

# Response to Request for Elder or Dependent Adult Restraining Order Allowing Contact

Clerk stamps date here when form is filed.

Use this form to respond to the *Request* (form EA-300)

- 1 Read *How Can I Respond to a Request for an Elder or Dependent Adult Restraining Order Allowing Contact?* (form EA-320-INFO) to protect your rights.
- 1 Fill out this form and take it to the court clerk.
- 1 Have someone age 18 or older—**not you or anybody else involved in the case**—serve the person or persons listed in (1) by mail with a copy of this form and any attached pages. (Use form EA-250, Proof of Service of Response by Mail.).

Fill in court name and street address:

**Superior Court of California, County of**

Court fills in case number when form is filed.

**Case Number:**

## 1 Elders or Dependent Adults

Names: \_\_\_\_\_  
\_\_\_\_\_

## 2 Person Alleged to Be Preventing Contact

a. Your Name: \_\_\_\_\_

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 email.)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Present your response and any opposition at the hearing. Write your hearing date, time, and place from form EA-309, item (5), here:

**Hearing Date** Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Dept.: \_\_\_\_\_ Room: \_\_\_\_\_

At the hearing, the court may make an order against you that last for up to five years.

## 3 Person Who Wants Contact With the Elders or Dependent Adults

Name: \_\_\_\_\_

## 4 Person Requesting Order

Name: \_\_\_\_\_

## 5 Order Allowing Contact

a.  I agree to the order requested.

b.  I do not agree to the order requested. (Specify why you disagree in item (7) and (8) on page 2.)

## 6 Denial

I did not do anything I was accused of in item (8) of form EA-300. (Skip to (8) .)

**7** **Q Justification or Excuse**

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

**Q** 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 7—Justification or Excuse” as a title. You may use form MC-025, Attachment.

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**8** **Q Reasons I Do Not Agree to the Order Requested**

*Explain why you do not agree to the requested order allowing contact.*

**Q** 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 8—Reasons I Disagree” as a title. You may use form MC-025, Attachment.

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**9** **q** **Lawyer's Fees and Costs**

a. **q** I ask the court to order payment of my **q** lawyer's fees **q** court costs. The amounts requested are:

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

**q** Check here if there are more items. Put the items and amounts on the attached sheet of paper and write "Attachment 9—Lawyer's Fees and Costs" for a title. You may use form MC-025, Attachment.

b. **q** I ask the court to deny the request of the person asking for the order named in **4** that I pay their lawyer's fees and costs.

**10** 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: \_\_\_\_\_

\_\_\_\_\_  
*Type or print your name*

\_\_\_\_\_  
*Sign your name*