This workshop was held at the 2018 Equal Justice Conference in San Diego, California.

Title:
Win-Win: Opportunities For Pro Bono Volunteers In Elder Justice

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As society feels the impact of the "Silver Tsunami," legal services agencies face an increasing number of older community members seeking legal services, particularly around the issue of elder fraud and abuse. Serving older clients can be complex, particularly given that victims of abuse face unique challenges accessing legal services due to factors including physical and cognitive impairments, as well as trauma often perpetrated by family members. This panel will discuss recruiting and training pro bono volunteers to meet the need while also providing person-centered, trauma-informed legal services. Panelists will share a multi-pronged approach to working with pro bono attorneys, law student, and volunteers on elder justice issues, including direct representation on elder fraud litigation, staffing a self-help elder abuse restraining order clinic, delivering Know Your Rights Presentations, and staffing Advance Planning Clinics.
ELDER ABUSE
RESTRAINING ORDERS

Welfare & Institutions Code section 15657.03
Goals

• Define elder abuse
• Discuss remedies within EARO
• Determine who has standing to file EARO
• Review forms/pleadings
• Review EARO procedure
• Discuss hearings
SUBSTANTIVE LAW
EADACPA

Elder abuse restraining orders fall under the Elder Abuse and Dependent Adult Civil Protection Act (EADACPA) found in the Welfare & Institutions Code (“WIC”) §15600 et seq.
Victims

- Elder: person 65 years of age or older. WIC § 15610.27.
- Dependent adult: person 18 to 64 years old with physical or mental limitations that restrict ability to carry out normal activities or protect his/her rights. Includes persons:
  - with physical or developmental disabilities, or
  - whose physical or mental abilities have diminished because of age.
  - admitted as an inpatient to a 24-hour health facility, as defined in §§1250, 1250.2, and 1250.3 of the Health and Safety Code. 15610.25.
- WIC § 15610.23.
Victims (cont.)

- Developmental disability: a disability that
  - originates before age 18,
  - continues, or can be expected to continue, indefinitely, and
  - constitutes a substantial disability.
- Includes intellectual disability, cerebral palsy, epilepsy, and autism,
- Does not include handicapping conditions solely physical in nature.
- WIC § 4512
Definition of Elder Abuse

WIC §§ 15600 et seq. defines elder abuse as:
• physical abuse,
• neglect,
• financial abuse,
• abandonment,
• isolation,
• abduction or other treatment resulting in physical harm or pain or mental suffering, or
• the deprivation by a care custodian of goods or services that are necessary to avoid physical harm or mental suffering.

Applies to elders and dependent adults.
Physical Abuse (WIC §15610.63)

- Defined by the Penal Code
- Includes:
  - assault,
  - battery,
  - sexual assault,
  - battery or rape,
  - prolonged or continual deprivation of food or water, or
  - use of physical or chemical restraints for punishment, convenience, or without or beyond the scope of the doctor's order.
Neglect (WIC §15610.5)

• Failure of person with care or custody of elder or dependent adult to exercise degree of care that reasonable person in like position would exercise.

• Includes:
  (1) Failure to assist in personal hygiene, or in provision of food, clothing, or shelter.
  (2) Failure to provide medical care for physical and mental health needs.
  (3) Failure to protect from health and safety hazards.
  (4) Failure to prevent malnutrition or dehydration.
Financial Abuse (WIC §15610.30)

(a) Occurs when person or entity does any of the following:
   (1) Takes, secretes, appropriates, obtains, or retains real or personal property for wrongful use or with intent to defraud, or both.
   (2) Assists in acts defined in #1.
   (3) Commits acts or assists in acts defined in #1 by undue influence, as defined Civil Code § 1575.

(b) Wrongful use: Among other things, person or entity takes, secretes, appropriates, obtains, or retains property and person or entity knew or should have known conduct likely to be harmful to elder or dependent adult.

(c) Person or entity takes, secretes, appropriates, obtains, or retains real or personal property when an elder or dependent adult is deprived of any property right, including by means of agreement, donative transfer, or testamentary bequest, regardless of whether property held directly or by representative of elder or dependent adult.
Undue Influence (WIC §15610.70)

Excessive persuasion that causes another person to act or refrain from acting by overcoming that person's free will and results in inequity. In determining whether a result was produced by undue influence, the following shall be considered:

1. The vulnerability of the victim.
2. The influencer's apparent authority.
3. The actions or tactics used by the influencer.
4. The equity of the result.

(b) Evidence of an inequitable result, without more, is not sufficient to prove undue influence.
The vulnerability of the victim.: Evidence of vulnerability may include, but is not limited to, incapacity, illness, disability, injury, age, education, impaired cognitive function, emotional distress, isolation, or dependency, and whether influencer knew or should have known of alleged victim's vulnerability.
Undue Influence (WIC §15610.70) cont.

The influencer's apparent authority. Evidence of apparent authority may include, but is not limited to, status as a fiduciary, family member, care provider, health care professional, legal professional, spiritual adviser, expert, or other qualification.
The actions or tactics used by the influencer. Evidence of actions or tactics used may include, but is not limited to, all of the following:

(A) Controlling necessaries of life, medication, the victim's interactions with others, access to information, or sleep.

(B) Use of affection, intimidation, or coercion.

(C) Initiation of changes in personal or property rights, use of haste or secrecy in effecting those changes, effecting changes at inappropriate times and places, and claims of expertise in effecting changes.
The equity of the result. Evidence of the equity of the result may include, but is not limited to, the economic consequences to the victim, any divergence from the victim's prior intent or course of conduct or dealing, the relationship of the value conveyed to the value of any services or consideration received, or the appropriateness of the change in light of the length and nature of the relationship.
Mental Suffering (WIC §15610.53)

Fear, agitation, confusion, severe depression, or other forms of serious emotional distress brought about by forms of intimidating behavior, threats, harassment, or by deceptive acts performed or false or misleading statements made with malicious intent to agitate, confuse, frighten, or cause severe depression or serious emotional distress of elder or dependent adult.
"Isolation" :
(1) Acts intentionally committed for purpose of preventing, and that do prevent, elder or dependent adult from receiving mail or telephone calls.

(2) Telling caller or prospective visitor that elder or dependent adult is not present, or doesn’t wish to talk with caller, or doesn’t wish to meet with visitor where statement is false, is contrary to express wishes of elder or dependent adult, whether he/she is competent or not, and is made for purpose of preventing him/her from having contact with family, friends, or concerned persons.

(3) False imprisonment, as defined in Penal Code §236.

