

**Sample Materials:
Intake Forms & Data Sheets**

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EA-

Request for Elder or Dependent Adult Abuse Restraining Orders

Read *Can an Elder or Dependent Adult Abuse Restraining Order Help Me?* (form EA-I 00-INFO) before completing this form. Also fill out *Confidential CLETS Information* (form CLETS-001), with as much information as you know.

G) Elder or Dependent Adult in Need of Protection

a. Full Name: Jane Doe
Sex: M F Age: 77

Person From Whom Protection Is Sought

Full Name: John Doe
Address (if known): 1 Wilshire Blvd. Apt. 1
City: Los Angeles State: CA Zip: 90010

File in court name and street address:

Superior Court of California, County of
Los Angeles
111 N. Hill Street
Los Angeles, CA 90012
Central

Court fills in case number when form is filed.

Case Number: _____

O) Person Requesting Order

Who is asking the court for protection? (Check a, b, or c):

- a. The elder or dependent adult named in (D.
- b. Name: _____
conservator of the person estate person and estate
of the person named in (!) , appointed by (name of court): _____
Case

c. Other (name) _____

(Show this person's legal authority to make this request on an attached sheet of paper. Write "Attachment 3c- Information About Person Requesting Protective Order" for a title. You may use form MC-025, Attachment)

O) Contact Information

Contact information for the person asking the court for protection:

a. Your Lawyer (if you have one 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 The person in **G)** does not have to give telephone, fax, or e-mail.):

Address: 1 Wilshire Blvd. Apt. 1
City: Los Angeles State: CA Zip: 90010
Telephone: _____ Fax: _____
E-Mail Address: _____

This is not a Court Order.

@ Description of Protected Person

Describe the person named in G). (Check a or b):

- a. Is age 65 or older and a resident of California.
- b. Is a resident of California and an adult under age 65. This person has physical or mental limitations that restrict his or her ability to carry out normal activities or to protect his or her rights. (Briefly describe limitations on the attached sheet of paper or form MC-025. Write "Attachment 5- Description of Protected Person" for a title.)

@ Additional Protected Persons

a. Are you asking for protection for any other family or household members or for the conservator of the elder or dependent adult listed in G)? Yes No (If yes, list them):

<u>Full Name</u>	<u>Sex</u>	<u>Age</u>	<u>Lives with you?</u>	<u>How are they related to you?</u>
<u>Julia Doe</u>	F	<u>73</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>sister</u>
_____	---	---	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	---	---	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	---	---	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Check here **if** there are more persons. Attach a sheet of paper and write "Attachment 6a- Additional Protected Persons" for a title. You may use form MC-025, Attachment.

b. Why do these people need protection? (Explain below):

Check here **if** there is not enough space for your answer. Put your complete answer on the attached sheet of paper or form MC-025 and write "Attachment 6b-Why Others Need Protection" for a title.

Julia lives with me and does the cooking and cleaning. John Doe has also made threats against Julia, saying that he will "lose it" if Julia doesn't stop talking to him.

(!) Relationship of Parties

How does the person in G) know the person in @? (Explain below):

Check here **if** there is not enough space for your answer. Put your complete answer on the attached sheet of paper or form MC-025 and write "Attachment 7- Relationship of Parties" for a title.

John Doe is my son.

Venue

Why are you filing in this county? (Check all that apply):

- a. The person in @ lives in this county.
- b. The person in G) was abused by the person in @ in this county.
- c. Other (specify): _____

This is not a Court Order.

Case Number: _____

Other Court Cases

a. Has the person in(!) or any of the persons named in@been involved in another court case with the person in @? [x] No **D** Yes (If yes, specify the kind of each case and indicate where and when each was filed):

	<u>Kind of Case</u>	<u>Filed in (County/State)</u>	<u>Year Filed Case Number (if known)</u>
(1)	D Elder or Dependent Adult Abuse	_____	_____
(2)	D Civil Harassment	_____	_____
(3)	D Domestic Violence	_____	_____
(4)	D Divorce, Nullity, Legal Separation	_____	_____
(5)	D Paternity, Parentage, Child Custody	_____	_____
(6)	D Eviction	_____	_____
(7)	D Guardianship	_____	_____
(8)	D Workplace Violence	_____	_____
(9)	D Small Claims	_____	_____
(10)	D Criminal	_____	_____
(11)	D Other (specify):	_____	_____

b. Are there now any protective or restraining orders in effect relating to the person in(!) or any of the persons named in@ and the person in@? [x] No **D** Yes (If yes, attach a copy if you have one.)

Description of Abuse

a. Abuse means either:

- (1) Physical abuse, neglect, financial abuse, abandonment, isolation, abduction, or other treatment with resulting physical harm or pain or mental suffering; or
- (2) The withholding by a caretaker of goods or services that are necessary to avoid physical harm or mental suffering.

b. Tell the court about the last time the person in@ abused the person in(!).

(1) When did it happen? (Provide date or estimated date): September 3, 2017;

(2) Who else was there?
See attachment.

(3) Describe what happened below.
Check here if there is not enough space for your answer. Put your complete answer on the attached sheet of paper or form MC-025 and write " Attachment 10b(3)- Describe Abuse" for a title.
See attachment.

(4) Was the abuse **solely financial abuse** unaccompanied by force, threat, harassment, intimidation, or any other form of abuse?
0 Yes, only financial abuse. [R] No, the abuse included other forms of abuse described above.

This is not a Court Order.

(5) Did the person in (R) use or threaten to use a gun or any other weapon?

Yes No (If yes, explain below):

D Check here **if** there is not enough space for your answer. Put your complete answer on the attached sheet of paper or form MC-025 and write " Attachment I 0b(5)- Use of Weapons" for a title.

(6) Was the person in G)harnned or injured as a result of the acts of abuse described above?

Yes No (If yes, explain below):

00 Check here **if** there is not enough space for your answer. Put your complete answer on the attached sheet of paper or form MC-025 and write " Attachment 10b(6)- Harm or Injury" for a title.

See attachment.

(7) Did the police come? **D** Yes **[R]** No

If yes, did they give the person in G)or the person in @an Emergency Protective Order? **D** Yes **O** No
If yes, the order protects (check all that apply):

a. **D** The person in G) b. **D** The person in@ c. **D** The persons in (R)
(Attach a copy of the order **if** you have one.)

c. Is the person in@a care custodian who deprived the person in(Dof (kept from him or her, did not allow him or her to have or receive, or did not provide him or her with) goods or services that the person needed to avoid physical harm or mental suffering?

D Yes **[R]** No (ff yes, describe below what the person was deprived of and how that affected him or her):

D Check here **if** there is not enough space for your answer. Put your complete answer on the attached sheet of paper or form MC-025 and write "Attachment I 0c-Deprivation by Care Custodian" for a title.

d. Has the person in@abused the person in (D at other times?

[X] Yes **D** No (If yes, describe prior incidents and provide dates below):

[X] Check here **if** there is not enough space for your answer. Put your complete answer on the attached sheet of paper or form MC-025 and write "Attachment J0d - Previous Abuse" for a title.

See attachme nt.

This is not a Court Order.

Check the orders you want. It1

@ !Kl Personal Conduct Orders

I ask the court to order the person in @ **not** to do any of the following things to the person in G) or to any person to be protected listed in @:

- a. [Kl Physically abuse, financially abuse, intimidate, molest, attack, strike, stalk, threaten, assault (sexually or otherwise), hit, harass, destroy the personal property of, or disturb the peace of the person.
- b. !Kl Contact the person, either directly or indirectly, in any way, including, but not limited to, in person, by telephone, in writing, by public or private mail, by interoffice mail, by e-mail, by text message, by fax, or by other electronic means.
- c. D Other (specify):

D Check here if there is not enough space for your answer. Put your complete answer on the attached sheet of paper or form MC-025 and write "Attachment 11c- Other Personal Conduct Orders," for a title.

The person in @ will be ordered not to take any action to get the addresses or locations of any protected person unless the court finds good cause not to make the order.

@ [xJ Stay-Away Orders

a. I ask the court to order the person in @ to stay at least 100 yards away from (check all that apply):

- (1) 1KJ The elder or dependent adult in G)
- (2) D The persons in @
- (3) [xi The home of the elder or dependent adult
- (4) 0 The job or workplace of the elder or dependent adult
- (5) !x] The vehicle of the elder or dependent adult
- (6) D Other (specify): _____

b. If the court orders the person in @ to stay away from all the places listed above, will he or she still be able to get to his or her home, school, or job? 0 Yes !Rl No (If no, explain below):

Check here if there is not enough space for your answer. Put your complete answer on the attached sheet of paper or form MC-025 and write " Attachment 12b- Stay-AwayOrders," for a title.

John Doe lives with me in my apartment.

This is not a Court Order.

@ [RI Move-Out Order

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

1 Wilshire Blvd. Apt. 1 Los Angeles, CA 90010

The person in (!) will suffer physical or emotional hann if the person in@ does not leave the residence. The person in@ is not named in the title or lease of the residence, either alone or with others beside the person in (!) .

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

- The person in@ assaulted or threatened the person in © and
- The person in (!)has the right to live at the above residence. (Explain below):

D Check here **if** there is not enough space for your answer. Put your complete answer on the attached sheet of paper or form MC-025 and write "Attachment 13- My Right to Residence,"for a title.

I am the sole lease holder of 1 Wilshire Blvd. Apt. 1. John is not on the lease and does not pay rent.

@ Guns or Other Firearms and Ammunition

Does the person in@ own or possess any guns or other firearms? Yes [RI No I don't know

*Unless the abuse is only financial, **if** the judge grants a protective order, the person in@ will be prohibited from owning, possessing, purchasing, receiving , or attempting to purchase or receive a gun, other firearm, and ammunition while the protective order is in effect. The person in @ will also be ordered to turn in to law enforcement, or sell to or store with a gun dealer, any guns or firearms within his or her immediate possession or control.*

@ Immediate Orders

Do you want the comt to make any of these orders now that will last until the hea ring without notice to the person in @? Yes No (If you answered yes, explain why below):

D Check here **if** there is not enough space for your answer. Put your complete answer on the attached sheet of paper or form MC-025 and write "Attachment 15- Immediate Orders" for a title.

