EA-200 Proof of Personal Service

Clerk stamps date here when form is filed.

Fill in court name and street address:

Superior Court of California, County of

Court fills in case number when form is filed.

Case Number:

1 Elder or Dependent Adult

Name: _____

2 Person From Whom Protection Is Sought or Person Alleged to Be Preventing Contact

Name: _____

3 Notice to Server

The server must:

- Be 18 years of age or older.
- Not be listed in items 1, 3, or 6 of form EA-100 or be listed in items 1, 2, 3, or 4 on form EA-300.
- Give a copy of all documents checked in 4 to the person in 2. (You cannot send them by mail.) Then complete and sign this form and give or mail it to the person in 1.

PROOF OF PERSONAL SERVICE

4 I gave the person in 2 a copy of the forms checked below:

a. ☐ EA-109, *Notice of Court Hearing*
b. ☐ EA-110, *Temporary Restraining Order*
c. ☐ EA-100, *Request for Elder or Dependent Adult Abuse Restraining Orders*
d. ☐ EA-120, *Response to Request for Elder or Dependent Adult Abuse Restraining Orders* (blank form)
e. ☐ EA-120-INFO, *How Can I Respond to a Request for Elder or Dependent Adult Abuse Restraining Orders?*
f. ☐ EA-130, *Elder or Dependent Adult Abuse Restraining Order After Hearing*
g. ☐ EA-250, *Proof of Service of Response by Mail* (blank form)
h. ☐ EA-800, *Receipt for Firearms, Firearm Parts, and Ammunition* (blank form)
i. ☐ EA-300, *Request for Elder or Dependent Adult Restraining Order Allowing Contact*
j. ☐ EA-309, *Notice of Court Hearing to Allow Contact*
k. ☐ EA-320, *Response to Request for Elder or Dependent Adult Restraining Order Allowing Contact* (blank form)
l. ☐ EA-320-INFO, *How Can I Respond to a Request for an Elder or Dependent Adult Restraining Order Allowing Contact?*
m. ☐ EA-330, *Elder or Dependent Adult Restraining Order Allowing Contact After Hearing*
n. ☐ Other *(specify):* _____

5 I personally gave copies of the documents checked above to the person in 2:

a. On *(date):* _____ b. At *(time):* _____ ☐ a.m. ☐ p.m.

c. At this address: _____

City: _____ State: _____ Zip: _____

Case Number:

6 Server's Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

(If you are a registered process server):

County of registration: _____ Registration number: _____

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 server's name *Server to sign here*

For your protection and privacy, please press the Clear This Form button after you have printed the form.

Print this form Save this form Clear this form