

Order Renewing Restraining Order to Stop Elder or Dependent Adult Abuse

Clerk stamps date here when form is filed.

**DRAFT 6 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:

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 represented by 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 Hearing

There was a hearing on (*date*): _____ at (*time*): _____ a.m. p.m. Dept. _____ Room: _____
(*Name of judicial officer*) _____ made the orders at the hearing.

These people were at the hearing:

a. The protected person c. The lawyer for the protected person (*name*): _____

b. The restrained person d. The lawyer for the restrained person (*name*): _____

Additional persons present are listed on Form MC-025 Attachment 3.

4 Renewal and Expiration

The request to renew the attached *Restraining Order After Hearing to Stop Elder or Dependent Adult Abuse*, originally issued on (*date*) _____, is:

a. **DENIED.** The attached order expires as stated in item 3 of the order.

b. **GRANTED.** The attached order is renewed and will now expire on:

(*time*): _____ a.m. p.m. or midnight on (*date*): _____

If no expiration date is written here, the order expires three years from the date of the hearing in item 3, above.

Date: _____

Judicial Officer

This is a Court Order.