I am scared of John Doe. John has previously yelled curse words and phrases like "you're worthless" in my face. John Doe's behavior is unpredictable, especially after he has been drinking.

D Request to Give Less Than Five-Days• Notice

You must have your papers personally served on the person in@at least five days before the hearing, unless the court orders a shorter time for service. (Form EA-200-INFO explains What Is "Proof of Personal Service"? Form EA-200 , Proof of Personal Service, may be used to show the court that the papers have been served.)

If you want there to be fewer than five days between service and the hearing, explain why below:

D Check here **if** there is not enough space for your answer. Put your complete answer on the attached sheet of paper or form MC-025 and write " Attachment 16- Request to Give Less Than Five-Days ' Notice " for a title.

This is not a Court Order.

Case Number: _____

@ No Fee to Serve Orders *If you want the sheriff or marshal to serve (notify) the person in@ about the orders for free, ask the court clerk what you need to do.*

@ Lawyer's Fees and Costs

I ask the court to order payment of my: a. **D** Lawyer' s fees b. **D** Court costs

The amounts requested are:

<u>Item</u>	<u>Amount</u>	<u>Item</u>	<u>Amount</u>
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

Check here if there are more items. Put the items and amounts on the attached sheet of paper or form MC-025 and write "Attachment 18- Lawyer's Fees and Costs" for a title.

@ Possession and Protection of Animals

I ask the court to order the following :

- a. **D** That the person in *G*) be given the sole possession, care, and control of the animals listed below , which he/ she owns, possesses, leases, keeps , or holds, or which reside in his/her household.
(Identify animals by, e.g., type, breed, name, color, sex.)

I request sole possession of the animals because *(specify good cause for granting order):*

D Check here if there is not enough space for your answer. Put your complete answer on the attached sheet of paper or form MC-025 and write "Attachment 19a- Possession of Animals" for a title.

- b. **D** That the person in@ must stay at least _____ yards away from, and not take, sell, transfer, encumber, conceal, molest , attack, strike, threaten, harm, or otherwise dispose of, the animals listed above.

This is not a Court Order.

DECLARATION OF JANE DOE

1
2
3 I, Jane Doe, declare as follows: I am the Petitioner in this action. I know of my own
4 knowledge that the facts set forth in this declaration are true. If called to testify as to these facts,
5 I could and would testify about them. This declaration is provided in support of my request for a
6 temporary restraining order against the Respondent, John Doe.

7 I am 77-years-old. I suffer from arthritis and use a cane to walk. My sister, Julia Doe
8 moved into my apartment two years ago to help me with cleaning, cooking, and medication
9 management.

10 The Respondent is my son. John has struggled with alcoholism and depression since he
11 was a young adult. He has been in and out of rehab throughout his life, most recently in 2014
12 following his divorce. In mid-December 2016, John showed up at my door with a suitcase. He
13 told me that his friend kicked him out of the friend s apartment and that he had no money. I
14 offered for him to stay with me through the holidays. At first, John was kind to me and picked up
15 after himself.

16 However, I started to notice a change around the end of January 2017. John became
17 moody and agitated. He kept to himself and if I tried to ask him a question, he would snap at me.
18 One time in February 2017, I asked John ifhe could take out the trash and he yelled, "Leave me
19 alone, bitch ' at me and slammed his fist into the wall. I was scared he would punch me next so I
20 asked him to leave the apartment. John left, but returned to the apartment after a couple of days.

21 John has continued to display moodiness and rarely speaks to me. When he does speak to
22 me or Julia, he often uses curse words like "bitch" and "stupid." Last month, John told Julia he
23 was going to "lose it" after Julia asked him not to slam his bedroom door in the middle of the
24 night. Julia is also scared of John and is considering moving out. If Julia moves out, I won't have
25 anyone to help me around the house.

26 Over this past weekend, I told John that it's time he leaves the apartment. He started
27 yelling in my face, shaking his middle finger right up against my face. I am worried that John
28 will explode with anger soon and might become violent. His behavior has caused me great
anxiety and I am now having trouble sleeping. I just want John out as soon as possible.

Move Out Order

2 I meet all three prongs of Welfare & Institutions Code section 15657.03(d) for an ex parte
 3 residence exclusion order. First, I am the leaseholder to the property. Second, Respondent has
 4 threatened me by repeatedly yelling curse words at me and shaking his middle finger in my face.
 5 On another occasion, he slammed his fist into the wall. He also told my sister that he was going
 6 to "lose it." Finally, I have been emotionally harmed by Defendant's presence in my apartment
 7 and I am at risk of losing caregiving help from my sister. I am scared for my own safety and my
 8 physical health has suffered as well.

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

11 Date: 10 / 1 / 20 tj



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EA-109

Notice of Court Hearing

Clerk stamps date here when form is filed.

(D) Elder or Dependent Adult in Need of Protection

a. Full Name: Jane Doe

Person requesting protection for the elder or dependent adult, if different (person named in item(i) of Form EA-JOO):

Full Name: _____

Lawyer for person named above (if any for this case):

Name: _____ State Bar No.: _____

b. Firm Name: _____

Address for person named above (If you have a lawyer, give your lawyer's information. If you do not have a lawyer, give information for the person requesting the order. If you 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: 1 Wilshire Blvd. Apt. 1

City: Los Angeles State: CA Zip: 90010

Telephone: _____ Fax: _____

E-Mail Address: _____

Fill in court name and street address:
Superior Court of California, County of Los Angeles
111 N. Hill Street
Los Angeles, CA 90012
Central

Court fills in case number when form is filed.
Case Number: _____

0 Person You Want Protection From

Full Name : John Doe

The court will complete the rest of this form.

0 Notice of Hearing

A court hearing is scheduled on the request for restraining orders against the person ir@ :

Hearing Date ii...	Date:	_____	Time:	_____	Name and address of court if different from above:
	Dept.:	_____	Room:	_____	

0 Temporary Restraining Orders (Any orders granted are on Form EA-110, served with this notice.)

a. Temporary Restraining Orders for personal conduct and stay-away orders as requested in Form EA-I00, Request for Elder on Dependent Adult Abuse Restraining Orders are (check only one box below):

- (1) All **GRANTED** until the court hearing.
- (2) All **DENIED** until the court hearing. (Specify reasons for denial in b, below.)
- (3) Partly **GRANTED** and partly **DENIED** until the court hearing. (Specify reasons for denial in b, below.)

G) Temporary Restraining Orders (Continued)

b. Reasons for denial of some or all of those personal conduct and stay away orders as requested in Form EA-100, *Request for Elder or Dependent Adult Abuse Restraining Orders*, are:

- (1) The facts as stated in Form EA-100 do not sufficiently show reasonable proof of a past actor acts of abuse of the elder or dependent adult by the person in @.
- (2) Other (specify): As set forth on Attachment 4b.

R) Service of Documents by the Person in CD

At least five _____, _____, _____, _____ days before the hearing, someone age 18 or older-not you or anyone to be protected-must personally give (serve) a court file-stamped copy of this Form EA-109 *Notice of Court Hearing*, to the person in @ along with a copy of all the forms indicated below:

- a. EA-100, *Request for Elder or Dependent Adult Abuse Restraining Orders* (file-stamped)
- b. EA-I 10, *Temporary Restraining Order* (file-stamped) IF **GRANTED**
- c. EA-120, *Response to Request/or Elder or Dependent Adult Abuse Restraining Orders* (blank form)
- d. EA-250, *Proof of Service of Response by Mail* (blank form)
- e. EA-120-INFO, *How Can I Respond to a Request/or Elder or Dependent Adult Abuse Restraining Orders?*
- f. Other (specify): _____

Date: _____

Judicial Officer

To the Person in @:

- The court cannot make the restraining orders after the court hearing unless the person in@ has been personally given (served) a copy of your request and any temporary orders. To show that the person in@has been served , the person who served the forms must fill out a proof of service form. Form EA-200, *Proof of Personal Service*, may be used.
- For information about service , read Form EA-200-INFO, *What Is " Proof of Personal Service"?*
- If you are unable to serve the person in@in time, you may ask for more time to serve the documents. Use Form EA-I 15, *Request to Continue Court Hearing and to Reissue Temporary Restraining Order*.

To the Person in **9**:

- If you want to respond to the request for orders in writing, file Form EA-120, *Response to Request for Elder or Dependent Adult Abuse Restraining Orders*, and have someone age 18 or older-not you or anyone to be **protected-mail** it to the person in **G**).
- The person who mailed the form must fill out a proof of service form. Form EA-250, *Proof of Service of Response by Mail*, may be used. File the completed form with the court before the hearing and bring a copy with you to the court hearing.
- Whether or not you respond in writing, go to the hearing if you want the judge to hear from you before making an order. You may tell the judge why you agree or disagree with the orders requested.
- You may bring witnesses and other evidence.
- **At the hearing, the judge may make restraining orders against you that could last up to five years and may order you to sell or turn in any firearms that you own or possess.**



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 Person s with Disabilities and Response* (Form MC-410). (Civ. Code, § 54.8.)

(Clerk will fill out this part.)

-Clerk's Certificate-

I certify that this *Notice of Court Hearing* is a true and correct copy of the original on file in the court.

Clerk's Certificate

[seal]

Date: _____

Clerk, by _____, Deputy

EA-110

Temporary Restraining Order

Clerk stamps date here when form is filed.

Person in *G*) must complete items *G*), @ and @ only.

(D) Protected Elder or Dependent Adult

a. Full Name: Jane Doe -----

Person requesting protection for the elder or dependent adult, if different (person named in ite,@ 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 or e-mail.):
Address: 1 Wilshire Blvd Apt 1

City: Los Angeles State: CA Zip: 90010

Telephone: _____ Fax: _____ C_a_s_e_N_u_m-b-e_r: _____

E-Mail Address: _____

Empty box for clerk stamping date when form is filed.

Fill in court name and street address:
Superior Court of California, County of Los Angeles
111 N. Hill Street
Los Angeles, CA 90012
Central
Court fills in case number when form is filed.

