

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, State Bar number, and address):</i> TELEPHONE NO. <i>(Optional):</i> _____ FAX NO. <i>(Optional):</i> _____ E-MAIL ADDRESS <i>(Optional):</i> _____ ATTORNEY FOR <i>(Name):</i> _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT:	
PETITION FOR PROTECTIVE ORDERS (Elder or Dependent Adult Abuse)	CASE NUMBER: _____

NOTE: This form must be completed and filed with an *Order to Show Cause and Temporary Restraining Order* (form EA-120). A separate petition must be filed for each person to be protected.

1. **Petitioner** *(name)*: _____ **is**
- a. the person to be protected.
 - b. the conservator of the person to be protected.
 - c. the guardian ad litem for the person to be protected.
 - d. other *(describe relationship and capacity)*:

2. **Person to be protected** *(name)*:
- a. is age 65 years or older.
 - b. is between the ages of 18 and 64, and has physical or mental limitations that restrict his or her ability to carry out normal activities or to protect his or her rights *(describe physical or mental limitations)*:

3. a. Person to be restrained <i>(name)</i> : b. Description:
Sex: <input type="checkbox"/> M <input type="checkbox"/> F Ht.: ____ Wt.: ____ Hair color: _____ Eye color: _____ Race: _____ Age: ____ Date of birth: _____

RELATED CASES

4 a. The person to be protected has has not been involved in other court actions with the person to be restrained in which restraining orders were issued. *(If other court actions are known, please specify the case numbers and the county or other state, and attach copies of orders if available):*

b. Describe any other related cases *(specify case name, number, and county or other state)*:

(This is not a Court Order)

PETITIONER:	CASE NUMBER:
RESPONDENT:	

5. This petition should be granted because
- the person to be restrained caused the person to be protected to suffer physical harm or pain or mental suffering through physical abuse, financial abuse, abandonment, isolation, abduction, or other treatment.
 - the person to be restrained has the care or custody of the person to be protected, but has neglected that person or deprived the person of goods or services that are necessary to avoid physical harm or mental suffering.

PETITIONER REQUESTS THAT THE COURT MAKE THE ORDERS INDICATED BY THE CHECK MARKS IN THE BOXES BELOW.

6. **PERSONAL CONDUCT ORDER** **To be ordered now and to remain in effect until the hearing.**
 Petitioner seeks an order that the restrained person must not abuse, intimidate, molest, attack, strike, stalk, threaten, sexually assault, batter, harass, telephone, destroy the personal property of, or contact directly or indirectly, by mail or otherwise, the protected person.

7. **RESIDENCE EXCLUSION ORDER** **To be ordered now and to remain in effect until the hearing.**
 a. Petitioner seeks an order that the restrained person must immediately move from and must not return to (address):

and may take only personal clothing and effects needed until the hearing.

- b. The residence exclusion order should be granted because
- (1) Title to or lease of the residence at the address listed above is not in the sole name of the person to be restrained nor is it in the name of the person to be restrained and another person besides the person to be protected.
 - (2) The person to be protected will suffer physical or emotional harm if the restrained person does not leave the residence.
 - (3) The person to be protected has a legal right to live at the address listed above.
 - (4) The restrained person assaulted or threatened to assault the person to be protected.

8. **STAY-AWAY ORDER** **To be ordered now and to remain in effect until the hearing.**

Petitioner seeks an order that the restrained person **must** stay at least (specify): _____ yards away from the protected person and the following places:

- The residence of the protected person located at (specify):
- The place of work of the protected person (specify):
- The vehicle of the protected person (specify):
- Other (specify):

9. If the restrained person is ordered to stay away from all the places specified in item 8, will the restrained person still be able to get to his or her residence, school, place of employment, or place of worship? Yes No
 (If no, explain):

10. **FIREARMS PROHIBITION AND RELINQUISHMENT ORDER**

Petitioner requests an order that the restrained person is prohibited from owning, possessing, purchasing or receiving, or attempting to purchase or receive a firearm, and must relinquish any firearm that he or she owns or possesses. The abuse in this case is not solely financial abuse unaccompanied by force, threat, harassment, intimidation, or any other form of abuse.

(This is not a Court Order)

PETITIONER: RESPONDENT:	CASE NUMBER:
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11. TIME FOR SERVICE

Petitioner requests that time for service of the *Order to Show Cause* and accompanying papers be served no less than 2 days before the date set for hearing other (specify time): _____ . (If you need the time to complete service shortened to less than 2 days before the hearing, provide additional facts to support your request.)

12. **OTHER ORDERS** (Specify any other orders that you are requesting. You must provide reasons for your requests.)

Continued on Attachment 12. (If you need more space, check here and use an attachment. You may use Attachment (form MC-025) designated as "Attachment 12.")

13. DESCRIPTION OF ABUSE AND OTHER FACTS SUPPORTING PETITION

(Describe in detail the most recent incidents of abuse. List each incident separately. Describe the incident, including who did what to whom and any injuries. Describe any history of abuse.):

Continued on Attachment 13. (If you need more space, check here and add an attachment. You may use Attachment (form MC-025) designated as "Attachment 13.")

(This is not a Court Order)

PETITIONER: RESPONDENT:	CASE NUMBER:
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14. NO FILING FEE

There is no filing fee for this petition.

15. NO FEE FOR SERVICE OF ORDERS

Petitioner requests free service by law enforcement of the orders issued based on this petition pursuant to Welfare & Institutions Code section 15657.03(m). *(For the court to determine if you are eligible for free service, you must file a completed copy of the Application for Waiver of Court Fees and Costs (form 982(a)(17) with this petition.)*

16. ATTORNEY FEES AND COSTS

Petitioner requests that petitioner's attorney fees and costs be paid by the restrained person as follows:

<u>Item</u>	<u>Amount</u>
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17. SERVICE OF ORDERS ON LAW ENFORCEMENT

Petitioner requests that copies of the order be given to the law enforcement agencies listed below by:

- a. the petitioner.
- b. the petitioner's attorney.
- c. the clerk of the court, by mail.

<u>Law Enforcement Agency</u>	<u>Address</u>
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Please note that this *Petition for Protective Orders* and the orders issued by the court must be personally served on the restrained person. No person to be protected, including yourself, may personally serve these papers.

Date:

(TYPE OR PRINT NAME OF ATTORNEY)		(SIGNATURE OF ATTORNEY)
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I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME OF PETITIONER)		(SIGNATURE OF PETITIONER)
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(This is not a Court Order)