(4) Physical restraint of elder or dependent adult for purpose of preventing him/her from meeting with visitors.
Abandonment (WIC § 15610.05)

The desertion or willful forsaking of elder or dependent adult by anyone having care or custody of that person under circumstances in which a reasonable person would continue to provide care and custody.
Abduction (WIC § 15610.06)

The removal from this state and the restraint from returning to this state, or the restraint from returning to this state, of any elder or dependent adult who does not have capacity to consent to removal from this state and the restraint from returning to this state, or the restraint from returning to this state, as well as removal from this state or the restraint from returning to this state, of any conservatee without the consent of the conservator or the court.
Deprivation by Care Custodian of Goods/Services

- "Care custodian": administrator or employee of any of the following public or private facilities or agencies, or persons providing care or services for elders or dependent adults . . . WIC § 15610.17

- "Goods and services necessary to avoid physical harm or mental suffering" include, but not limited to: (a) Provision of medical care for physical and mental health needs. (b) Assistance in personal hygiene. (c) Adequate clothing. (d) Adequately heated and ventilated shelter. (e) Protection from health and safety hazards. (f) Protection from malnutrition, under those circumstances where the results include, but are not limited to, malnutrition and deprivation of necessities or physical punishment. (g) Transportation and assistance necessary to secure any of needs set forth in subdivisions (a) to (f), inclusive. WIC § 15610.35.
Common Fact Patterns in Elder Abuse Cases

• Majority of elder abuse is perpetrated by a family member, often a family member with mental illness or substance abuse problems.
  • Filing ROs against family can be very difficult and many elders hold off on filing until they reach a breaking point.
• Often involves a family member who has moved in with an elder, but doesn’t contribute financially, won’t leave, and is verbally abusive.
• Financial abuse is incredibly common—using elder or dependent adult’s income (often fixed Social Security or SSI) for abuser’s own use. Financial abuse may be perpetrated by a power of attorney agent or conservator.
Elder Abuse Restraining Order Example

Ms. Gonzales is an 80-year-old widow who suffers from mild dementia. Two years ago, Ms. Gonzales’ son, Albert, moved into Ms. Gonzales’ apartment after losing his job. Albert struggles with alcoholism and has severe bouts of depression. Albert won’t let his siblings visit Ms. Gonzales and though Albert claims to be Ms. Gonzales’ caregiver, he spends her SSI paycheck on alcohol for himself. Ms. Gonzales only eats one frozen meal per day. Albert also refused to bring Ms. Gonzales to the doctor when the apartment had a bed bug infestation that caused infected scabs on Ms. Gonzales’ body. A sibling reported the situation to Adult Protective Services (APS).
Orders/Remedies - EARO

There are five statutory remedies provided by an elder abuse restraining order:

1. Conduct: Prohibits defendant from engaging in specific conduct and communication with the victim
2. Stay Away: Usually 100 feet away from the victim unless parties live together (and can't get residence exclusion), then 3 or 4 feet.
3. Residence Exclusion (Move-Out Order)
4. Care, possession or custody of an animal
5. Order enjoining party from specified behavior that court determines is necessary to effectuate orders
Move Out Request (Exclusion Order) - EARO

Title Issues
WIC §15657.03 (b) (3) (B) Order excluding party from petitioner's residence or dwelling, except order shall not be issued if legal or equitable title to, or lease of, residence or dwelling is in sole name of excluded party, or is in name of party to be excluded and any other party besides petitioner.

Requirements for Temporary Move-Out
• (d) Court may issue ex parte order excluding party from petitioner's residence or dwelling only on a showing of all the following:
  (1) Facts sufficient for court to ascertain that party who will stay in dwelling has a right under color of law to possession of premises.
  (2) That party to be excluded has assaulted or threatens to assault petitioner, other named family or household member of petitioner, or a conservator of petitioner.
  (3) That physical or emotional harm would otherwise result to petitioner, other named family or household member of petitioner, or a conservator of petitioner.

Requirements for Permanent Move-Out
• (h) Court may issue, upon notice and a hearing, any orders set forth in paragraph (3) of subdivision (b). Court may issue, after notice and hearing, an order excluding person from residence or dwelling if court finds that physical or emotional harm would otherwise result to petitioner, other named family or household member of petitioner, or conservator of petitioner.
Other Orders Enjoining Conduct

- The judge can make any other order that prevents the defendant from doing something.
  - Ex: Defendant “cannot” do ___. (E.g. – accompany victim to the bank, change beneficiary on life insurance, use victim’s car, etc.)
- Note: Judge can't make orders requiring the defendant to affirmatively perform an act. There is no way for the restraining order court to enforce such an order. (E.g. – return victim’s personal property, return stolen money.)
- If the judge is willing to be creative, it can be used as a tool to get the defendant to do an affirmative act. E.g. – if defendant returns victim’s personal property by x date, then victim will dismiss restraining order.
Standing—Who can petition?

The following people can petition for an EARO:

1. Elder or dependent adult who has suffered abuse.
2. Conservator of elder or dependent adult.
3. Trustee of elder or dependent adult.
4. An attorney-in-fact of elder or dependent adult who acts within authority of power of attorney.
5. A person appointed as guardian ad litem for elder or dependent adult (the guardian ad litem must be represented by an attorney or be an attorney).
6. Adult Protective Services.
Guardian Ad Litem (GAL)

CCP § 372. (a) (1) When minor, person who lacks legal capacity to make decisions, or person for whom a conservator has been appointed is party, that person shall appear either by a guardian or conservator of the estate or by a guardian ad litem appointed by court in which the action or proceeding is pending, or by a judge thereof . . . The guardian or conservator of estate or guardian ad litem so appearing shall have power, with approval of the court in which the action or proceeding is pending, to compromise the same, to agree to the order or judgment to be entered therein.
Who is your client?

Capacity?

Considerations about a victim’s mental state (aside from capacity issues):
• Dependent
• Isolated
• Denial
• Desire to help abusers/not hurt them
• Fear
Petitioner v. Victim

- Doctor’s testimony
- Anecdotal evidence re capacity or inability to resist undue influence
- Conservatorship
Burden of Proof

- WIC § 15657.03(c) Order may be issued if declaration shows, to satisfaction of court, reasonable proof of past act or acts of abuse of petitioning elder or dependent adult.


- Court may issue protective orders to prevent recurrence of abuse on reasonable proof of past act or acts of abuse of petitioning elder or dependent adult. WIC §15657.03(c); *Gdowski v. Gdowski* (2009) 175 Cal.App.4th 128 (protective order under EADACPA may be issued based on evidence of past abuse, without any particularized showing that wrongful acts will continue or be repeated).
Notice

- Temporary restraining order can be granted without notice to the defendant if the victim believes that he or she would be harmed if notice were given.
- If there is no basis for waiving notice, the petitioner must give the defendant at least four hours telephonic notice.
- Permanent restraining order requires at least five calendar days notice.
Fees

• No court filing fees or fees for service.
• Discretionary Attorney’s Fees and Costs
  • WIC § 15657.03(s) Prevailing party in any action brought under this section may be awarded court costs and attorney's fees, if any.
• Amount of Fees - WIC § 15657.1.
Family Code §6203. For purposes of this act, "abuse" means:

(a) Intentionally or recklessly to cause or attempt to cause bodily injury.
(b) Sexual assault.
(c) To place a person in reasonable apprehension of imminent serious bodily injury.
(d) To engage in any behavior that has been or could be enjoined pursuant to §6320 (molesting, attacking, striking, stalking, threatening, sexually assaulting, battering, harassing, telephoning).