Restrained Person

Full Name: John Doe -----

Description:
Sex: !RI M O F Height: 5'10" Weight: 200 Date of Birth: February 2, 1965
Hair Color: Black Eye Color: Brown Age: 52 Race: White
Home Address (if known): 1 Wilshire Blvd Apt 1
City: Los Angeles State: CA Zip: 90010
Relationship to Protected Person: John Doe is my son.

Q) [R] Additional Protected Persons

In addition to the elder or dependent adult named in (D, the following family or household members or conservator of that person are protected by the temporary orders indicated below:

Full Name	Sex	Age	Household Member?	Relation to Protected Person
<u>Julia Doe</u>	<u>F</u>	<u>73</u>	<u>!RI Yes D No</u>	<u>ns.\Gr</u>
			<u>D Yes D No</u>	

D Check here if there are additional protected persons. List them on an attached sheet of paper and write "Attachment 3- Additional Protected Persons" as a title. You may use form MC-025, Attachment.

0 Expiration Date

This Order expires at the end of the hearing scheduled for the date and time below:

Date: _____ Time: _____ D.m. D p.m.

This is a Court Order.

Case Number: _____

To the Person inf):

The court has issued the temporary orders checked as granted below. If you do not obey these orders, you can be arrested and charged with a crime. You may have to go to jail for up to one year, pay a fine of up to \$1,000, or both.

@ Personal Conduct Orders

Not Requested Denied Until the Hearing Granted as Follows:

a. You must **not** do the following things to the elder or dependent adult named in **G)**

D and to the other protected persons listed in **@** :

- (1) **D** Physically abuse, financially abuse, intimidate, molest, attack, strike, stalk, threaten, assault (sexually or otherwise) , hit, harass, destroy personal property of, or disturb the peace of the person.
- (2) **D** Contact the person, either direct(or indirectly, in any way, including, but not limited to, in person, by telephone, in writing, by public or private mail, by interoffice mail, by e-mail, by text messages, by fax, or by other electronic means .
- (3) **D** Take any action to obtain the person's address or location. If this item **@** is not checked, the court has found good cause not to make this order.
- (4) **D** Other (*spect,ry*):
D Other personal conduct orders are attached at the end of this Order on Attachment 5a(4).

b. Peaceful written contact through a lawyer or a process server or other person for service of legal papers related to a court case is allowed and does not violate this order. However, you may have your papers served by mail on the person in **G)**.

® Stay-Away Orders

Not Requested Denied Until the Hearing Granted as Follows:

a. You **must** stay at least _____ yards away from (*check all that apply*):

- (1) **D** The elder or dependent adult in **G)**
- (2) **D** Each person in **@**
- (3) **D** The home of the elder or dependent adult
- (4) **D** The job or workplace of the elder or dependent adult
- (5) **D** The vehicle of the person in **G)**
- (6) **D** Other (*specify*):

b. This stay-away order does not prevent you from going to or from your home or place of employment.

0 Move-Out Order

Not Requested Denied Until the Hearing Granted as Follows:

You must immediately move out from and not return to (*address*):

This is a Court Order.

Ⓡ No Guns or Other Firearms and Ammunition

D Not Issued (financial abuse only) **[x] Granted as Follows:**

This order must be granted unless only financial abuse is alleged.

- a. You cannot own, possess, have, buy or try to buy, receive or try to receive, or in any other way get guns, other fireanns, or ammunition.
- b. You must:
 - (1) Sell to or store with a licensed gun dealer, or tum in to a law enforcement agency, any guns or other firearms in your immediate possession or control. Th is must be done within 24 hours of being served with this Order.
 - (2) File a receipt with the court within 48 hours of receiving this Order that proves that your guns or fireanns have been turned in, sold, or stored. *(You may use form EA-800, Proof of Firearms Turned In , Sold, or Stored,for the receipt.)*
- c. **D** The court has received information that you own or possess a fireann .

Ⓡ Financial Abuse

This case **[x]** does **not** **O** does involve **solely financial abuse** unaccompanied by force, threat, harassment , intimidation, or any other form of abuse.

@ Possession and Protection of Animals

Not Requested **Denied Until the Hearing** **D Granted as Follows (specify):**

- a. **D** The person in **G**)is given the sole possession, care, and control of the animals listed below, which are owned, possessed , leased, kept, or held by him or her , or reside in his or her household.
(Identify animals by, e.g., type, breed, name, color, sex.)

- b. **D** The person in **@**must stay at least ___ yards away from, and not take, sell, transfer, encumber, conceal, molest, attack, strike, threaten, harm, or otherwise dispose of, the animals listed above.

@ Other Orders

Not Requested **Denied Until the Hearing** **Granted as Follows (specify):**

D Additional orders are attached at the end of this Order on Attachment 11.

This is a Court Order.

Case Number: _____

To the Person in O:**@ Mandatory Entry of Order Into CARPOS Through CLETS**

This Order must be entered into the California Restraining and Protective Order System (CARPOS) through the California Law Enforcement Telecommunications System (CLETS). *(Check one):*

- a. **D** The clerk will enter this Order and its proof-of-service form into CARPOS.
- b. **D** The clerk will transmit this Order and its proof-of-service form to a law enforcement agency to be entered into CARPOS.
- c. **D** By the close of business on the date that this Order is made, the petitioner or the petitioner's lawyer should deliver a copy of the Order and its proof-of-service form to the law enforcement agencies listed below to enter into CARPOS:

Name of Law Enforcement Agency

Address (City, State, Zip)

0 Additional law enforcement agencies are listed at the end of this Order on Attachment 12.

@ No Fee to Serve (Notify) Restrained Person

If the sheriff or marshal serves this Order, he or she will do it for free.

@ Number of pages attached to this Order, if any: _____

Date: _____

Judicial Officer

This is a Court Order.

Warnings and Notices to the Restrained Person in f}

Possession of Guns or Firearms

If the court grants the orders in item@, you cannot own, have, possess, buy or try to buy, receive or try to receive, or otherwise get guns, other firearms, or ammunition while this Order is in effect. If you do, you can go to jail and pay a \$1,000 fine. You must sell to or store with a licensed gun dealer, or turn in to a law enforcement agency, any guns or other firearms that you have or control as stated in item@. The court will require you to prove that you did so.

Notice Regarding Nonappearance at Hearing and Service of Order

If you have been personally served with this Temporary Restraining Order and form EA-109, *Notice of Court Hearing*, but you do not appear at the hearing either in person or by a lawyer, and a restraining order that does not differ from this order except for the expiration date is issued at the hearing, a copy of the order will be served on you by mail at the address in item@ .

If this address is not correct or you wish to verify that the Temporary Restraining Order was converted into a restraining order at the hearing without substantive change, or to find out the duration of the order, contact the clerk of the court.

After You Have Been Served With a Restraining Order

- Obey all the orders.
- Read form EA-120-INFO , *How Can I Respond to a Request for Elder or Dependent Adult Abuse Restraining Orders?*, to learn how to respond to this Order.
- If you want to respond, fill out form EA-120, *Response to Request for Elder or Dependent Adult Abuse Restraining Orders*, and file it with the court clerk. You do not have to pay any fee to file your response.
- You must have form EA-120 served on the person in G)(the person asking the court for protection of the elder or dependent adult or the elder or dependent adult if no other person is named in that item), or that person's attorney , by mail. You cannot do this yourself. The person who does the mailing should complete and sign form EA-250, *Proof of Service of Response by Mail*. File the completed proof of service with the court clerk before the hearing date or bring it with you to the hearing.
- In addition to the response, you may file and have declarations served signed by you and other persons who have personal knowledge of the facts. You may use form MC-030, *Declaration*, for this purpose. It is available from the clerk's office at the court shown on page 1 of this form or at www.courts.ca.gov/jorms. If you do not know how to prepare a declaration, you should see a lawyer.
- Whether or not you file a response, you should attend the hearing . If you have any witnesses, they must also go to the hearing.
- At the hearing , the judge can make restraining orders against you that last for up to five years. Tell the judge why you disagree with the orders requested.

Instructions for Law Enforcement

Enforcing the Restraining Order

This order is enforceable by any law enforcement agency that has received the order , is shown a copy of the order, or has verified its existence on the California Restraining and Protective Orders System (CARPOS). If the law enforcement agency has not received proof of service on the restrained person, the agency must advise the restrained person of the terms of the order and then must enforce it. Violations of this order are subject to criminal penalties.

This is a Court Order.

Start Date and End Date of Orders

This order *starts* on the date next to the judge's signature on page 4. The order *ends* on the expiration date in item @ on page 1.

Arrest Required if Order Is Violated

If an officer has probable cause to believe that the restrained person had notice of the order and has disobeyed the order, the officer must arrest the restrained person. (Pen. Code, §§ 836(c)(1), 13701(b).) A violation of the order may be a violation of Penal Code section 166 or 273.6. Agencies are encouraged to enter violation messages into CARPOS.

Notice/Proof of Service

The law enforcement agency must first determine if the restrained person had notice of the order. Consider the restrained person "served" (given notice) if (Pen. Code, § 836(c)(2)):

- The officer sees a copy of the Proof of Service or confirms that the Proof of Service is on file; or
- The restrained person was informed of the order by an officer.

An officer can obtain information about the contents of the order and proof of service in CARPOS. If proof of service on the restrained person cannot be verified, the agency must advise the restrained person of the terms of the order and then enforce it.

If the Protected Person Contacts the Restrained Person

Even if the protected person invites or consents to contact with the restrained person, this order remains in effect and must be enforced. The protected person cannot be arrested for inviting or consenting to contact with the restrained person. The order can be changed only by another court order. (Pen. Code, § 13710(b).)

Conflicting Orders-Priorities of Enforcement

If more than one restraining order has been issued, the orders must be enforced according to the following priorities: (See Pen. Code, § 136.2; Fam. Code, §§ 6383(h)(2), 6405(b).)

1. *EPO*: If one of the orders is an *Emergency Protective Order* (form EPO-001) and is more restrictive than other restraining or protective orders, it has precedence in enforcement over all other orders.
2. *No-Contact Order*: If there is no EPO, a no-contact order that is included in a restraining or protective order has precedence over any other restraining or protective order.
3. *Criminal Order*: If none of the orders includes a no-contact order, a domestic violence protective order issued in a criminal case takes precedence in enforcement over any conflicting civil court order. Any nonconflicting terms of the civil restraining order remain in effect and enforceable.
4. *Family, Juvenile, or Civil Order*: If more than one family, juvenile, or other civil restraining or protective order has been issued, the one that was issued last must be enforced.

