

Fill in 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 Hearing

There was a hearing on (*date*): _____ at time: _____ a.m. p.m. Dept.: _____ Room: _____

(*Name of judicial officer*): _____ made the orders at the hearing.

These people were at the hearing:

a. The protected person c. The lawyer for the protected person (*name*): _____

b. The restrained person d. The lawyer for the restrained person (*name*): _____

Additional persons present are listed on Attachment 3.

4 Renewal and Expiration

The request to renew the attached *Elder or Dependent Adult Restraining Order After Hearing*, originally issued on (*date*): _____, is:

a. **GRANTED.** The attached order is renewed and will now be in effect for:

5 years permanently (*the renewed restraining order must be attached to this form.*)

The attached order will expire on:
(*date*): _____ (time): _____ a.m. p.m. or midnight

If no expiration date is written here, the order expires three years from the date of the hearing in item 3.

b. **DENIED.** The attached order expires as stated in item 4 of the order.

Date: _____

Judicial Officer

This is a Court Order.