****However, case law suggests that abuse is not limited to the actual infliction of physical injury or assault and that emotional abuse is actionable.

Qualifying relationships for DVRO (not required for EA):

- Spouse, ex-spouse
- Dating or engagement relationship
- Someone with whom victim has had a child
- Relative within the second degree (grandparent/grandchild, aunt/uncle, niece/nephew, half-sibling)
Compare DVRO: Remedies

The DVRO provides for more remedies than the EARO:

- Custody
- Visitation
- Child Support
- Batterer’s Treatment Program
- Freeze Marital Assets
- Restitution (Expenses related to abuse, e.g. medical bills)
- Spousal Support
- Paternity Stipulation
- Move-out order: the court to issue a kick-out regardless of who holds title or the lease, although the eviction would only be temporary if the victim was not a title holder.
Compare: Civil Harassment Restraining Orders (CCP §527.6)

- Under the Code of Civil Procedure "harassment" is unlawful violence, a credible threat of violence, or a knowing and willful course of conduct directed at a specific person that seriously alarms, annoys, or harasses the person, and that serves no legitimate purpose.
- Civil harassment restraining orders can be filed by anyone against anyone.
- Civil harassment does not allow for the same remedies. There is no residence exclusion.
- Burden of proof is higher (clear and convincing evidence).

Bottom line: Don’t use civil harassment if petitioner is elderly or a dependent adult.
Compare: Criminal Elder Abuse Restraining Order

The criminal court may issue an elder abuse restraining order for:

- Acts likely to produce great bodily harm or death (felony)
- Willfully causing or permitting an elder to suffer or inflicting physical pain or mental suffering (misdemeanor)
- Financial abuse – theft, embezzlement, forgery, fraud, ID theft
- False imprisonment

Criminal restraining orders are issued as part of sentencing or probation. They are usually not as expeditious as civil EARO because the DA must agree to prosecute the case after investigation.
Working with Elders and Dependent Adults

- Interviewing litigants may present challenges because of the litigants’ physical, cognitive, or emotional states.
- Trauma informed services: Being sensitive to the impact of potentially long-standing abuse in how a victim may access services or feel comfortable in their environment.
- Best practices:
  - Be patient, allow more time with litigants
  - Slow down your speech
  - Use formal address when speaking with older adults
  - Try to speak with victim directly if possible - don’t allow person accompanying him/her to answer all questions
Client Interview

- Ask questions about each type of elder abuse.
- Get as much detail as possible, even if the victim is embarrassed to repeat words or acts.
- Ask victim about goals.
- Discuss enforcement of order.
Forms/Pleadings Required

1. EA-100- Request for Orders to Stop Elder or Dependent Adult Abuse
   • Attachments
     • Write an attachment with a Statement of Facts, Points & Authorities, Analysis, and Request for Relief
     • Legal authority if petitioner is not the victim (POA, trust, etc.).
     • Declarations
     • Evidence
2. EA-120- Notice of Hearing and Temporary Restraining Order
3. EA-109 Notice of Court Hearing
4. CLETS 001
5. Declaration of Notice /FAM-018

*Judicial Council forms can be found at www.courts.ca.gov
Attachment to EA-100

Section 1 – Statement of Facts
  Cognitive and physical disabilities
  Activities of Daily Living (ADLs)
  History of abuse

Section 2 - Standing

Section 3 - Points & Authorities

Section 4 - Request for Relief/Conclusion
Activities of Daily Living

- Bathing
- Dressing
- Grooming
- Oral care
- Toileting
- Transferring
- Walking
- Climbing stairs
- Eating
- Shopping
- Cooking
- Managing medications
- Housework
- Managing finances
- Driving
Evidence (Include as Exhibits)

- Authority to bring RO if not victim (power of attorney, trust, etc.) or Request to Appoint GAL
- Police Reports
- Declarations
- Financial documents
- Medical records/declarations/Capacity Declaration
- Photos
- APS – all records confidential
Filing the TRO

• Go to Restraining Order Clinic, 2\textsuperscript{nd} floor, Stanley Mosk.
• Restraining orders can be filed Monday through Friday, from 8:30 am to 4:00 pm. Closed from 12:00 pm to 1:30 pm.
• Give documents to clerk, provide card.
• Wait for judge to review documents and issue orders.
• Judge will either grant TRO and set for permanent hearing in 21 days or deny TRO and set for permanent hearing in 21 days.
• The clerk will make copies of TRO documents for the petitioner, the respondent, and the police.
Service

• Take TRO to Sheriff’s Department on 5th floor of courthouse.
• Complete a document entitled “Service Instructions.”
• Give the service instructions and the respondent’s packet to the clerk. The clerk will assign a branch of the sheriff’s department to serve. Get the phone number for the sheriff’s branch.
• If the court granted a move-out, the sheriff will serve and remove the respondent from the premises within a few days.
• Sheriff will complete a proof of service and send it to you or the client. Make sure to file the POS before the hearing.
Next Steps

1. **Copy to Police:** Provide nearest police department with copy of order; instruct the Petitioner to call the police if the respondent returns to the premises and inform you of any violations of RO.

2. **Change Locks:** Advise petitioner/victim to change locks, get locks on windows.

3. **Consider Settlement:** Once respondent is removed and served with the TRO, respondent may agree to move out of the premises and stay away from the victim in exchange for dismissal of the restraining order. If the respondent is likely to violate any agreement because of mental illness or drug use, then going to trial is preferable.
TRO Reissuance Process

If a Respondent cannot be served five days before the hearing on the permanent restraining order, then the petitioner may request the court to reissue the TRO. Complete Judicial Council Form EA-115. Respondent may also request a continuance to hire an attorney or to have more time to prepare for trial.
Discovery

• No time for depositions, requests for admissions, getting consumer/business records, etc. unless get a continuance/reissuance.
• Ask for voluntary attendance by witnesses.
• If no voluntary agreement to attend, issue and serve a witness subpoena very soon after obtaining the TRO. These only require “reasonable” notice. Witness fees apply and vary depending on the witness (non-expert, expert, public employees).
Witnesses/Evidence

- Declaration in lieu of testimony
- Family, neighbors, friends
- Social worker
- Doctor
- Independent living coordinator
- Regional center worker
- Police officer

- Prepare direct and cross exam questions.
- Authenticate any documents or photos if can’t admit them through testimony.
Trial

Two scenarios:

1. **Formal Trial**: There may be a trial where the movant and respondent will have the opportunity to call witnesses, present evidence formally, and provide closing statements.
   a. Disabilities or Impairments: If your Client is sensitive to any disabilities or impairments, then ask for the necessary accommodations.
   b. Limited English Proficiency: If your Client has limited English proficiency, then ask for a translator.