(Clerk will fill out this part.)

-Clerk's Certificate-

Clerk's Certificate
[seal]

I certify that this *Temporary Restraining Order* is a true and correct copy of the original on file in the court.

Date: _____ Clerk, by _____, Deputy

This is a Court Order.

Clerk stamps date here when form is filed.

EA-120

Response to Request for Elder or Dependent Adult Abuse Restraining Orders

Use this form to respond to the Request (form EA-100)

- Read *How Can I Respond to a Request for Elder or Dependent Adult Abuse Restraining Orders?* (form EA-120-INFO), to protect your rights.
- Fill out this form and take it to the court clerk.
- Have someone age 18 or older-not you-serve the person requesting protection in (D by mail with a copy of this form and any attached pages. (Use form EA-250, Proof of Service of Response by Mail.)

G) Elder or Dependent Adult Seeking Protection

Name: Jane Doe

D Name of person asking for the protection, if different (This is the person named in item® of the request (form EA-100).):

Fill in court name and street address:

Superior Court of California, County of Los Angeles
 111 N. Hill Street
 Los Angeles, CA 90012
 Central

Court fills in case number when form is filed.

Case Number,

O Person From Whom Protection Is Sought

a. Your Name: John Doe

Your Lawyer (if you have one 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: 1 Wilshire Blvd. Apt. 1

City: Los Angeles State: CA Zip: 90010

Telephone: _____ Fax: _____

E-Mail Address: _____

Present your response and any opposition at the hearing. Write your hearing date, time, and place from form EA-109 item @here:

Hearing)-+ Date: _____ **Time:** _____

Date ↓ **Dept.:** _____ **Room:** _____

If you were served with a Temporary Restraining Order, you must obey it until the hearing. At the hearing, the court may make orders against you that last for up to five years.

@ Personal Conduct Orders

- a. I agree to the orders requested.
- b. I do not agree to the orders requested.
- c. I agree to the following orders (specify): _____

O Stay-Away Orders

- a. I agree to the orders requested.
- b. I do not agree to the orders requested.
- c. I agree to the following orders (specify): _____

Move-Out Orders

- a. I agree to the orders requested.
- b. I do not agree to the orders requested.
- c. I agree to the following orders (*specify*): _____

Additional Protected Persons

- a. I agree that the persons listed in item@ of form EA- I00 may be protected by the order requested.
- b. I do not agree that the persons listed in item@ offonn EA-100 may be protected by the order requested.

Guns or Other Firearms and Ammunition

If you were served with form EA-110, *Temporary Restraining Order*, you cannot own or possess any guns, other firearms, or ammunition. (See item@ of form EA-110.) You must sell to or store with a licensed gun dealer, or turn in to a law enforcement agency, any guns or other firearms in your immediate possession or control within 24 hours of being served with form EA-110. You must file a receipt with the court. You may use form EA-800, *Proof of Firearms Turned In, Sold, or Stored* for the receipt.

- a. I do not own or control any guns or firearms.
- b. I have turned in my guns and firearms to the police or sold them to or stored them with a licensed gun dealer.

A copy of the receipt is attached. has already been filed with the court.

Possession and Protection of Animals

- a. I agree to the orders requested.
- b. I do not agree to the orders requested.
- c. I agree to the following orders (*specify*): _____

Other Orders

- a. I agree to the orders requested.
- b. I do not agree to the orders requested.
- c. I agree to the following orders (*specify*): _____

Denial

I did not do anything described in item@ offonn EA-100. (*Skip to@*)

Case Number: _____

@ D Justification or Excuse

If I did some or all of the things that the person in G) has accused me of, my actions were justified or excused for the following reasons (*explain*):

D Check here if there is not enough space below for your answer. Put your complete answer on an attached sheet of paper and write " Attachment 1 I-Justification or Excuse" as a title. You may use form MC-025, Attachment.

@ Lawyer's Fees and Costs

a. D I ask the court to order payment of my Lawyer's fees Court costs

The amounts requested are:

<u>Item</u>	<u>Amount</u>	<u>Amount</u>
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

D Check here if there are more items. Put the items and amounts on the attached sheet of paper or form MC-025 and write "Attachment 12- Lawyer's Fees and Costs" for a title.

b. D I ask the court to deny the request of the person asking for protection named in (!)that I pay his or her lawyer's fees and costs.

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

Date: _____

Lawyer's name (if any)

▶ _____
Lawyer's signature

I declare under penalty of perjury under the laws of the State of California that the information above and on all attachments is true and correct.

Date: _____

John Doe
Type or print your name

▶ _____
Sign your name

Clerk stamps date here when form is filed.

EA-130

Elder or Dependent Adult Abuse Restraining Order After Hearing

Person in **G**) must complete items (f), @, and @ only.

G) Elder or Dependent Adult Seeking Protection

a. Full Name: Jane Doe

Name of person asking for the protection, if different (This is the person named in item @ of the request (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: 1 Wilshire Blvd. Apt. 1

City: Los Angeles State: CA Zip: 90010

Telephone: _____ Fax: _____

E-Mail Address: _____

Empty box for court stamp and address.

Fill in court name and street address:

Superior Court of California, County of Los Angeles
111 N. Hill Street
Los Angeles, CA 90012
Central

Court fills in case number when form is filed.

Case Number: _____

0 Restrained Person

Full Name: John Doe

Description:

Sex: M F Height: 5'10" Weight: 200 Date of Birth: February 2, 1965
Hair Color: Black Eye Color: Brown Age: 52 Race: White
Home Address (if known): 1 Wilshire Blvd. Apt. 1
City: Los Angeles State: CA Zip: 90010
Relationship to Protected Person: John Doe is my son.

0 1K) Additional Protected Persons

In addition to the elder or dependent adult named in G), the following family or household members or conservator of the elder or dependent adult named in G) are protected by the orders indicated below:

Full Name	Sex	Age	Lives with you?	Relation to Protected Person
<u>Julia Doe</u>	<u>F</u>	<u>73</u>	<u>D</u> Yes <u>D</u> No	<u>sister</u>

D Check here if there are additional protected persons. List them on an attached sheet of paper and write "Attachment 3-Additional Protected Persons" as a title. You may use form MC-025, Attachment.

0 Expiration Date

This Order, except for any award of lawyer's fees, expires at:

Time: _____ D a.m. D p.m. D midnight on (date): _____

If no expiration date is written here, this Order expires three years from the date of issuance.

This is a Court Order.

(R) Hearing

- a. There was a hearing on (date): _____ at (time): _____ in Dept.: _____ Room: _____
(Name of judicial officer): _____ made the orders at the hearing.
- b. These people were at the hearing:
 - (1) D The elder or dependent adult in need of protection
 - (2) O The lawyer for the elder or dependent adult(name): _____
 - (3) D The person in **G**) asking for protection (if not the elder or dependent adult)
 - (4) D The lawyer for the person in **C**) asking for protection(name): _____
 - (5) O The person in @ _____
 - (6) D The lawyer for the person in @ (name): _____

D Additional persons present are listed at the end of this Order on Attachment 5.
- c. D The hearing is continued. The parties must return to court on (date): _____ at (time): _____

To the Person inf):

The court has granted the orders checked below. If you do not obey these orders, you can be arrested and charged with a crime. You may be sent to jail for up to one year, pay a fine of up to \$1,000, or both.

0 [x] Personal Conduct Orders

- a. You must **not** do the following things to the elder or dependent adult named in G) and to the other protected persons listed in @):
 - (1) Physically abuse, financially abuse, intimidate, molest, attack, strike, stalk, threaten, assault (sexually or otherwise), hit, harass, destroy personal property of, or disturb the peace of the person.
 - (2) Contact the person, either directly or indirectly, in any way, including, but not limited to, in person, by telephone, in writing, by public or private mail, by interoffice mail, by e-mail, by text message, by fax, or by other electronic means.
 - (3) Take any action to obtain the person's address or location. If this item (3) is not checked, the court has found good cause not to make this order.
 - (4) Other (spec@): _____
 D Other personal conduct orders are attached at the end of this Order on Attachment 6a(4).
- b. Peaceful written contact through a lawyer or a process server or other person for service of legal papers related to a court case is allowed and does not violate this order.

(D) [K] Stay-Away Orders

- a. You **must** stay at least 100 yards away from (check all that apply):
 - (1) R) The elder or dependent adult in **G**)
 - (2) D Each person in @
 - (3) The home of the elder or dependent adult _____
 - (4) D The job or workplace of the elder or dependent adult _____
 - (5) R) The vehicle of the elder or dependent adult _____
 - (6) D Other (spec@): _____

This is a Court Order.

0 b. This stay-away order does not prevent you from going to or from your home or place of employment.

(R) **Move-Out Order**

You must immediately move out from and not return to (address):
1 Wilshire Blvd. Apt. 1 Los Angeles, CA 90010

and must take only the personal clothing and belongings you need.

(R) **No Guns or Other Firearms and Ammunition**

This Order must be granted unless the abuse is financial only.

- a. You cannot own, possess, have, buy or try to buy, receive or try to receive, or in any other way get guns, other firearms, or ammunition.
- b. If you have not already done so, you must:
 - Sell to or store with a licensed gun dealer, or turn in to a law enforcement agency, any guns or other firearms in your immediate possession or control. This must be done within 24 hours of being served with this Order.
 - File a receipt with the court within 48 hours of receiving this Order that proves that your guns or firearms have been turned in, sold, or stored. (You may use form EA-800, Proof of Firearms Turned In, Sold, or Stored, for the receipt.)
- c. D The court has received information that you own or possess a firearm.

@ **Financial Abuse**

This case [x] does not D does involve solely financial abuse unaccompanied by force, threat, harassment, intimidation, or any other form of abuse.

