EA-100 Request for Orders to Stop Elder or Dependent Adult Abuse

Clerk stamps date here when form is filed.

To keep other people from seeing what you entered on your form, please press the Clear This Form button at the end of the form when finished.

Fill in court name and street address:

Superior Court of California, County of

Court fills in case number when form is filed.

Case Number:

1 Name of the person asking for protection:

_____

Address of the person *(skip this if you have a lawyer): (If you want your address to be private, give a mailing address instead):*

_____

City: _____ State: _____ Zip: _____

Person's telephone number *(optional):* (____) _____

Person's lawyer *(if you have one): (Name, address, telephone number, and State Bar number):* _____

_____

_____

_____

2 Name of the person you want protection from:

_____

Describe the person: Sex: ☐ M ☐ F Weight: _____

Height: _____ Race: _____ Hair color: _____

Eye color: _____ Age: _____ Date of birth: _____

Home address *(if you know):* _____

City: _____ State: _____ Zip: _____

Work address *(if you know):* _____

City: _____ State: _____ Zip: _____

3 Who is asking the court for protection?

☐ You, to protect yourself.

☐ A person acting on your behalf:

☐ A conservator ☐ Another person with legal authority to represent you.

If you are requesting protection for yourself, indicate that and go on to 4. *If someone else is making this request, that person must attach a statement of who he or she is, his or her legal authority to make this request, and information about this representation, including any court appointments, the case numbers, and other relevant matters. Attach a sheet of paper and write "EA-100, item 3—Information About Person Requesting Orders."*

4 Describe the person asking for protection:

a. Age: _____

b. If you are under age 65, do you have any physical or mental limitations that prevent you from carrying out normal activities or protecting your rights? ☐ Yes ☐ No *(If yes, describe):* _____

_____

_____

_____

☐ *Check here if you need more space. Attach a sheet of paper and write "EA-100, item 4—Describe Protected Person" at the top of the page.*

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Your name: _____

Case Number:

5 How do you know the person in 2? *(Describe):*

_____

6 Why are you filing in this court? *(Check all that apply):*

☐ I was abused physically or emotionally in this county by the person in 2.
☐ The person in 2 lives in this county.
☐ Other *(explain):* _____

7 a. Have you and the person in 2 been involved in another court case? ☐ Yes ☐ No

If yes, where? County: _____ State: _____

What is the case number? *(If you know):* _____

What kind of case? *(Check all that apply):*

☐ Elder abuse ☐ Dependent adult abuse ☐ Civil harassment
☐ Domestic violence ☐ Criminal
☐ Other *(specify):* _____

b. Are there now any protective or restraining orders relating to you and the person in 2?

☐ Yes ☐ No *If yes, attach a copy if you have one.*

☐ *Check here if you need more space. Attach a sheet of paper and write "EA-100, item 7—Describe Other Cases" at the top of the page.*

8 Is this your first request for a protective order against the person in 2? ☐ Yes ☐ No

If no, are you asking for the renewal of an earlier protective order? ☐ Yes ☐ No

If you are asking for the renewal of an earlier order, provide the following information:

a. What was the case number of the earlier order? _____
b. How long do you want the renewed order to last? ☐ _____ years ☐ permanently

9 Describe in a. through i. how the person in 2 has abused you.

a. When was the most recent abuse *(provide date or estimated date):* _____

b. Who was there? _____

_____

This is not a Court Order.

c. In the most recent abuse, did the person in ② do any of the following to you: physically abuse, financially abuse, intimidate, molest, attack, assault (sexually or otherwise), hit, follow, stalk, threaten, harass, destroy personal property, keep under surveillance, block movements, or contact you (directly or indirectly) by telephone, mail, e-mail, messenger, or by any other means?

☐ Yes ☐ No

If yes, describe: _____

d. Has the person in ② previously abused you? ☐ Yes ☐ No

If yes, describe: _____

e. Describe any use or threatened use of guns or other weapons: _____

f. Did the police come? ☐ Yes ☐ No

If yes, did they give you an Emergency Protective Order? ☐ Yes ☐ No ☐ I don't know

Attach a copy, if you have one.

g. Is the person in ② a caregiver who didn't allow you to have goods or services you needed to avoid physical harm or mental suffering? ☐ Yes ☐ No

If yes, describe how that affected you: _____

This is not a Court Order.

h. Did the case involve **solely financial abuse** unaccompanied by force, threat, harassment, intimidation, or any other form of abuse?

☐ Yes, only financial abuse.

