

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

Clerk stamps date here when form is filed.

Prevailing party completes items ① and ②.

① Party Seeking Modification/Termination

a. Full Name: _____

Lawyer (if any for this case):

Name: _____ State Bar No.: _____

Firm Name: _____

b. Address (If this party has a lawyer, give the lawyer's information. If the party does not have a lawyer and wants to keep home address private, give a different mailing address instead. Telephone, fax, or e-mail are not required.)

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Fill in court name and street address:

Superior Court of California, County of

Fill in case number:

Case Number:

② Other Party

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-Mail Address: _____

③ Hearing

There was a hearing on (date): _____ at time: _____ a.m. p.m. Dept.: _____ Room: _____

(Name of judicial officer): _____ made the orders at the hearing.

These people were at the hearing:

a. The party seeking modification termination

b. The party opposing modification termination

c. The lawyer for the party seeking modification termination (name): _____

d. The lawyer for the party opposing modification termination (name): _____

④ Order

The request to modify terminate the attached

Elder or Dependent Adult Abuse Restraining Order After Hearing (form EA-130)

Order Renewing Elder or Dependent Adult Abuse Restraining Order (form EA-730)

originally issued on (date): _____ is:

a. **DENIED.** The order and expiration date remain the same.

This is a Court Order.



To the Prevailing Party:

7 Service of Order

If service is required, someone age 18 or older—**not you**—must serve a copy of this order on the other party. If a party is represented by a lawyer, you must serve the lawyer instead of the party.

- The other party attended the hearing. **No further service is required.**
- Order Granted**—The other party did not attend the hearing. **Service is required.** This Order:
 - must be personally served on the other party within _____ days of the date of this Order.
 - may be served by mail on the other party within 5 days of the date of this Order.
- Order Denied**—The other party did not attend the hearing. **Service by Mail:** The other party may be served with this Order by mail.

Date: _____

Judicial Officer

(Clerk will fill out this part.)

—Clerk's Certificate—

Clerk's Certificate
[seal]

I certify that this *Order 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.

Date: _____ Clerk, by _____, Deputy

This is a Court Order.