

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