2. **Informal Hearing**: The judge may either
   a. Simply ask the Respondent to reply to the Petitioner’s allegations, then makes a ruling; or
   b. Accept all written allegations and ask parties if they have anything else to add orally.
Contact

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Bet Tzedek Legal Services
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dsanzdavid@bettzedek.org
APPENDIX

Elder Abuse Restraining Order Forms
Appendix

1. EA-100
2. EA-109
3. EA-110
4. CLETS
5. FAM-018
6. Guardian Ad Litem
Completing EA-100

EA-100 Request for Elder or Dependent Adult Abuse Restraining Order

- **Purpose**: this form is the request for both a temporary and permanent restraining order under the EADACPA.

- **Instructions**: Complete this form in its entirety and include attachments.
Items 1 & 2

- **Item 1**: Fill in the name, sex, and age of the individual in need of protection.
- **Item 2**: Fill in the Respondent’s name and address (if known)
Item 3

• Fill in the information of the person requesting the order – either the victim or someone legally authorized to act for that person.
Item 4

• Fill in your contact information as attorney of record.

4 Contact Information

Contact information for the person asking the court for protection:

a. 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 you want to keep your home address private, you may give a different mailing address instead. The person in ① does not have to give telephone, fax, or e-mail):
   Address: _______________________
   City: __________________________ State: _______ Zip: _______
   Telephone: _____________________ Fax: ________________
   E-Mail Address: _______________
Item 5

• Select the appropriate description of the person seeking the protection and describe victim’s limitations if under 65 years old.

5. Description of Protected Person

Describe the person named in 1. (Check a or b):

a. Is age 65 or older and a resident of California.

b. Is a resident of California and an adult under age 65. This person has physical or mental limitations that restrict his or her ability to carry out normal activities or to protect his or her rights. (Briefly describe limitations on the attached sheet of paper or Form MC-025. Write “Attachment 5—Description of Protected Person” for a title.)
Item 6

• List any additional family members or household members who require protection, and explain why they need protection.

• **NOTE:** If a statement is attached, write “See Attached Statement” on the form.

### Additional Protected Persons

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Sex</th>
<th>Age</th>
<th>Lives with you?</th>
<th>How are they related to you?</th>
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<td>Yes □ No □</td>
<td>□ Yes □ No □</td>
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<td>Yes □ No □</td>
<td>□ Yes □ No □</td>
</tr>
</tbody>
</table>

- □ Check here if there are more people. Provide the above information for each one on the attached sheet of paper or MC-025. Write “Attachment 6a—Additional Protected Persons” for a title.

- □ Check here if there is not enough space for your answer. Put your complete answer on the attached sheet of paper or Form MC-025 and write “Attachment 6b—Why Others Need Protection” for a title.

b. Why do these people need protection? (Explain below):

<table>
<thead>
<tr>
<th>□ Yes □ No □</th>
<th>□ Yes □ No □</th>
<th>□ Yes □ No □</th>
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**NOTE:** If a statement is attached, write “See Attached Statement” on the form.
Items 7 & 8

- **Item 7:** State relationship between the person in need of protection and the respondent.
- **Item 8:** Select the reason this venue was chosen. Typically, either option “a” or “b” will apply.

**7 Relationship of Parties**

How does the person in ① know the person in ②? (Explain below):

- Check here if there is not enough space for your answer. Put your complete answer on the attached sheet of paper or Form MC-025 and write “Attachment 7—Relationship of Parties” for a title.

**8 Venue**

Why are you filing in this county? (check all that apply):

- a. ☐ The person in ① lives in this county.
- b. ☐ The person in ① was abused by the person in ② in this county.
- c. ☐ Other (specify):
**Items 9(a) & 9(b)**

- **Item 9(a):** If the petitioner or any of the requested additional protected persons have ever been involved in a court case with the respondent, mark “yes” and fill in the needed details. If not, mark “no.”
- **Item 9(b):** Select “yes” or “no” as indicated.

### Other Court Cases

<table>
<thead>
<tr>
<th>Kind of Case</th>
<th>Filed in (County/State)</th>
<th>Year Filed</th>
<th>Case Number (if known)</th>
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<tbody>
<tr>
<td>(1) Elder or Dependent Adult Abuse</td>
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<td>(2) Civil Harassment</td>
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<td>(3) Domestic Violence</td>
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<td>(4) Divorce, Nullity, Legal Separation</td>
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<td>(5) Paternity, Parentage, Child Custody</td>
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<td>(6) Eviction</td>
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<td>(7) Guardianship</td>
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<td>(8) Workplace Violence</td>
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<td>(9) Small Claims</td>
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<td>(10) Criminal</td>
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<td>(11) Other (specify):</td>
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b. Are there now any protective or restraining orders in effect relating to the person in ① or any of the persons named in ⑥ and the person in ②? □ No □ Yes. If yes, attach a copy if you have one.
**Item 10(b) (1-7)**

- **Item 10(b)(1) – (7):** “Describe the most recent incident of abuse.”

- I usually write “See Attached Statement” so that the court reads a linear story. I don’t like starting with the most recent abuse.
Item 10 (c - d)

**Item 10(c):** If the respondent is a care custodian who deprived the victim of needed goods/services, select “yes” and describe the deprivations in the attached statement of facts. Write “See Attachment.”

**Item 10(d):** Write “See Attachment.”
Item 11

- Select requested remedies. I usually select a. and b. unless the victim would like some contact with the abuser (visitation, phone calls, etc.)

11   Personal Conduct Orders

I ask the court to order the person in 2 not to do the following things to the person in 1 or to anyone to be protected listed in 6:

a. [ ] Physically abuse, financially abuse, intimidate, molest, attack, strike, stalk, threaten, assault (sexually or otherwise), hit, harass, destroy the personal property of, or disturb the peace of the person.

b. [ ] Contact the person, either directly or indirectly, in any way, including, but not limited to, in person, by telephone, in writing, by public or private mail, by interoffice mail, by e-mail, by text message, by fax, or by other electronic means.

c. [ ] Other (specify):

[ ] Check here if there is not enough space for your answer. Put your complete answer on the attached sheet of paper or Form MC-025 and write “Attachment 11c—Other Personal Conduct Orders,” for a title.

The person in 2 will be ordered not to take any action to get the addresses or locations of any protected person unless the court finds good cause not to make the order.
Item 12

- If applicable, select any requested Stay-Away orders.
  - **Item 12(a):** Enter the stay away distance; stay away is usually 100 yards
  - **Item 12(b):** Note – the answer should be “no” if the abuser lives with the victim

![Stay-Away Orders Form]

- I ask the court to order the person in ② to stay at least _____ yards away from (Check all that apply):
  1. [ ] The elder or dependent adult in ①
  2. [ ] The persons in ⑥
  3. [ ] The home of the elder or dependent adult
  4. [ ] The job or workplace of the elder or dependent adult
  5. [ ] The vehicle of the elder or dependent adult
  6. [ ] Other (specify):

- If the court orders the person in ② to stay away from all the places listed above, will he or she still be able to get to his or her home, school, or job?  □ Yes  □ No  (If no, explain below):

  □ Check here if there is not enough space for your answer. Put your complete answer on the attached sheet of paper or Form MC-025 and write “Attachment 12b—Stay-Away Orders,” for a title.
Item 13

Complete this item if the petitioner is seeking a move-out order against the respondent and the victim is eligible for one. I usually include all the details in an attachment.

