you need to do.

This is not a Court Order.



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

22 **Additional Orders Requested**

I ask the court to make the following additional orders (*specify*):

Check here if there is not enough space for your answer. Put your complete answer on the attached sheet of paper or form MC-025 and write "Attachment 22—Additional Orders Requested" for a title.

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

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 that the information above and on all attachments is true and correct to the best of my knowledge and belief.

Date: _____

Today's Date
DD/MM/YY

Print Your Name

▶ **Sign Your Name**
Signature of person making this request

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 #)

1 **EA-100, Item 10b(3) – DESCRIBE ABUSE:**

2 b(3) Most Recent Abuse

Choose one

3 • 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.

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

5 _____
6 _____
7 _____
8 _____

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.

24 _____
25 _____

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 #)

1 **EA-100, Item 10d – DESCRIBE PAST ABUSE:**

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

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

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

14 Description of past abuse continued on next page.

15 • Were there any injuries during **abuse in the past**: YES NO

16 If "YES", describe: _____

17 • Did the police come to any of these **events**? YES NO

18 ○ Did they give you an Emergency

19 YES NO

If YES, please

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

20 • Has the person you want restrained ever **been arrested**? YES NO *If YES, when:* _____

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

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

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

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

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

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. If the judge grants the restraining order, information you give on this form will be entered into a 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.

**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, or tattoos: _____
Telephone: _____
Vehicle type: _____
Name of employer: _____
Does the person speak _____

Complete as much information as possible about the restrained person

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

No
 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.

2 *Your Name: **Your Name**

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

3 Your information

*Age: _____ X (nonbinary)
Race: _____
Do you speak English? Yes No (list language): _____

4 Other People You Want Protected

*Name: _____ Birth: _____
*Name: _____ Birth: _____
*Name: _____ Gender: _____ Race: _____ Date of Birth: _____
*Name: _____ *Gender: _____ Race: _____ Date of Birth: _____
 Check _____ of paper and write "Item 3" at the top
and attach _____
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