

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

Clerk stamps date here when form is filed.

**Use this form to respond to the *Request to Modify or Terminate Elder or Dependent Adult Abuse Restraining Order* (form EA-600).**

- Fill out this form and then take it to the court clerk.
- Have someone age 18 or older—**not you**—mail a copy of this form and any attached pages to the other party at the address in (2) below. Use form EA-250, *Proof of Service of Response by Mail*.

**1 Party Filing Response**

- a. Your Full Name: \_\_\_\_\_
- b.  Protected person    Restrained person    Conservator/Other

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. Law enforcement officer, give agency information.)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**2 Other Party**

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**3 Response**

- a.  I agree to the  Modification  Termination of the order.
- b.  I do not agree to the  Modification  Termination  
(Specify why you disagree in item (4) on page 2.)
- c.  I agree to the following orders (specify below or in item (4) on page 2):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Fill in court name and street address:  
**Superior Court of California, County of**

Fill in case number:  
**Case Number:**

The court will consider your response at the hearing. Write your hearing date, time, and place from form EA-610 item (3) here.

**Hearing Date** → Date: \_\_\_\_\_  
Time: \_\_\_\_\_

Dept.: \_\_\_\_\_ Room: \_\_\_\_\_

**4**  **Reasons I Do Not Agree to the**  **Modification**  **Termination**

Check here if there is not enough space below for your answer. Put your complete answer on an attached sheet of paper and write "Attachment 4—Reasons I Disagree" as a title. You may use form MC-025, Attachment.

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

**5**  **Lawyer's Fees and Costs**

a.  I ask the court to order payment of my  Lawyer's fees  Court costs

The amounts requested are:

<u>Item</u>	<u>Amount</u>	<u>Item</u>	<u>Amount</u>
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

Check here if there are more items. Put the items and amounts on the attached sheet of paper or form MC-025 and write "Attachment 5—Lawyer's Fees and Costs" for a title.

b.  I ask the court to deny the request of the other party that I pay his or her lawyer's fees and costs.

Date: \_\_\_\_\_

\_\_\_\_\_  
*Lawyer's name, if you have one*

▶ \_\_\_\_\_  
*Lawyer's signature*

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 your name*

▶ \_\_\_\_\_  
*Sign your name*

**To the Party Filing This Response:**

Have someone age 18 or older—**not you**—mail a copy of this completed form EA-620 to the other party or to the other party's lawyer, if any. This is called "service by mail." The person who serves the form by mail must fill out form EA-250, *Proof of Service of Response by Mail*. Have the person who did the mailing sign the original. Take the signed original proof-of-service form back to the court clerk or bring it with you to the hearing.