**Move-Out Order**

I ask the court to order the person in ② to move out from and not return to the residence at *(address)*:

The person in ① will suffer physical or emotional harm if the person in ② does not leave the residence. The person in ② is not named in the title or lease of the residence, either alone or with others beside the person in ①.

I ask for this move-out order right away to last until the hearing, because:

a. The person in ② assaulted or threatened the person in ①; and

b. The person in ① has the right to live at the above residence. *(Explain below)*:

Check here if there is not enough space for your answer. Put your complete answer on the attached sheet of paper on Form MC-025 and write “Attachment 13—My Right to Residence,” for a title.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
Item 14

Determine whether the Respondent owns or possesses any guns or other firearms and complete Item 14.

Guns or Other Firearms and Ammunition

Does the person in ② own or possess any guns or other firearms? □ Yes □ No □ I don’t know

Unless the abuse is only financial, if the judge grants a protective order, the person in ② will be prohibited from owning, possessing, purchasing, receiving, or attempting to purchase or receive a gun, other firearm, and ammunition while the protective order is in effect. The person in ② will also be ordered to turn in to law enforcement, or sell to or store with a gun dealer, any guns or firearms within his or her immediate possession or control.
Item 15

Complete Item 15 in order to request a Temporary Restraining Order (TRO). Check “yes” and write “See Attachment.”

Immediate Orders

Do you want the court to make any of these orders now that will last until the hearing without notice to the person in 2?  □ Yes □ No  (If you answered yes, explain why below):

□ Check here if there is not enough space for your answer. Put your complete answer on the attached sheet of paper or Form MC-025 and write “Attachment 15—Immediate Orders” for a title.
Item 16

If there is a reasonable basis for requesting fewer than 5 days between service and hearing, then complete Item 16.

☐ Request to Give Less Than Five Days' Notice

You must have your papers personally served on the person in 2 at least five days before the hearing, unless the court orders a shorter time for service. (Form EA-100 INFO explains What Is “Proof of Personal Service”? Form EA-200, Proof of Personal Service, may be used to show the court that the papers have been served.)

If you want there to be fewer than five days between service and the hearing, explain why below:

☐ Check here if there is not enough space for your answer. Put your complete answer on the attached sheet of paper or Form MC-035 and write “Attachment 16—Request to Give Less Than Five-Days Notice” for a title.
Item 18

Complete this item if requesting attorney’s fees and costs. I don’t request fees if the respondent is insolvent.

17 No Fee to Serve Orders  If you want the sheriff or marshal to serve (notify) the person in 2 about the orders for free, ask the court clerk what you need to do.

18 Lawyer’s Fees and Costs

I ask the court to order payment of my:

a. Lawyer’s fees  b. Court costs

The amounts requested are:

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

☐ 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 18—Lawyer’s Fees and Costs” for a title.
Item 19

If asking for other orders, check the box and write “See Attachment.” Put these additional requests in the “Request for Relief” section of the attachment.

☐ Additional Orders Requested

I ask the court to make the following additional orders (specify):

☐ Check here if there is not enough space for your answer. Put your complete answer on the attached sheet of paper or Form MC-025 and write “Attachment 19—Additional Orders Requested,” for a title.
Item 20

- Indicate the number of pages attached to this form.
- Execute the petition as the attorney.
- Have the petitioner execute the petition.

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: __________________________

Signature of person filling out this request: __________________________
Completing EA-109

EA-109 Notice of Court Hearing

• **Purpose:** This form provides information about the court hearing to all parties.

• **Instructions:** Complete sections (1) and (2) only. The Court will complete the rest depending on its orders.
EA-109 Items 1-2

- **Item 1 (a).** Enter the petitioner’s and victim’s name. Enter attorney’s information.
- **Item 1 (b).** Enter the petitioner’s information.
- **Item 2.** Enter the respondent’s name.
Completing EA-110

**EA-110 Temporary Restraining Order (TRO)**

- **Purpose:** This document is the court’s temporary order.

- Complete only items (1) and (2). The court will complete the rest.
Item 1

Fill in victim’s name. If the petitioner is not the victim, complete the petitioner’s name. Complete attorney’s information.

1. Protected Elder or Dependent Adult
   a. Full Name: ________________________________
      
      Person requesting protection for the elder or dependent adult, if different (person named in item 3 of Form EA-100):
      
      Full Name: ___________________________________
      
      Lawyer for person named above (if any 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 e-mail.:
         
         Address: ______________________________________
         
         City: ___________________  State: _____  Zip: ____________
         
         Telephone: ___________________  Fax: ___________________
         
         E-Mail Address: ________________________________
Item 2

Fill in all known information about the respondent.

[Form image with fields for Full Name, Description, Sex, Height, Weight, Date of Birth, Hair Color, Eye Color, Age, Race, Home Address of Known, City, State, Zip, Relationship to Protected Person.]
Item 3

Fill in information about any requested additional protected persons. See Item 6 from form EA-100.

☐ Additional Protected Persons

In addition to the elder or dependent adult named in (1), the following family or household members or conservator of that person are protected by the orders indicated below:

Full Name | Sex | Age | Household Member? | Relation to Protected Person
---|---|---|---|---

☐ Check here if there are additional protected persons. List them on an attached sheet of paper and write “Attachment 3—Additional Protected Persons” as a title. You may use Form MC-025, Attachment.
Completing CLETS-001

CLETS-001 Confidential CLETS Information

• **Purpose:** This form provides information to the California Law Enforcement Telecommunications System (CLETS).

  • The Petitioner must complete and, depending on the court, either give it to the court clerk or deliver it to law enforcement.

• **NOTE:** This form will not be part of the public court file
Item 1

Fill out all information about the person to be protected.

<table>
<thead>
<tr>
<th>California Law Enforcement Telecommunications System (CLETs) Information Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ This form is submitted with the initial filing (date):</td>
</tr>
<tr>
<td>☐ This is an amended form (date):</td>
</tr>
</tbody>
</table>

Important: This form MUST NOT become part of the public court file. It is confidential and private.

Fill out as much of this form as you can and give it to the court clerk. If the court issues a restraining order, this form will provide law enforcement with information that will help them enforce it. If any of this information changes, fill out a new (amended) form.