@ **Possession and Protection of Animals**

a. D The person in(!) is given the sole possession, care, and control of the animals listed below, which are owned, possessed, leased, kept, or held by him or her, or reside in his or her household.
(Identify animals by, e.g., type, breed, name, color, sex.)

b. D The person in@ must stay at least ___ __, yards away from, and not take, sell, transfer, encumber, conceal, molest, attack, strike, threaten, harm, or otherwise dispose of, the animals listed above.

This is a Court Order.

@ Service of Order on Restrained Person

- a. **D** The person in @ personally attended the hearing. No other proof of service is needed.
- b. **D** The person in (D was at the hearing. The person in @ was not.
- (1) **D** Proof of service of form EA-110, *Temporary Restraining Order*, was presented to the court. The judge's orders in this form are the same as in form EA-110 except for the end date. The person in @ must be served with this Order. Service may be by mail.
- (2) **D** Proof of service of form EA-110, *Temporary Restraining Order*, was presented to the court. The judge's orders in this form are different from the orders in form EA-110. Someone--but not anyone in **G**) or @--must personally serve a copy of this Order on the person in @ .

@ No Fee to Serve (Notify) Restrained Person

If the sheriff or marshal serves this Order, he or she will do so for free.

@ Number of pages attached to this Order, if any: _____

Date: _____



Judicial Officer

Warning and Notice to the Restrained Person inf):**You Cannot Have Guns or Firearms**

If the court grants the orders in item @ on page 3, you cannot own, have, possess, buy or try to buy, receive or try to receive, or otherwise get guns, other firearms, or ammunition while this Order is in effect. If you do, you can go to jail and pay a \$1,000 fine. You must sell to or store with a licensed gun dealer, or turn in to a law enforcement agency, any guns or other firearms that you have or control as stated in item **R**. The court will require you to prove that you did so.

Instructions for Law Enforcement**Enforcing the Restraining Order**

This order is enforceable by any law enforcement agency that has received the order, is shown a copy of the order, or has verified its existence on the California Restraining and Protective Orders System (CARPOS). If the law enforcement agency has not received proof of service on the restrained person, the agency must advise the restrained person of the terms of the order and then must enforce it. Violations of this order are subject to criminal penalties.

Start Date and End Date of Orders

This order *starts* on the date next to the judge's signature on page 5. The order *ends* on the expiration date in item @ on page 1.

This is a Court Order.

Arrest Required if Order Is Violated

If an officer has probable cause to believe that the restrained person had notice of the order and has disobeyed the order, the officer must arrest the restrained person. (Pen. Code, §§ 836(c)(1), 13701(b).) A violation of the order may be a violation of Penal Code section 166 or 273.6. Agencies are encouraged to enter violation messages into CARPOS.

Notice/Proof of Service

The law enforcement agency must first determine if the restrained person had notice of the order. Consider the restrained person "served" (given notice) if (Pen. Code, § 836(c)(2)):

- The officer sees a copy of the Proof of Service or confirms that the Proof of Service is on file ; or
- The restrained person was informed of the order by an officer.

An officer can obtain information about the contents of the order and proof of service in CARPOS. If proof of service on the restrained person cannot be verified, the agency must advise the restrained person of the terms of the order and then enforce it.

If the Protected Person Contacts the Restrained Person

Even if the protected person invites or consents to contact with the restrained person, the order remains in effect and must be enforced. The protected person cannot be arrested for inviting or consenting to contact with the restrained person. The order can be changed only by another court order. (Pen. Code, § 13710(b).)

Conflicting Orders-Priorities of Enforcement

If more than one restraining order has been issued, the orders must be enforced according to the following priorities: (See Pen. Code, § 136.2; Fam. Code, §§ 6383(h)(2) , 6405(b).)

1. *EPO*: If one of the orders is an *Emergency Protective Order* (form EPO-001) and is more restrictive than other restraining or protective orders, it has precedence in enforcement over all other orders.
2. *No-Contact Order*: If there is no EPO, a no-contact order that is included in a restraining or protective order has precedence over any other restraining or protective order.
3. *Criminal Order*: If none of the orders includes a no-contact order, a domestic violence protective order issued in a criminal case takes precedence in enforcement over any conflicting civil court order. Any nonconflicting terms of the civil restraining order remain in effect and enforceable.
4. *Family, Juvenile, or Civil Order*: If more than one family, juvenile, or other civil restraining or protective order has been issued, the one that was issued last must be enforced.

Clerk's Certificate
[seal]

(Clerk will fill out this part.)
-Clerk's Certificate-

I certify that this *Elder or Dependent Adult Abuse Restraining Order After Hearing* is a true and correct copy of the original on file in the court.

Date: _____ Clerk, by _____, Deputy

This is a Court Order.

CONFIDENTIAL**CLETS-001****CLETS Information****California Law Enforcement Telecommunications System (CLETS)
Information Form**

D This form is submitted with the initial filing (date): _____

D This is an amended form (date): _____

Important: This form MUST NOT become part of the public court file. It is confidential and private.

Fill out as much of this form as you can and give it to the court clerk. If the court issues a restraining order, this form will provide law enforcement with information that will help them enforce it. If any of this information changes, fill out a new (amended) form.

Case Number (if you know it): _____

G) Person to Be Protected (Name): Janet DoeSex: 0 M 121 F Height: 5'2" Weight: 130 Race: WhiteHair Color: White Eye Color: Brown Age: 77 Date of Birth: 1/1/1944Mailing Address (listed on restraining order): 1 Wilshire Blvd. Apt. 1City: Los Angeles State: CA Zip: 90010 Telephone (optional): _____Vehicle (Type, Model, Year): Toyota Corolla 2002 (License Number and State): CA XYZ100**O Person to Be Restrained** (Name): John DoeSex: 0 M 0 F Height: 5'10" Weight: 200 Race: WhiteHair Color: Black Eye Color: Brown Age: 52 Date of Birth: 2/2/1965Residence Address: 1 Wilshire Blvd. Apt. 1City: Los Angeles State: CA Zip: 90010 Telephone: _____

Business Address: _____

City: _____ State: _____ Zip: _____ Telephone: _____

Employer: unemployed

Occupation/Title: _____ Work Hours: _____

Driver's License Number and State: CA XYZ200 Social Security Number: _____Vehicle (Type, Model, Year): Ford Fusion 2007 (License Number and State): unknown

Describe any marks, scars, or tattoos: _____

Other names used by the restrained person: _____

@ Guns or Firearms Describe any guns or firearms that you believe the person in @ owns or has access to (Number, types, and locations): _____**C) Other People to Be Protected**

Name	Date of Birth	Sex	Race	Relation to Person in G)
<u>Julia Doe</u>	<u>1/1/1944</u>	<u>F</u>	<u>White</u>	<u>sister</u>

D Additional persons to be protected are listed on Attachment 4.

This is not a Court Order-Do not place in court file.

NAME, ADDRESS AND TELEPHONE NUMBER OF ATTORNEY OR PARTY WITHOUT ATTORNEY : <i>Jane Doe</i> <i>111 N. Hollywood, CA 90028</i> <small>ATTORNEY FOR (NAME):</small>	STATE BAR NUMBER	<i>Reserved for Clerk's File Stamp</i>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES		
<small>COURT HOUSE ADDRESS</small> 111 N. HL Street		
<small>PETITIONER / PLAINTIFF:</small> Jane Doe		
<small>RESPONDENT / DEFENDANT</small> John Doe		
<small>CHILD'S NAME</small>	<small>CHILD'S DATE OF BIRTH:</small>	<small>CASE NUMBER:</small>
DECLARATION RE: NOTICE OF EX PARTE REQUEST (NO NOTICE GIVEN) (Temporary Restraining Order)		<small>RELATED CASES (IF ANY):</small>

I, Jane Doe

(PRINT NAME)

declare that:

1) I did not give notice to the other party in this action because:

I was afraid that the violence would reoccur when I gave notice that I was asking for these orders.

D I was afraid that the other party would take the children out of the area before the order could be granted and served.

D I believe that giving notice would make the orders useless because the other party would:

2) I attempted and was unable to inform _____ or his/her attorney _____ that I would be seeking a temporary restraining order. My attempts included _____

3) Other reason:

I declare that the above is true and correct, and that I executed this declaration at Los Angeles, California

0/1/2011

DATE

Jane Doe

SIGNATURE OF DECLARANT:

S.W. Georgia – Self-Help Center Intake Survey

I've invited you to fill out a form:

Intake Survey

Please fill out an intake for each library user, including phone and email contacts as much as possible. If the user does not have an email address, simply enter in your own county email address. Thank you!

Email address *

Mode of Inquiry *

- In person
- Phone
- Mail or E-mail
- Videoconference

Date of Inquiry *

Month	Day	2018
-------	-----	------

County of Residence *

State of Residence *

A citizen of which country?

Gender *

- Male
- Female
- Other

Time of Visit : **Referred by:****Interpreter needed? ***

- Yes
- No

If interpreter needed, what language?**Did patron bring papers?**

- Yes
- No

Is the patron an attorney?

- Yes
- No

Did patron ever hire an attorney or say he/she intends to hire an attorney?

- Yes
- No

Did patron need special assistance?

- Yes, a physical disability
- Yes, a mental disability
- Yes, problems with literacy
- No

Court most closely related to inquiry, if a case will be/has been filed**Type of Legal Issue**

- Adoption
- Appeals
- Banking and Finance Law
- Business Law
- Child Custody
- Child Support
- Civil Procedure
- Civil Rights
- Consumer Law/Bankruptcy
- Contempt
- Contracts
- Criminal Law
- Criminal Records
- Divorce
- Domestic Violence
- Education Law
- Employment Law
- Estate/probate/elder
- Guardianship, adult
- Guardianship, child
- Healthcare Law
- Immigration
- International Law
- Juvenile
- Landlord/tenant
- Legal Separation
- Legitimation
- Liens
- Military Law
- Municipal/traffic
- Name change, adult
- Name change, child
- Non-domestic stalking/TPO
- Parental Kidnapping
- Paternity
- Property/real estate
- Public Benefits
- Tax Law
- Torts/Personal Injury
- Other

Services rendered

- Brochure/pamphlet given
- Discuss/explain legal options
- Document review
- Help with forms
- Procedural information
- Referrals
- Research Assistance
- Workshop
- Volunteer Attorney

If referral was made, where?