☐ No, included other abuse described above.

i. Describe any injuries or harm you suffered as a result of the actions or deprivation described above:

_____

_____

_____

_____

☐ *Check here if you need more space to explain any of the subparts in item 9. Attach a sheet of paper and write "EA-100, item 9, subpart ___—Describe Abuse" at the top of the page.*

Check the orders you want ☑

10 ☐ Personal Conduct Orders

I ask the court to order the person in 2 to **not** do the following things to me:

a. ☐ Physically abuse, financially abuse, intimidate, molest, attack, assault (sexually or otherwise), hit, follow, stalk, threaten, harass, destroy my personal property, keep me under surveillance, or block my movements.

b. ☐ Contact (either directly or indirectly), or telephone, or send messages or mail or e-mail.

The person in 2 will be ordered not to take any action to get the addresses or locations of any protected person, or of that person's family members or caretakers, unless the court finds good cause not to make the order.

11 ☐ Stay-Away Orders

I ask the court to order the person in 2 to stay at least *(specify):* _____ yards away from me and the places listed below *(Check all that apply):*

a. ☐ My home

b. ☐ My job or workplace

c. ☐ My vehicle

d. ☐ Other *(specify):* _____

_____

If the court orders the person in 2 to stay away from all the places checked above, will that person be able to get to his or her home or job? ☐ Yes ☐ No

If no, explain: _____

_____

_____

12 ☐ Move-Out Order

I ask the court to order the person in 2 to move out from and not return to my residence at *(address):*

_____

I will suffer physical or emotional harm if the person in 2 does not leave the residence.

The title or lease to the residence is not in the sole name of the person in 2 or the name of the person in 2 and another person.

This is not a Court Order.

Your name: _____

Case Number:

Check the orders you want ☑ *(continued)*

☐ I ask for this move-out order right away to last until the hearing, because:

a. I have the right to live at the above residence *(explain):* _____

b. The person in ② assaulted or threatened me.

⑬ ☐ Order About Guns or Other Firearms

I ask the court to order the person in ② to be prohibited from owning, possessing, purchasing, or receiving, or attempting to purchase or receive, firearms **and** to sell or turn in any guns or firearms that he or she controls. The abuse in this case is **not solely financial abuse** unaccompanied by force, threat, harassment, intimidation, or any other form of abuse.

⑭ ☐ Other Orders

What other orders are you asking for? *(Describe):* _____

☐ *Check here if you need more space. Attach a sheet of paper and write "EA-100, item 14—Other Orders" at the top of the page.*

⑮ ☐ Temporary Orders

Do you want the court to make orders right now on matters listed in ⑩ through ⑭? ☐ Yes ☐ No

If yes, explain why: _____

☐ *Check here if you need more space. Attach a sheet of paper and write "EA-100, item 15—Temporary Orders" at the top of the page.*

⑯ Delivery of Orders to Law Enforcement Agencies

I request that copies of the court's orders be given by *(check one):*

☐ The court clerk

☐ Myself

☐ My lawyer

to the following law enforcement agencies:

a. Name of Agency: _____

Address: _____

City: _____ State: _____ Zip: _____

b. Name of Agency: _____

Address: _____

City: _____ State: _____ Zip: _____

This is not a Court Order.

Case Number:

Your name: _____

17 ☐ **Request to Shorten Time for Service**

You must have your papers personally served on the person in ② at least 5 days before the hearing, unless the court orders a different time for service. *(Form EA-142-INFO, "*What is Proof of Service?,*" explains how to serve (notify) the person in ②. Form EA-140 may be used to show the court that the papers have been served.)* If your papers cannot be served at least 5 days before the hearing and you need more time, explain why:

_____

_____

_____

18 ☐ **No Fee to Serve Orders**

I ask the court to order the sheriff to serve (notify) the person in ② about the orders for free.

(To get free service of the court's orders without paying a fee, you must qualify for a fee waiver. To qualify you must fill out and file the Application for Waiver of Court Fees and Costs *(Form FW-001).)*

19 ☐ **Lawyer's Fees and Costs**

I ask the court to order payment of my:

a. ☐ Lawyer's fees

b. ☐ Court costs

The amounts requested are:

Item	Amount	Item	Amount
_____	$ _____	_____	$ _____
_____	$ _____	_____	$ _____
_____	$ _____	_____	$ _____

☐ *Check here if you need more space. Attach a sheet of paper and write "EA-100, item 19—Lawyer's Fees and Costs" at the top of the page.*

20 **Additional Relief**

I ask the court for additional relief as may be proper.

21 Number of pages attached to this form, if any:_____

This *Request for Orders to Stop Abuse* must be personally served on the person in ②. The person requesting the orders may not serve these papers.

Date: _____

_____ ▶ _____

Lawyer's name *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: _____

_____ ▶ _____

Name of person filing this request *Signature of person filing this request*

This is not a Court Order.

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