EA-600

Request to Modify Terminate Elder or Dependent Adult Abuse Restraining Order

Clerk stamps	date	here	when	form	is	filed
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		Restraining Order							
1		arty Seeking Modification/Termination							
	a.	Your Full Name:							
	b.	☐ Protected person ☐ Restrained person ☐ Conservator/Other							
	c.	Your Lawyer (if you have one for this case)							
		Name: State Bar No.:	Fill in court name and street address:						
		Firm Name:	Superior Court of California, County of						
	d.	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:	E'' in a second second						
		City: State: Zip:	Case Number:						
		Telephone: Fax:	Gase Number.						
		E-Mail Address:							
2)	O	ther Party							
		E HAY							
		b. Address (if known):							
		City:							
3	Cı	Current Order							
	a.	a. The current order is an:							
		☐ Elder or Dependent Adult Abuse Restraining Order After Hearing (form EA-130)							
	☐ Order Renewing Elder or Dependent Adult Abuse Restraining Order (form EA-730)								
	h	The current order expires on (date):							
	c.								
	· .								
4)		Request to Modify Restraining Order							
	a.	I ask the court to modify the current order as follows (specify requested changes referring to the item number in order that you want to change or delete):							
		☐ Check here if there is not enough space for your answer. Attach a sheet of paper and write "Attachment 4a —Requested Changes" for a title. You may use form MC-025, Attachment.							

Check here if there is not enough space for your answer. Attach a sheet of paper and write "Attachment 48—Reasons for Requested Changes" for a title. You may use form MC-025, Attachment.
Request to Terminate Restraining Order
I ask the court to terminate the current order because (give reasons below): Check here if there is not enough space for your answer. Attach a sheet of paper and write "Attachment"
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Case Number:

6 Lawyer's Fees and Costs	s of my: a. Lawyer's fees	h Court costs	
- 1	of my. a. Lawyer siees	b. Court costs	
The amounts requested are: <u>Item</u>	Amount \$	<u>Item</u>	Amount \$
	 \$		**************************************
	\$		\$
Date:	<u> </u>		
Lawyer's name (if any)	Lawy	er's signature	
I declare under penalty of perjury under the	he laws of the State of California	that the information ab	ove is true and correct.
Date:			
	•		
Type or print your name	Sign	your name	

Case Number: