

Clerk stamps date here when form is filed.

**DRAFT 12 BG
January 14, 2011**

**Not Approved by the
Judicial Council**

Fill in court name and street address:

Superior Court of California, County of

Fill in case number:

Case Number:

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

- Read Form EA-120-INFO, *How Can I Respond to a Request for Orders to Stop Elder or Dependent Adult Abuse?*, to protect your rights.
- Fill out this form and take it to the court clerk.
- Have the person in ① or that person's lawyer served by mail with a copy of this form and any attached pages. (See Form EA-250, Proof of Service of Response by Mail.)

① Elder or Dependent Adult Seeking Protection

Name _____

- Name of person asking for the protection, if different:
(This is the person named in item ③ of the request (Form EA-100).)

② Person From Whom Protection is Sought

Your Name: _____

Your address (skip this if you have a lawyer; you may give a mailing address if you want to keep your street address private):

City: _____ State: _____ Zip: _____

Telephone (optional): _____ Fax (optional): _____

Your Lawyer (if you have one)

Name: _____ State Bar No: _____

Firm Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone No.: _____ Fax No: _____

E-Mail Address: _____

③ 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): _____

④ 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): _____

The court will consider your response at the hearing. Write your hearing date, time, and place (from form EA-109, item ③ here:

Hearing Date → Date: _____ Time: _____
Dept.: _____ Room: _____

If you were served with a Temporary Restraining Order, you must obey it until the hearing. If you do not come to this hearing, the court may make the orders requested against you last for up to five years.



10 Lawyer's Fees and Costs

a. I ask the court to order payment of my lawyer's fees court costs by the person asking for protection named in 1. 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 10—Lawyer's Fees and Costs" for a title.

b. I ask the court to deny the request of the person asking for protection named in 1 that I pay his or her lawyer's fees and costs.

11 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 is true and correct.

Date: _____

Type or print your name

Sign your name