

**Notice of Hearing on Request to**  
 **Modify**    **Terminate Elder or**  
**Dependent Adult Abuse Restraining Order**

Clerk stamps date here when form is filed.

Party seeking order completes items ① and ②.

**① Party Seeking Modification/Termination**

- a. Your Full Name: \_\_\_\_\_
- b. Your Lawyer (if you have one for this case)  
Name: \_\_\_\_\_ State Bar No.: \_\_\_\_\_  
Firm Name: \_\_\_\_\_
- c. 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: \_\_\_\_\_

Fill in court name and street address:

**Superior Court of California, County of**

Fill in case number:

**Case Number:**

**② Other Party**

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

**③ Court Hearing**

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

**The current restraining order stays in effect unless terminated by the court.**

**Hearing Date**

Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Dept.: \_\_\_\_\_ Room: \_\_\_\_\_

Name and address of court if different from above:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**④ Service on Other Party**

- a. Someone age 18 or older—**not you**—must serve a copy of the following forms on the other party or parties:
  - EA-600, Request to Modify/Terminate Elder or Dependent Adult Abuse Restraining Order;
  - EA-610, Notice of Hearing on Request to Modify/Terminate Elder or Dependent Adult Abuse Restraining Order (this form);
  - EA-620, Response to Request to Modify/Terminate Elder or Dependent Adult Abuse Restraining Order (blank copy).

The forms must be served on the other party \_\_\_\_\_ days before the hearing.



- b. **If you are the restrained person: You must have the protected person personally served with these forms. This requirement of personal service on the protected person is not a justification for you to violate the terms of the civil harassment restraining order.** If the person who originally requested the restraining order was someone other than the protected person, you must also serve that person. Service on that person may be by mail.
- c. **If you are the person who originally requested the order but not the protected person, and you are requesting modification or termination other than at the request of the protected person: You must have the protected person personally served with these forms.** You must also serve the restrained person. Service on the restrained person may be by mail.
- d. **If you are the protected person:** The restrained person may be served with these forms by mail.
- e. The person who serves the forms must fill out either form EA-200, *Proof of Personal Service*, or form EA-250, *Proof of Service of Response by Mail* (or both). Have the person who served sign the original. Take the signed original proof-of-service form back to the court clerk for filing or bring it with you to the hearing. For help with personal service, see form EA-200-INFO, *What Is "Proof of Personal Service"?*

Date: \_\_\_\_\_ Clerk, by \_\_\_\_\_, Deputy

**To the Other Party:**

If you wish to make a written response to this request to modify or terminate the current civil harassment restraining order, you may fill out form EA-620, *Response to Request to Modify/Terminate Elder or Dependent Adult Abuse 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 other party at the address in ① at least \_\_\_\_\_ days before the hearing. Also file form EA-250, *Proof of Service of Response by Mail*, with the court before the hearing.

**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 for *Request for Accommodations by Persons With Disabilities and Response* (form MC-410). (Civ. Code, § 54.8.)

*(Clerk will fill out this part.)*

**—Clerk’s Certificate—**

I certify that this *Notice of Hearing on Request to Modify/Terminate Elder or Dependent Adult Abuse Restraining Order* is a true and correct copy of the original on file in the court.

Clerk’s Certificate [seal] Date: \_\_\_\_\_  
 Clerk, by \_\_\_\_\_, Deputy