- Adult Protective Services
- Child Support Court Coordinator
- Child Support Enforcement
- Clerk of Court
- Court
- DFCS
- District Attorney
- Domestic Violence Agency
- GA Bar Pro Bono Resource Center
- GCIC
- GLSP
- Health Law
- IRS
- Jail or Prison
- Law Library
- Legal Resource Website
- Lily Pad
- Liberty House
- Military JAG
- Military Legal Assistance Program
- Private Attorney
- Probation and Parole
- Public Defender
- SOWEGA Council on Aging
- SWGA Legal Help Center
- SSA
- Victim/Witness Assistance
- Vocational Rehab

- Volunteer Attorney
- Other Community Resource

Option 1

If patron was referred to other community resource, which one?

How many times has the patron visited the Legal Help Center?

- 1st time
- 2nd time
- 3rd time or more


Was the patron satisfied with the help received?

- Yes
- No

- Option 1

Send me a copy of my responses.

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S.W. GA Legal Self-Help Center

Continued

Do you plan to return to the self-help center?

Yes | No

Would you recommend the self-help center to a friend?

Yes | No

Why, or why not?

What kind of help did you receive?

What other help would have been good for you?

What services would you like added to our center?

Please share any additional comments or suggestions.

S.W. GA Legal Self-Help Center

225 Pine Avenue #212, Albany, GA 31701
229-431-2133
www.dougherty.ga.us/lawlibrary

S.W. GA Legal Self-Help Center

Continued

Do you plan to return to the self-help center?

Yes | No

Would you recommend the self-help center to a friend?

Yes | No

Why, or why not?

What kind of help did you receive?

What other help would have been good for you?

What services would you like added to our center?

Please share any additional comments or suggestions.

S.W. GA Legal Self-Help Center

225 Pine Avenue #212, Albany, GA 31701
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www.dougherty.ga.us/lawlibrary

Court Navigator Disclosure Form

Rent Escrow Case No. __

FTPR Case No. _____

Other Case No. _____

Who navigators are: Court navigators are students from the University of Baltimore who have been trained to assist tenants with court cases involving unsafe and unhealthy housing conditions. The service they provide you is free. They are earning course credit or co-curricular credit for their work.

What navigators can do: The court navigator can help you fill out the court forms, explain the legal process for this type of case, and go with you throughout the different steps of the process, including into the courtroom and in hallway discussions with the landlord or the landlord's agent. The navigator can also help you organize your materials, go over budget issues, and take notes for you about what happens.

You're in charge: You decide which, if any, of these kinds of assistance you would like the navigator to provide for you. You can discontinue navigator assistance at any time, and resume it at any time.

What navigators can't do: The navigator can only provide you with legal information and assist you in handling your own case. The navigator can't represent you or speak on your behalf or give you advice about what is the best course of action for you to take in your case. Maryland law prohibits anyone who is not a lawyer from doing these things. If you would like a lawyer, the navigator can refer you to the organizations that provide free legal assistance to eligible recipients.

What this form is about: Sign this form if you understand the scope of service that the navigator can provide. The navigator can assist only if you sign this form showing that you have been informed about what navigators can and can't do.

What you can do if you'd like to make a comment or complaint: If you have any comments or complaints about navigator assistance, please feel free to speak to navigator supervisor Michele Cotton at the courthouse or email her at mcotton@ubalt.edu.

Tenant_____
Date_____
Navigator

Self Help Law Program Intake Survey

- ❖ We collect the following information for program purposes only.
- ❖ By filling out this survey you will remain anonymous and we will not disclose personal information without your

PLEASE READ

1. Disclaimer: The staff and volunteers who work here CANNOT give you legal advice or tell you what you should do. Only a lawyer can give you legal advice based on the facts in your case. Your use of this Center does NOT create an attorney-client relationship. The information you give to Self-Help Law Center staff and volunteers is NOT confidential because they might provide the same self-help assistance to the other party in your case. If you have questions about your specific legal issue, you should talk to a lawyer or Montana Legal Services Association (MLSA) for more help. Neither the Court Help program nor the local staff and volunteers assume any responsibility or liability for any action you take based on the information or resources obtained at the Self-Help Law Center. Have you read, understood, and do you agree to this disclaimer?

I Understand.

2. What is today's date: ____/____/____

3. Have you ever used the Self-Help Law Center before?

Yes No

4. How did you hear about the Self-Help Law Center?

- | | |
|--|---|
| <input type="checkbox"/> Brochure or Written Material | <input type="checkbox"/> Lawyer |
| <input type="checkbox"/> Clerk of District Court | <input type="checkbox"/> Montana Legal Services Association (MLSA) or program that provides legal services (please specify): _____ |
| <input type="checkbox"/> Court Staff | <input type="checkbox"/> Newspaper |
| <input type="checkbox"/> Friend or Family | <input type="checkbox"/> Radio |
| <input type="checkbox"/> Judge | <input type="checkbox"/> Local or State Pro Bono Program |
| <input type="checkbox"/> Online/Internet | <input type="checkbox"/> Social Service Provider (i.e. domestic violence program, child protective services.) (Please specify): _____ |
| <input type="checkbox"/> Walk-in | |
| <input type="checkbox"/> Other (please specify): _____ | |

5. Where do you live?

County _____ City _____ Other (please specify) _____

6. How many people live in your household? _____

7. What is your total household yearly income (before taxes)?

- | | | |
|--|--|--|
| <input type="checkbox"/> \$6,000 or Less | <input type="checkbox"/> \$18,001-\$24,000 | <input type="checkbox"/> \$36,001-\$42,000 |
| <input type="checkbox"/> \$6,001-\$12,000 | <input type="checkbox"/> \$24,001-\$30,000 | <input type="checkbox"/> \$42,001-\$54,000 |
| <input type="checkbox"/> \$12,001-\$18,000 | <input type="checkbox"/> \$30,001-\$36,000 | <input type="checkbox"/> Over \$54,000 |

8. Your age: Under 18 18-24 25-34 35-44 45-54 55-64 65+

9. Please check all that apply:

- African American or Black Native American or Alaska Native Asian Caucasian/White Hispanic Other

*Please indicate your specific race or the name of your enrolled or principle tribe: [Other] _____

10. What is the highest level of education you have completed?

- | | | |
|--|--|--|
| <input type="checkbox"/> Technical or trade school | <input type="checkbox"/> High school diploma/GED | <input type="checkbox"/> Bachelor's degree |
| <input type="checkbox"/> 8 th grade or less | <input type="checkbox"/> Some College | <input type="checkbox"/> Advanced degree |
| <input type="checkbox"/> 9 th to 11 th grade | <input type="checkbox"/> Associates degree | |

11. Are you or anyone in your family a Veteran or an active duty member of the armed forces?

- | | |
|---|---|
| <input type="checkbox"/> I am a Veteran | <input type="checkbox"/> I am a relative of a Veteran |
| <input type="checkbox"/> I am an active duty member of the armed forces | <input type="checkbox"/> I am a relative of an active duty member of the armed forces |

12. Do you receive any of the following?

- | | |
|--|--|
| <input type="checkbox"/> SNAP Food Benefits (formerly Food Stamps) | <input type="checkbox"/> Social Security Disability Income (SSDI) |
| <input type="checkbox"/> Low Income Energy Assistance (LIEAP) | <input type="checkbox"/> Temporary Assistance to Needy Families (TANF) |
| <input type="checkbox"/> Supplemental Security Income (SSI) | <input type="checkbox"/> VA Disability Benefits |
| Other: (please specify): _____ | |

13. What information are you looking for?

- | | | |
|--|---|---|
| <input type="checkbox"/> Adoption | <input type="checkbox"/> Family Law (Divorce, Parenting Plan) | <input type="checkbox"/> Order of Protection |
| <input type="checkbox"/> Child Support | <input type="checkbox"/> Guardianship or Conservatorship | <input type="checkbox"/> Public Benefits |
| <input type="checkbox"/> Consumer issues
(debt collection or defense) | <input type="checkbox"/> Labor or employment | <input type="checkbox"/> Wills, estates, or probate |
| <input type="checkbox"/> Emancipation | <input type="checkbox"/> Landlord/Tenant | |
| <input type="checkbox"/> Other (please specify) _____ | <input type="checkbox"/> Small Claims/Civil Case | |

14. What do you need?

- Legal information (laws, regulations, forms, instructional information)
- Attorney services (referral resources or clinic assistance)
- Legal services (Montana Legal Services Association or Modest Means Program applications)
- Other (please specify): _____

15. Do you feel safe in your personal relationship(s)?

***If you are in a violent relationship, please contact your local domestic violence/sexual assault organization. Our staff has a list of service providers and will be happy to give it to you.**

- Yes, I feel safe in my relationship(s).
- No, I do not feel safe in my relationship(s).
- N/A, I am not in a relationship.

Thank You!

