

Clerk stamps below when form is filed.

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: _____

Email Address: _____

2 Restrained Person

Full Name: _____

Address (*if known*): _____

City: _____ State: _____ Zip: _____

3 Request to Renew Restraining Order

I ask the court to renew the *Elder or Dependent Adult Abuse Restraining Order After Hearing* (form EA-130). A copy of the order is attached.

a. The order ends on (*date*): _____

b. This is my first request to renew the order.

The order has been renewed _____ times.

c. I want the order to be renewed for five years permanently


d. I ask the court to renew the order because (*explain below*):

Check here if there is not enough space for your answer. Attach a sheet of paper and write "Attachment 3d—Reasons to Renew Order" for a title. You may use form MC-025, Attachment.

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

This is not a Court Order.