<table>
<thead>
<tr>
<th>Case Number (if you know it):</th>
</tr>
</thead>
</table>

1. Person to Be Protected (Name):

Sex: ☐ M ☐ F

Height: ___________________  Weight: ___________________  Race: ___________________

Hair Color: ___________________  Eye Color: ___________________  Age: ___________________  Date of Birth: ___________________

Mailing Address (listed on restraining order): ___________________

City: ___________________  State: ______  Zip: ______  Telephone (optional): ______

Vehicle (Type, Model, Year): ___________________  (License Number and State): ______

SAMPLE ONLY
Item 2

Fill out all known information about the person to be restrained.

2 Person to Be Restrained (Name):

Sex: [ ] M [ ] F Height: ________ Weight: ________ Race: ________

Hair Color: ________ Eye Color: ________ Age: ________ Date of Birth: ________

Residence Address: ____________________________

City: ________ State: ________ Zip: ________ Telephone: ________

Business Address: ____________________________

City: ________ State: ________ Zip: ________ Telephone: ________

Employer: ____________________________

Occupation/Title: ____________________________ Work Hours: ____________________________

Driver’s License Number and State: ________ Social Security Number: ________

Vehicle (Type, Model, Year): ________ (License Number and State): ________

Describe any marks, scars, or tattoos: ____________________________

Other names used by the restrained person: ____________________________
Items 3 & 4

- **Item 3:** As indicated, describe any guns or firearms that the respondent has access to.
- **Item 4:** Fill in information about any additional protected persons.

### 3 Guns or Firearms

Describe any guns or firearms that you believe the person in 2 owns or has access to.

- (Number, types, and locations)

### 4 Other People to Be Protected

<table>
<thead>
<tr>
<th>Name</th>
<th>Date of Birth</th>
<th>Sex</th>
<th>Race</th>
<th>Relation to Person in 1</th>
</tr>
</thead>
</table>

- Additional persons to be protected are listed on Attachment 4.
Declaration of Notice

• **Purpose:** The respondent must receive ex parte notice of the temporary restraining order unless waived by the court. You must either file a Declaration of Telephone Notice or a Request to Waive Notice. The request to waive notice is based on fear of violence during the notice period.

• **FAM-018** – There are two iterations of this same local form. One is a request to waive notice and the other is a declaration of telephone notice.

• Generally, I will always request waiver of notice if the defendant lives with victim/petitioner because it is likely that harm will result to the victim if the defendant has notice. Also, the defendant can avoid service of the restraining order if he/she knows that the petitioner is filing.

• If the victim and defendant do not live together, it’s possible that the victim is not afraid that harm will result from notice. If so, the victim or petitioner must give ____ hours telephone notice and complete the Declaration of Telephone notice. Petitioner can read from the Script - Telephone Notice (see doc ____).
Declaration of Notice

• **Purpose:** The respondent must receive ex parte notice of the temporary restraining order unless waived by the court. You must either file a Declaration of Telephone Notice or a Request to Waive Notice. The request to waive notice is based on fear of violence during the notice period.

• FAM-018 – This is a local form that can be found on the LA court’s website, [www.lacourt.org/forms/all](http://www.lacourt.org/forms/all). There are two iterations of this same local form. One is a request to waive notice and the other is a declaration of telephone notice.

• Generally, I will always request waiver of notice if the defendant lives the with victim/petitioner because it likely that harm will result to the victim if the defendant has notice. If the victim and defendant do not live together, it’s possible that the victim is not afraid that harm will result from notice. If so, the victim or petitioner must give four hours telephone notice and complete the Declaration of Telephone notice.
FAM-018

Item 1 – Write in petitioner’s name and check the first box. Skip all other items and have petitioner sign and date the declaration.

I, ____________________________, declare that:

(PRINT NAME)

1) I did not give notice to the other party in this action because:

☐ I was afraid that the violence would reoccur when I gave notice that I was asking for these orders.

☐ I was afraid that the other party would take the children out of the area before the order could be granted and served.

☐ I believe that giving notice would make the orders useless because the other party would:

_________________________________________

_________________________________________

_________________________________________

I declare that the above is true and correct, and that I executed this declaration at _____________________________, California

_________________________________________

DATE

_________________________________________

SIGNATURE OF DECLARANT:
Completing the **Guardian Ad Litem** (GAL)

- **Item 1** – Write the petitioner’s name. Check box (f) and write the petitioner’s relation to the victim.
- **Item 2** – Write name, address, phone number of petitioner
- **Item 3** – Write name, address, phone number of victim
- **Item 4** – Check box (b)
Item 5 – State “elder abuse restraining order”

5. The court should appoint a guardian ad litem because:
   a. [ ] the person named in item 3 has a cause or causes of action on which suit should be brought (describe):

[ ] Continued on Attachment 5a.
GAL

- Item 5(b) – Write N/A
- Items 5(c) and (d) – Check both boxes and explain why GAL is necessary for this action.
- Item 6 – Check either (a) or (b) and state relationship

| 5.   | b. | more than 10 days have elapsed since the summons in the above entitled matter was served on the person named in item 3, and no application for the appointment of a guardian ad litem has been made by the person identified in item 3 or any other person. |
|      |    | c. | the person named in item 3 has no guardian or conservator of his or her estate. |
|      |    | d. | the appointment of a guardian ad litem is necessary for the following reasons *(specify)*: |
|      |    |    | Continued on Attachment 5d. |

| 6.   | a. | related *(state relationship)*: |
|      | b. | not related *(specify capacity)*:
• Item 7 – Signatures of attorney and petitioner.
• Consent to Act – Have petitioner sign.

7. The proposed guardian ad litem is fully competent and qualified to understand and protect the rights of the person he or she will represent and has no interests adverse to the interests of that person. (If there are any issues of competency or qualification or any possible adverse interests, describe and explain why the proposed guardian should nevertheless be appointed):

☐ Continued on Attachment 7.

_________________________  ______________________________
(TYPE OR PRINT NAME)        (SIGNATURE OF ATTORNEY)

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)        (SIGNATURE OF APPLICANT)

CONSENT TO ACT AS GUARDIAN AD LITEM

I consent to the appointment as guardian ad litem under the above petition.
Date: ______________________

_________________________  ______________________________
(TYPE OR PRINT NAME)        (SIGNATURE OF PROPOSED GUARDIAN AD LITEM)
EA-100 Request for Elder or Dependent Adult Abuse Restraining Orders

Read Can an Elder or Dependent Adult Abuse Restraining Order Help Me? (form EA-100-INFO) before completing this form. Also fill out Confidential CLETS Information (form CLETS-001), with as much information as you know.