******Internal Use Only Below******

HB4: Y or N Same: Y or N

Needs: No Some Significant 100%

Outcome: Pro Se MLSA Atty LScope Modest Means

Legal Issue: _____

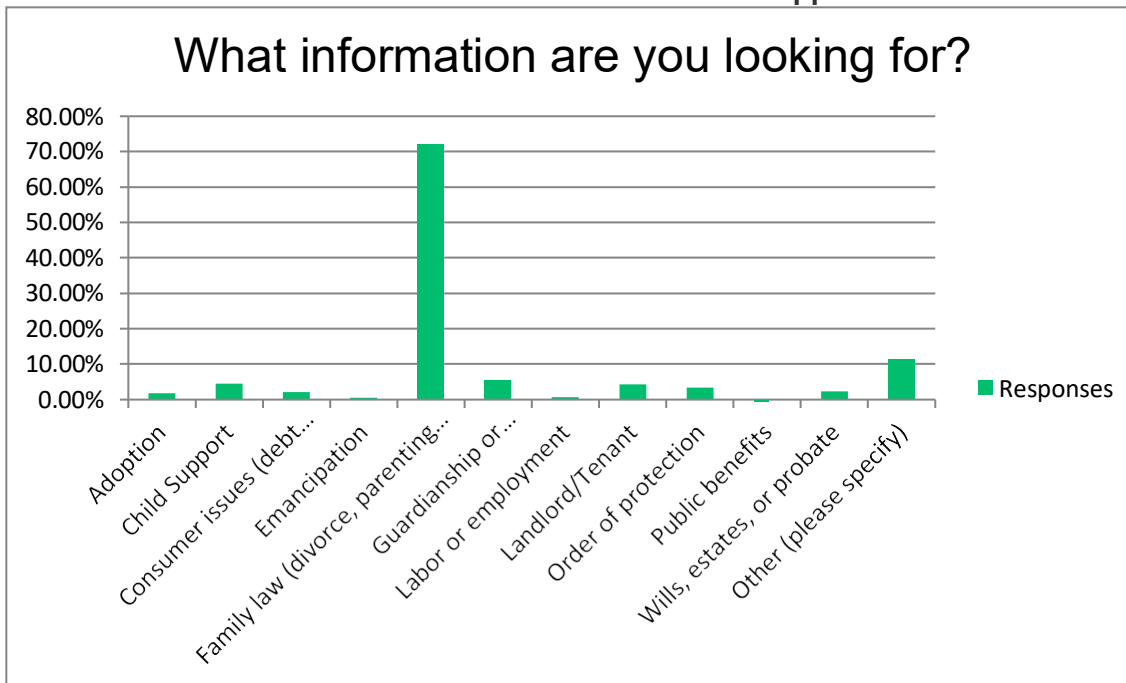
Forms MLSA Lawhelp CSED MSUExt GLAC Modest Means Consumer Other: _____

Comments: _____

Self-Help Law Program Intake Survey

What information are you looking for?

Answer Choices	Responses	
Adoption	1.78%	299
Child Support	4.43%	744
Consumer issues (debt collection or defense)	2.06%	346
Emancipation	0.49%	82
Family law (divorce, parenting plan, or paternity)	72.04%	12103
Guardianship or conservatorship	5.40%	907
Labor or employment	0.61%	103
Landlord/Tenant	4.23%	710
Order of protection	3.40%	572
Public benefits	0.19%	32
Wills, estates, or probate	2.34%	393
Other (please specify)	11.58%	1946
	Answered	16800
	Skipped	617



THE HELP CENTER

Acceptance of Terms and Conditions of Service

The Help Center (The Center) provides free, limited assistance to people who are representing themselves in civil matters in Hamilton County Municipal Court to help them better represent themselves.

The Center is not intended to replace the advice of a lawyer you might otherwise hire. You should consider the costs and benefits of hiring a lawyer to represent you before deciding to represent yourself.

The Center is staffed by:

- Full-time Executive Director – who is a licensed attorney
- Licensed attorneys – who volunteer on a rotating basis
- Law Students – who are trained to provide information and prepare certain documents under the supervision of a licensed attorney, but CANNOT give any legal advice
- Non-lawyer staff – who provide clerical, non- legal support, but CANNOT give any legal advice

The Center lawyers and law students:

- Provide you with basic information about court procedures
- Help you complete court forms

The Center lawyers :

- Will only provide *limited legal advice* about civil matters, such as process, court procedures, and completing documents in your case
- Will only provide assistance during your visit to The Center
- Will only consider the information you give them
- Will not be able to give you comprehensive legal advice
- Will not be able to conduct comprehensive legal research on your matter
- Will not be able to perform any independent or comprehensive investigation of your matter
- May conclude that, given your situation, she/he advises you to seek more extensive legal advice from another lawyer

The Center WILL NOT:

- Represent you in court
- Be responsible for taking any action for you
- Have any involvement in assisting you after your visit to The Center
- Retain any of your documents or records, whether in electronic format or in hard copy

Conflicts of Interest:

Happen when a lawyer at The Center may have helped another party involved in your case who has interests that are against your interests.

- If you are aware that a lawyer with The Center has already helped someone else involved in your case, **you must tell The Center.**

- If any lawyer at The Center is aware of a conflict of interest because of assisting someone else involved in your case or another reason known by that lawyer, that lawyer will NOT be able to help you in any way.
- Volunteer lawyers with The Center are not required to systematically check conflicts of interest with their law firms, due to the limited nature of consultations at The Center.

By signing below, I understand and agree to all of the following:

- That law students and any other non-lawyer staff at The Center are not able to give me legal advice.
- That I will only be provided limited legal advice about process, procedures and the completion of appropriate documents related to my case.
- That the representation I am getting is limited only to legal advice and information while I am at The Center.
- That any legal advice I receive during my visit to The Center will only take into consideration the information that I give the lawyer assisting me.
- That no lawyer at The Center can give me comprehensive legal advice, conduct comprehensive legal research regarding my matter, or perform any independent or comprehensive investigation of my matter.
- That no one from The Center will represent me in court, that I am only getting legal advice or information while I am at The Center, that obtaining information and assistance while at The Center does not result in any ongoing attorney-client relationship or obligation once I leave The Center, and that I will not state otherwise.
- That any lawyer permitted to give me legal advice at The Center is not my lawyer for any other purpose and will not give me help beyond the limited legal advice provided to me at The Center.
- That I will disclose to the Center if I know that the Center has helped another party involved in my case. I understand that any lawyer at the Center who knows he or she has a conflict of interest will not be able to help me with my legal matter.
- This document has two sides. I have had enough time to review this document and to ask any questions. If I cannot read, I acknowledge that someone has read this document to me.
- I have reviewed and accept all of the above Terms and Conditions of Service.

Signature

Date

Print Name

INTAKE
INTERVIEWER
INITIALS _____

Appointment Date _____
Time _____



Please fill out the top portion of this form

PLEASE FILL OUT THIS SECTION

Today's Date		First Name		Middle initial	Last Name	
Your Age		Zip Code		All information is confidential		
Your Case Number						
Have you been assisted by the Help Center before?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, have you visited for help with the same case/legal issue?			<input type="checkbox"/> Yes <input type="checkbox"/> No
How did you hear about the Help Center?		<input type="checkbox"/> Courtroom staff <input type="checkbox"/> Courthouse staff	<input type="checkbox"/> Website <input type="checkbox"/> Word-of-mouth	<input type="checkbox"/> Other _____		
Primary Phone		Email address				
Gender: How do you identify yourself?						
<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Transgender	<input type="checkbox"/> Other _____	<input type="checkbox"/> Prefer not to answer		
Race/Ethnicity: How do you identify yourself?						
<input type="checkbox"/> American Indian or Alaska Native		<input type="checkbox"/> Hispanic or Latino		<input type="checkbox"/> Multiracial		
<input type="checkbox"/> Asian		<input type="checkbox"/> Pacific Islander		<input type="checkbox"/> Other _____		
<input type="checkbox"/> Black or African American		<input type="checkbox"/> White		<input type="checkbox"/> Prefer not to answer		
Income						
Is your income <u>above</u> or <u>below</u> the income listed for your household size?		Number of people in your household	Monthly Income	Yearly Income		
<input type="checkbox"/> Above	<input type="checkbox"/> Below	1	\$2,513	\$30,150		
<input type="checkbox"/> Prefer not to answer		2	\$3,383	\$40,600		
		3	\$4,254	\$51,050		
		4	\$5,125	\$61,500		
		5	\$5,996	\$71,950		
		6	\$6,867	\$82,400		
		7	\$7,738	\$92,850		

STOP HERE ↓ BELOW THIS LINE FOR OFFICE USE ↓ STOP HERE

FOR OFFICE USE	Assistance Level	<input type="checkbox"/> Information	<input type="checkbox"/> In-depth info	<input type="checkbox"/> Legal advice	Referred?	
	Case Type					
	<input type="checkbox"/> Small claims	<input type="checkbox"/> Eviction- Landlord	<input type="checkbox"/> Creditor/debtor	<input type="checkbox"/> Garnish.- Debtor	<input type="checkbox"/> Other	
	<input type="checkbox"/> Eviction-Tenant ^{1st} _{2nd}	<input type="checkbox"/> Landlord/Tenant	<input type="checkbox"/> Garnish.-Creditor	<input type="checkbox"/> Escrow		
	Primary Assistance Given					
<input type="checkbox"/> Directions	<input type="checkbox"/> Court records look up		<input type="checkbox"/> Objections/ appeals			
<input type="checkbox"/> Court processes/general	<input type="checkbox"/> Pre-filing advice/case evaluation		<input type="checkbox"/> Computer Terminal			
<input type="checkbox"/> Forms & filings	<input type="checkbox"/> Hearing/trial preparation		<input type="checkbox"/> Other			
<input type="checkbox"/> Service	<input type="checkbox"/> Discovery					
Name of filing						
Next court date						
Notes:						

Use reverse to continue

VISITOR SATISFACTION SURVEY

Were you helped today?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how were you helped?	
Do you better understand you case/legal issue	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you better understand what to do next?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you feel better prepared for your case/legal issue?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How can we do better?	

