

Clerk stamps below when form is filed.

**DRAFT 7 BG
January 14, 2011**

**Not Approved by the
Judicial Council**

Court name and street address:

Superior Court of California, County of

Fill in case number:

Case Number:

1 Protected Elder or Dependent Adult

Name: _____

Person who obtained the protection for the elder or dependent adult, if different (person named in item 3 of Form EA-100):

Name: _____

Mailing Address (skip this if you have a lawyer):

Street Address or P.O. Box: _____

City: _____ State: _____ Zip: _____

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

Lawyer for Person(s) in 1 (if any):

Name: _____ State Bar No.: _____

Firm Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

E-mail Address: _____

2 Restrained Person

Full Name: _____

3 Request to Renew Restraining Order

I ask the court to renew the *Restraining Order After Hearing to Stop Elder or Dependent Adult Abuse* (Form EA-130). A copy of the order is attached.

a. The order ends on (date): _____

b. This is my first request to renew the order.

The order has been renewed _____ times already.

c. I want the order to be renewed for five years permanently other (specify) _____

d. I ask the court to renew the order because (explain below or if there is not enough space, put your complete answer on an attached sheet of paper and write "Attachment 3d" for a title. You may use Form MC-025, Attachment):

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

Date: _____

Type or print your name

Sign your name

This is not a Court Order.