

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 Protected Elder or Dependent Adult

a. Full Name: _____

Person requesting protection for the elder or dependent adult, if different (person named in item 3 of Form EA-100):

Full Name: _____

Lawyer for person named above (if any for this case):

Name: _____ State Bar No.: _____

Firm Name: _____

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: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

E-Mail Address: _____

2 Restrained Person

Full Name: _____

Address (if known): _____ City: _____ State: _____ Zip: _____

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 protected person c. The lawyer for the protected person (name): _____

b. The restrained person d. The lawyer for the restrained person (name): _____

Additional persons present are listed on Attachment 3.

4 Renewal and Expiration

The request to renew the attached Elder or Dependent Adult Abuse Restraining Order After Hearing, originally issued on (date) _____, is:

a. **GRANTED.** The attached order is renewed and will now be in effect for:
 5 years permanently (the renewed restraining order must be attached to this form.)

The attached order will expire on:
(date): _____ (time): _____ a.m. p.m. or midnight

If no expiration date is written here, the order expires three years from the date of the hearing in item 3.

b. **DENIED.** The attached order expires as stated in item 4 of the order.

Date: _____

Judicial Officer

This is a Court Order.