Help Center Outcomes: October 2017-September 2018

Total visits: 12,392
Daily average: 49
(June-September: 64)

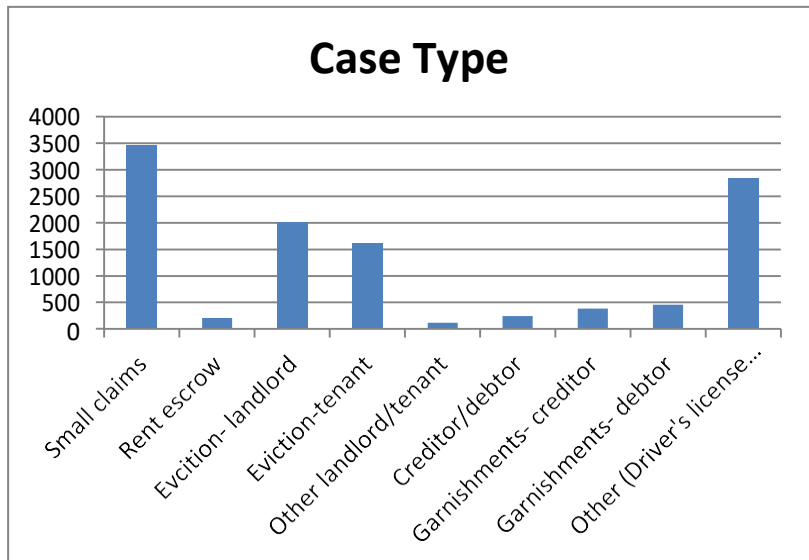
Assistance Level

Limited legal advice: 888
Information: 11,514



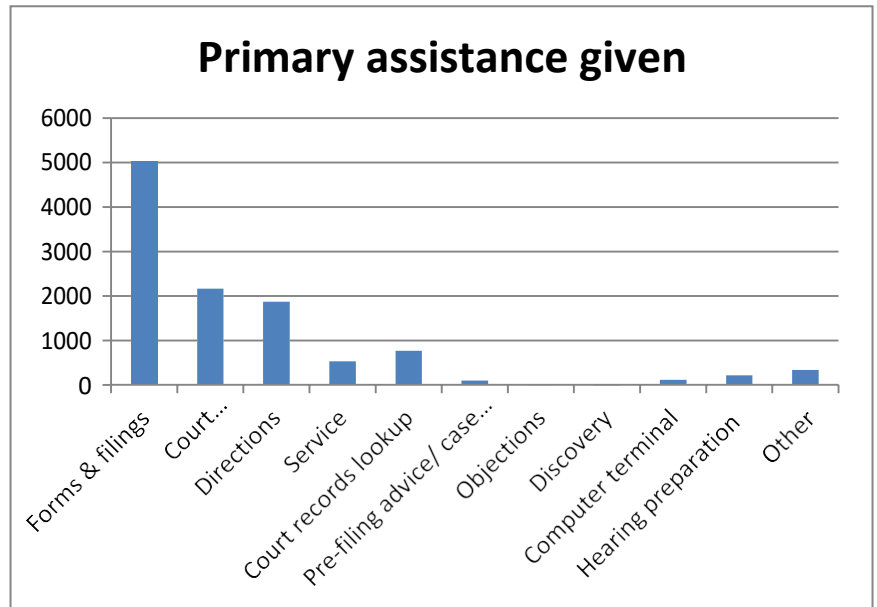
Case Type

Small claims	3467
Rent escrow	207
Eviction- landlord	2014
Eviction-tenant	1610
Other landlord/tenant	117
Creditor/debtor	243
Garnishments- creditor	384
Garnishments- debtor	454
Other (Certifying/notarizing, driver's license issues, referrals to other services, courthouse directions, etc.)	2,626



Primary assistance given

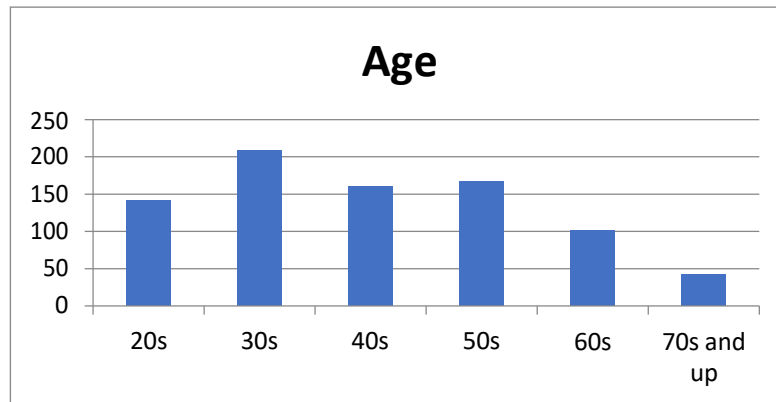
Forms & filings	5,028
Court processes/procedures	2,160
Directions	1,870
Service	527
Court records lookup	764
Pre-filing advice/ case evaluation	95
Objections	10
Discovery	6
Computer terminal	113
Hearing preparation	213
Other	336



Demographics of People Receiving Limited Legal Advice

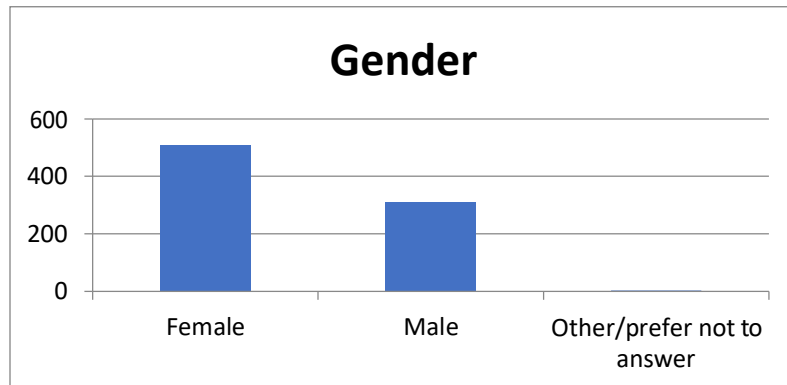
Age

20s	141
30s	209
40s	160
50s	167
60s	101
70s and up	42



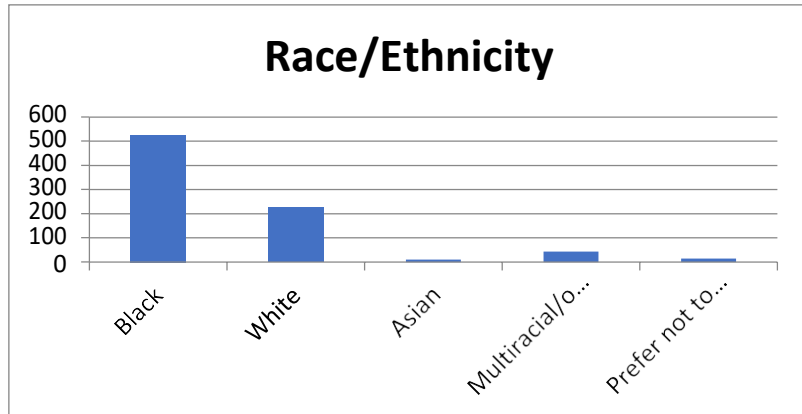
Gender

Female	508
Male	309
Other/prefer not to answer	3



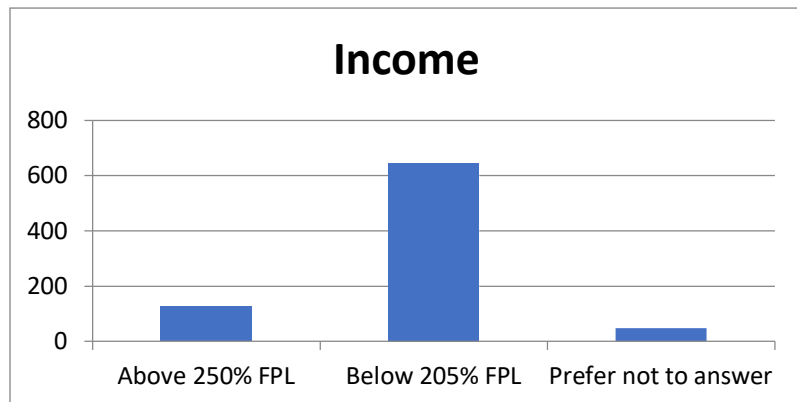
Race/Ethnicity

Black	526
White	226
Asian	10
Multiracial/other	44
Prefer not to answer	14



Income

Above 250% FPL	126
Below 205% FPL	646
Prefer not to answer	48





A collaborative endeavor between Milwaukee County Clerk of Courts, Milwaukee Bar Association, and Marquette University Law School to offer assistance to self-represented litigants in Milwaukee County

SERVICES OFFERED

SELF-HELP FAMILY FORMS ASSISTANCE

Law student volunteers and undergraduate interns (under the direct supervision of licensed attorneys) assist individuals to complete forms to file for a divorce, to change / enforce a current family court order, or to change one's name.

MARQUETTE VOLUNTEER LEGAL CLINICS AT THE MILWAUKEE JUSTICE CENTER

Volunteer attorneys pair with Marquette law students to provide brief legal advice and referral information on a variety of civil legal questions.

MILWAUKEE JUSTICE CENTER MOBILE LEGAL CLINIC

Marquette Volunteer Legal Clinic services on a mobile unit at different locations throughout Milwaukee County, partnering with different community organizations, including Hunger Task Force Mobile Market.

PARENTING CONFERENCES

In collaboration with Milwaukee County Child Support Services, volunteer facilitators offer a moderated settlement conference to assist parents in discussing family court related issues and produce an agreement.

	Self-help Family Forms	MVLC at MJC	Mobile Clinic	Parenting Conferences	TOTAL
2017 Clients	6978	2366	207	189	9740
2016 Clients	7352	2149	124	184	9809
2015 Clients	7825	2036	187	42 (began 07/15)	10,090
2014 Clients	8211	1674	99	N/A	9984

	Family Forms Interns	Law Students	Attorneys	TOTAL
2017 Volunteers	109	188	156	453

453 volunteers donated 12,144 service hours for \$1.12 Million in free legal services provided!

VOLUNTEER PARTNERS

Law Firm / Attorney Partners	
<ul style="list-style-type: none"> Foley & Lardner LLP Michael Best & Friedrich LLP Reinhart Boerner Van Deuren S.C. Borgelt Powell Peterson & Frauen S.C. Godfrey & Kahn S.C. Hinshaw & Culbertson LLP von Briesen & Roper S.C. DeWitt Ross & Stevens S.C. 	<ul style="list-style-type: none"> Quarles & Brady LLP Rose & deJong S.C. Karp & Iancu S.C. Hawks Quindel S.C. Numerous individual attorneys and solo practitioners

Student Volunteer / Internship Programs

- | | |
|--|---|
| <ul style="list-style-type: none"> • Marquette University Law School • Marquette University • University of Wisconsin-Milwaukee | <ul style="list-style-type: none"> • Alverno College • Cardinal Stritch University • Mt. Mary University |
|--|---|

Client Reported Monthly Income

	\$0-\$1000	\$1000-\$1500	\$1501-\$2000	\$2001- \$2500	\$2500+	Unreported
Percentage of 2017 clients	37%	20%	16%	10%	8%	4%

Client Reported Number of Minors in Household

	0	1	2	3	4	5+
Percentage of 2017 clients	30%	25%	22%	13%	6%	4%

Client Reported Household Location

