

**Request to  Modify  Terminate  
Elder or Dependent Adult Abuse  
Restraining Order**

Clerk stamps date here when form is filed.

Fill in court name and street address:

**Superior Court of California, County of**

Fill in case number:

**Case Number:**

**1 Party Seeking Modification/Termination**

- a. Your Full Name: \_\_\_\_\_
- b.  Protected person  Restrained person  Conservator/Other
- c. Your Lawyer (if you have one for this case)  
 Name: \_\_\_\_\_ State Bar No.: \_\_\_\_\_  
 Firm Name: \_\_\_\_\_
- d. 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: \_\_\_\_\_

**2 Other Party**

- a. Full Name: \_\_\_\_\_
- b. Address (if known): \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**3 Current Order**

- a. The current order is an:  
 Elder or Dependent Adult Abuse Restraining Order After Hearing (form EA-130)  
 Order Renewing Elder or Dependent Adult Abuse Restraining Order (form EA-730)
- b. The current order expires on (date): \_\_\_\_\_
- c.  A copy of the current order is attached.

**4  Request to Modify Restraining Order**

- a. I ask the court to modify the current order as follows (specify requested changes referring to the item number in order that you want to change or delete):  
 Check here if there is not enough space for your answer. Attach a sheet of paper and write "Attachment 4a —Requested Changes" for a title. You may use form MC-025, Attachment.

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**6**  **Lawyer's Fees and Costs**

I ask the court to order payment of my: a.  Lawyer's fees b.  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 6—Lawyer's Fees and Costs" for a title.

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

\_\_\_\_\_  
*Lawyer's name (if any)*

▶ \_\_\_\_\_  
*Lawyer's signature*

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*