1 Elder or Dependent Adult in Need of Protection
   a. Full Name: Jane Doe
      Sex: ☐ M ☐ F Age: 77

2 Person From Whom Protection Is Sought
   Full Name: John Doe
   Address (if known): 1 Wilshire Blvd. Apt. 1
   City: Los Angeles State: CA Zip: 90010

3 Person Requesting Order
   Who is asking the court for protection? (Check a, b, or c):
   a. ☑ The elder or dependent adult named in 1.
   b. ☐ Name: ____________________________
      conservator of the ☐ person ☐ estate ☐ person and estate
      of the person named in 1, appointed by (name of court):
      Case No.: ____________________________
   c. ☐ Other (name) ____________________________
      (Show this person’s legal authority to make this request on an attached sheet of paper. Write “Attachment 3c—Information About Person Requesting Protective Order” for a title. You may use form MC-025, Attachment.)

4 Contact Information
   Contact information for the person asking the court for protection:
   a. 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. The person in 1 does not have to give telephone, fax, or e-mail).:
      Address: 1 Wilshire Blvd. Apt. 1
      City: Los Angeles State: CA Zip: 90010
      Telephone: ____________________________ Fax: ____________________________
      E-Mail Address: ____________________________

This is not a Court Order.
Description of Protected Person

Describe the person named in (1). (Check a or b):

a. ☑ Is age 65 or older and a resident of California.

b. ☐ Is a resident of California and an adult under age 65. This person has physical or mental limitations that restrict his or her ability to carry out normal activities or to protect his or her rights. (Briefly describe limitations on the attached sheet of paper or form MC-025. Write “Attachment 5—Description of Protected Person” for a title.)

Additional Protected Persons

a. Are you asking for protection for any other family or household members or for the conservator of the elder or dependent adult listed in (1)? ☑ Yes ☐ No (If yes, list them):

Full Name Sex Age Lives with you? How are they related to you?
Julia Doe F 73 ☑ Yes ☐ No sister

☐ Check here if there are more persons. Attach a sheet of paper and write “Attachment 6a—Additional Protected Persons” for a title. You may use form MC-025 Attachment.

b. Why do these people need protection? (Explain below):

☐ Check here if there is not enough space for your answer. Put your complete answer on the attached sheet of paper or form MC-025 and write “Attachment 6b—Why Others Need Protection” for a title.

Julia lives with me and does the cooking and cleaning. John Doe has also made threats against Julia, saying that he will "lose it" if Julia doesn't stop talking to him.

Relationship of Parties

How does the person in (1) know the person in (2)? (Explain below):

☐ Check here if there is not enough space for your answer. Put your complete answer on the attached sheet of paper or form MC-025 and write “Attachment 7—Relationship of Parties” for a title.

John Doe is my son.

Venue

Why are you filing in this county? (Check all that apply):

a. ☑ The person in (2) lives in this county.

b. ☑ The person in (1) was abused by the person in (2) in this county.

c. ☐ Other (specify): 

This is not a Court Order.
### Other Court Cases

a. Has the person in 1 or any of the persons named in 5 been involved in another court case with the person in 2?  
   - No  
   - Yes  
   (If yes, specify the kind of each case and indicate where and when each was filed):

<table>
<thead>
<tr>
<th>Kind of Case</th>
<th>Filed in (County/State)</th>
<th>Year Filed</th>
<th>Case Number (if known)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Elder or Dependent Adult Abuse</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) Civil Harassment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) Domestic Violence</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4) Divorce, Nullity, Legal Separation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(5) Paternity, Parentage, Child Custody</td>
<td></td>
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<tr>
<td>(6) Eviction</td>
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<tr>
<td>(7) Guardianship</td>
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<tr>
<td>(8) Workplace Violence</td>
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<tr>
<td>(9) Small Claims</td>
<td></td>
<td></td>
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<tr>
<td>(10) Criminal</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(11) Other (specify):</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

b. Are there now any protective or restraining orders in effect relating to the person in 1 or any of the persons named in 6 and the person in 2?  
   - No  
   - Yes  
   (If yes, attach a copy if you have one.)

### Description of Abuse

a. Abuse means either:
   1. Physical abuse, neglect, financial abuse, abandonment, isolation, abduction, or other treatment with resulting physical harm or pain or mental suffering; or
   2. The withholding by a caretaker of goods or services that are necessary to avoid physical harm or mental suffering.

b. Tell the court about the last time the person in 2 abused the person in 1.

1. When did it happen? (Provide date or estimated date):  September 30, 2017
2. Who else was there?  
   - See attachment.
3. Describe what happened below.  
   - Check here if there is not enough space for your answer. Put your complete answer on the attached sheet of paper or form MC-025 and write “Attachment 10b(3)—Describe Abuse” for a title.  
   - See attachment.
4. Was the abuse solely financial abuse unaccompanied by force, threat, harassment, intimidation, or any other form of abuse?  
   - No, the abuse included other forms of abuse.

This is not a Court Order.
(5) Did the person in ② use or threaten to use a gun or any other weapon?
☐ Yes ☒ No (If yes, explain below):
☐ Check here if there is not enough space for your answer. Put your complete answer on the attached sheet of paper or form MC-025 and write “Attachment 10b(5)—Use of Weapons” for a title.

(6) Was the person in ① harmed or injured as a result of the acts of abuse described above?
☒ Yes ☐ No (If yes, explain below):
☒ Check here if there is not enough space for your answer. Put your complete answer on the attached sheet of paper or form MC-025 and write “Attachment 10b(6)—Harm or Injury” for a title.

See attachment.

(7) Did the police come? ☐ Yes ☒ No
If yes, did they give the person in ① or the person in ② an Emergency Protective Order? ☐ Yes ☐ No
If yes, the order protects (check all that apply):
   a. ☐ The person in ①  b. ☐ The person in ②  c. ☐ The persons in ⑥
   (Attach a copy of the order if you have it.)
   c. Is the person in ② a care custodian who deprived the person in ① of (kept from him or her, did not allow him or her to have or receive, or did not provide him or her with) goods or services that the person needed to avoid physical harm or mental suffering?
   ☐ Yes ☒ No (If yes, describe below what the person was deprived of and how that affected him or her):
   ☒ Check here if there is not enough space for your answer. Put your complete answer on the attached sheet of paper or form MC-025 and write “Attachment 10c—Deprivation by Care Custodian” for a title.

See attachment.

d. Has the person in ② abused the person in ① at other times?
☒ Yes ☐ No (If yes, describe prior incidents and provide dates below):
☒ Check here if there is not enough space for your answer. Put your complete answer on the attached sheet of paper or form MC-025 and write “Attachment 10d—Previous Abuse” for a title.

See attachment.

This is not a Court Order.

Request for Elder or Dependent Adult Abuse
Restraining Orders
(Elder or Dependent Adult Abuse Prevention)

Revised January 1, 2017
Check the orders you want. □

11 □ Personal Conduct Orders

I ask the court to order the person in (2) not to do any of the following things to the person in (1) or to any person to be protected listed in (6):

a. □ Physically abuse, financially abuse, intimidate, molest, attack, strike, stalk, threaten, assault (sexually or otherwise), hit, harass, destroy the personal property of, or disturb the peace of the person.

b. □ Contact the person, either directly or indirectly, in any way, including, but not limited to, in person, by telephone, in writing, by public or private mail, by interoffice mail, by e-mail, by text message, by fax, or by other electronic means.

c. □ Other (specify):
   □ Check here if there is not enough space for your answer. Put your complete answer on the attached sheet of paper or form MC-025 and write "Attachment 11c—Other Personal Conduct Orders," for a title.

