



Cover Sheet:	Request to Renew Restraining Order (Elder or Dependent Adult Abuse)
Effective Date:	September 16, 2021
Last Revision Date:	April 15, 2024
Purpose:	These forms are used to renew/extend an Elder or Dependent Adult Abuse Restraining Order prior to the expiration date of the order.
Assistance:	Parties who are acting as their own attorneys may receive help from the Self Help Center to complete these forms. You may contact the Self Help Center through the Court's website, by creating an e-Correspondence account, or visit the Self Help Center in person, Monday through Thursday.
Required Forms:	All forms are Judicial Council forms, unless otherwise indicated: <ul style="list-style-type: none">• Request to Renew Restraining Order, EA-700• Notice of Hearing to Renew Restraining Order, EA-710• Order Renewing Elder or Dependent Adult Abuse Restraining Order, EA-730• Family Law Case Participant Enrollment Form (Party), local form FL/E-LP-665• Copy of current Elder or Dependent Adult Abuse Restraining Order, EA-130• Document Drop-Off Sheet for Domestic Violence and Elder Abuse Restraining Orders, and Ex Parte Applications (Family Law and Probate), local form FL-E/LP-668
Filing Fee:	None
Copies:	The Court does not require additional copies of these forms.
Before Your File:	Attach a complete copy of the current Elder or Dependent Adult Abuse Restraining Order that you are asking the Court to renew to the Request to Renew Restraining Order.
Filing:	All forms must be typewritten or printed in blue or black ink. (See California Rules of Court, Rules 2.100-2.119) Forms may be filed electronically or in person as follows: e-Delivery: Instructions on how to submit them electronically can be found at https://www.saccourt.ca.gov/restraining-orders/elder-dependent-abuse.aspx In Person: Forms may be filed in person between the hours of 8:30 am and 4:00 pm. You must make an appointment online or obtain a ticket from Reception to file in person.
Next Steps:	After filing these documents, you will be contacted by telephone



with instructions on how to retrieve the temporary order and attend the court hearing.

The Notice of Hearing and Request to Renew Restraining Order must be served on the other party at least sixteen court days before the scheduled hearing. Once service is complete, the Proof of Service form must be filed with the Court.

If you will need an interpreter at the hearing, please call (916) 875-2620 at least 10 days before the hearing. You will be asked to provide your name, case number, and the language needed.

Clerk stamps below when form is filed.

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: _____

E-Mail Address: _____

Court name and street address:

Superior Court of California, County of

Fill in case number:

Case Number:

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.

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: _____

E-Mail Address: _____

2 Restrained Person

Full Name: _____

Address (*if known*): _____

City: _____ State: _____ Zip: _____

To the Restrained Person:

3 Court Hearing

The judge has set a court hearing date. *Court will fill in box below.*

The current restraining order stays in effect until the end of the hearing.

Name and address of court if different from above:

Hearing Date

Date: _____ Time: _____

Dept.: _____ Room: _____

At the hearing, the judge can renew the current restraining order for up to another five years or make it permanent. You *must* continue to obey the current restraining order until the hearing. At the hearing, you can tell the judge if you do not want the order against you renewed. If the restraining order is renewed, you *must* obey the order even if you do not attend the hearing.

If you wish to make a written response to the request to renew the restraining order, you may fill out Form EA-720, *Response to Request to Renew Restraining Order*. File the original with the court before the hearing and have someone age 18 or older—**not you**—mail a copy of it to the person in 1 at the address in 1 at least _____ days before the hearing. Also file Form EA-250, *Proof of Service of Response by Mail*, with the court before the hearing.

This is a Court Order.



To the Protected Person:**4 Service and Response**

Someone age 18 or older—**not you or anyone else protected by the restraining order**—must personally serve (give) a copy of the following forms on the restrained person at least _____ days before the hearing.

- EA-700, *Request to Renew Restraining Order*;
- EA-710, *Notice of Hearing to Renew Restraining Order* (this form);
- EA-720, *Response to Request to Renew Restraining Order* (blank copy);
- EA-130, the current *Elder or Dependent Adult Abuse Restraining Order After Hearing* for which renewal is requested.

After the restrained person has been served, file Form EA-200, *Proof of Personal Service*, with the court clerk. For help with service, read Form EA-200-INFO, *What Is “Proof of Personal Service”?*

Date: _____

Judicial Officer**Request for Accommodations**

Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available if you ask at least five days before the hearing. Contact the clerk's office or go to www.courts.ca.gov/forms for *Request for Accommodations by Persons with Disabilities and Response* (Form MC-410). (Civ. Code, § 54.8.)

This is a Court Order.

Clerk stamps date here when form is filed.

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: _____

E-Mail 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 Abuse 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.

CONFIDENTIAL

CASE PARTICIPANT NAME: _____ STATE BAR NO: _____ FIRM NAME: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____ E-MAIL ADDRESS: <i>(must be legible)</i> _____ TELEPHONE NO.: _____ ATTORNEY FOR <i>(Name)</i> : _____ FAX NO. <i>(Optional)</i> : _____	FOR COURT USE ONLY
NAME OF COURT: Superior Court of California, County of Sacramento STREET ADDRESS: 3341 Power Inn Road MAILING ADDRESS: _____ CITY AND ZIP CODE: Sacramento, CA 95826 BRANCH NAME: William R. Ridgeway Family Relations Courthouse	
PETITIONER/PLAINTIFF: _____ RESPONDENT/DEFENDANT: _____ CLAIMANT: _____	
FAMILY LAW CASE PARTICIPANT ENROLLMENT FORM (PARTY)	CASE NUMBER: _____

You may access orders for law and motion hearings, and mediation reports prepared by Family Court Services using the court's online Public Case Access System. Free access is available for 72 hours from the time the order is issued or the report is prepared, or from the time the court creates your case subscription. After 72 hours, you may pay for copies.

INSTRUCTIONS

To setup your account you must:

-
- A separate form must be filed for each of your Family Law cases.
- Once the court has created your subscription to your case, you will receive a confirming email. You must follow the instructions in that email to complete the process.
- Once your subscription is completed, you will receive an email notification each time an order or report is added to your case.

I, _____, request that the court create an account and/or subscription to my Family Law case.

I declare that my private email address is *(must be legible)*:

(Please use Ø for zero, 1 for one and clearly differentiate i, L, S, 5, 3 and 8's).

I understand if I change my email address I must file a new enrollment form with the court.

I acknowledge that confidential mediation reports contain private information that is not part of the public court file. I understand that without a court order, I must not disclose any contents of the Report to anyone (including any minor children) other than the parties to my case (Petitioner/Respondent/Claimant), their attorneys and court professionals. I acknowledge that the court may impose a penalty for any unauthorized disclosure of any content of the Family Court Services report.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: _____

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)



**SUPERIOR COURT OF CALIFORNIA
COUNTY OF SACRAMENTO
FAMILY LAW & PROBATE DIVISION**

**DOCUMENT DROP-OFF SHEET FOR
DOMESTIC VIOLENCE AND EX PARTE APPLICATIONS
(FAMILY LAW AND PROBATE CASES)**

Case Number: _____

Case Name: _____

Moving/Filing Party's Name: _____

Moving/Filing Party's Contact Phone Number: _____

Moving/Filing Party's Email Address: _____

I need an interpreter at the hearing for the following language: _____

The following must be completed for Ex Parte Applications only.

Opposing/Responding Party's Name: _____

Opposing/Responding Party's Phone Number: _____

Opposing/Responding Party's Email Address: _____

When orders are ready for pick up the court will contact you by telephone with instructions.