The person in (2) will be ordered not to take any action to get the addresses or locations of any protected person unless the court finds good cause not to make the order.

12 □ Stay-Away Orders

a. I ask the court to order the person in (2) to stay at least __________ yards away from (check all that apply):
   (1) □ The elder or dependent adult in (1)
   (2) □ The persons in (6)
   (3) □ The home of the elder or dependent adult
   (4) □ The job or workplace of the elder or dependent adult
   (5) □ The vehicle of the elder or dependent adult
   (6) □ Other (specify):

b. If the court orders the person in (2) to stay away from all the places listed above, will he or she still be able to get to his or her home, school, or job? □ Yes □ No (If no, explain below):
   □ Check here if there is not enough space for your answer. Put your complete answer on the attached sheet of paper or form MC-025 and write "Attachment 12b—Stay-Away Orders," for a title.

John Doe lives with me in my apartment.
13 Move-Out Order
I ask the court to order the person in (2) to move out from and not return to the residence at (address):
1 Wilshire Blvd. Apt. 1 Los Angeles, CA 90010
The person in (1) will suffer physical or emotional harm if the person in (2) does not leave the residence. The person in (2) is not named in the title or lease of the residence, either alone or with others beside the person in (1).

☐ I ask for this move-out order right away to last until the hearing, because:
   a. The person in (2) assaulted or threatened the person in (1) and
   b. The person in (1) has the right to live at the above residence. (Explain below):

☐ Check here if there is not enough space for your answer. Put your complete answer on the attached sheet of paper or form MC-025 and write “Attachment 13—My Right to Residence” for a title.
I am the sole lease holder of 1 Wilshire Blvd. Apt. 1. John is not on the lease and does not pay rent.

14 Guns or Other Firearms and Ammunition
Does the person in (2) own or possess any guns or other firearms? ☐ Yes ☒ No ☐ I don’t know

Unless the abuse is only financial, if the judge grants a protective order, the person in (2) will be prohibited from owning, possessing, purchasing, receiving, or attempting to purchase or receive a gun, other firearm, and ammunition while the protective order is in effect. The person in (2) will also be ordered to turn in to law enforcement, or sell to or store with a gun dealer, any guns or firearms within his or her immediate possession or control.

15 Immediate Orders
Do you want the court to make any of these orders now that will last until the hearing without notice to the person in (2)? ☐ Yes ☒ No ☐ No (if you answered yes, explain why below):

☐ Check here if there is not enough space for your answer. Put your complete answer on the attached sheet of paper or form MC-025 and write "Attachment 15—Immediate Orders" for a title.
I am scared of John Doe. John has previously yelled curse words and phrases like "you're worthless" in my face. John Doe's behavior is unpredictable, especially after he has been drinking.

16 ☐ Request to Give Less Than Five-Days' Notice
You must have your papers personally served on the person in (2) at least five days before the hearing, unless the court orders a shorter time for service. (Form EA-200-INFO explains What Is “Proof of Personal Service”? Form EA-200, Proof of Personal Service, may be used to show the court that the papers have been served.)

If you want there to be fewer than five days between service and the hearing, explain why below:

☐ Check here if there is not enough space for your answer. Put your complete answer on the attached sheet of paper or form MC-025 and write "Attachment 16—Request to Give Less Than Five-Days' Notice" for a title.

This is not a Court Order.
Case Number:

17 No Fee to Serve Orders If you want the sheriff or marshal to serve (notify) the person in (2) about the orders for free, ask the court clerk what you need to do.

18 □ Lawyer's Fees and Costs
I ask the court to order payment of my:
   a. □ Lawyer's fees
   b. □ Court costs
The amounts requested are:

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<thead>
<tr>
<th>Item</th>
<th>Amount</th>
<th>Item</th>
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</tbody>
</table>

☐ 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 18—Lawyer's Fees and Costs" for a title.

19 □ Possession and Protection of Animals
I ask the court to order the following:

a. □ That the person in (1) be given the sole possession, care, and control of the animals listed below, which he/she owns, possesses, leases, keeps, or holds, or which reside in his/her household.
   (Identify animals by, e.g., type, breed, name, color, sex.)

I request sole possession of the animals because (specify good cause for granting order):

☐ Check here if there is not enough space for your answer. Put your complete answer on the attached sheet of paper or form MC-025 and write "Attachment 19a—Possession of Animals" for a title.

b. □ That the person in (2) must stay at least ______ yards away from, and not take, sell, transfer, encumber, conceal, molest, attack, strike, threaten, harm, or otherwise dispose of, the animals listed above.

This is not a Court Order.
20 □ Additional Orders Requested

I ask the court to make the following additional orders (specify):

□ Check here if there is not enough space for your answer. Put your complete answer on the attached sheet of paper or form MC-025 and write "Attachment 20—Additional Orders Requested," for a title.

---

21 Number of pages attached to this form, if any: 2

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: 10/1/2017

Jane Doe

Type or print your name ____________________________

Signature of person filling out this request ____________________________

This is not a Court Order.

Request for Elder or Dependent Adult Abuse Restraining Orders (Elder or Dependent Adult Abuse Prevention)

LexisNexis® Automated California Judicial Council Forms
DECLARATION OF JANE DOE

I, Jane Doe, declare as follows: I am the Petitioner in this action. I know of my own knowledge that the facts set forth in this declaration are true. If called to testify as to these facts, I could and would testify about them. This declaration is provided in support of my request for a temporary restraining order against the Respondent, John Doe.

I am 77-years-old. I suffer from arthritis and use a cane to walk. My sister, Julia Doe, moved into my apartment two years ago to help me with cleaning, cooking, and medication management.

The Respondent is my son. John has struggled with alcoholism and depression since he was a young adult. He has been in and out of rehab throughout his life, most recently in 2014 following his divorce. In mid-December 2016, John showed up at my door with a suitcase. He told me that his friend kicked him out of the friend’s apartment and that he had no money. I offered for him to stay with me through the holidays. At first, John was kind to me and picked up after himself.

However, I started to notice a change around the end of January 2017. John became moody and agitated. He kept to himself and if I tried to ask him a question, he would snap at me. One time in February 2017, I asked John if he could take out the trash and he yelled, “Leave me alone, bitch” at me and slammed his fist into the wall. I was scared he would punch me next so I asked him to leave the apartment. John left, but returned to the apartment after a couple of days.

John has continued to display moodiness and rarely speaks to me. When he does speak to me or Julia, he often uses curse words like “bitch” and “stupid.” Last month, John told Julia he was going to “lose it” after Julia asked him not to slam his bedroom door in the middle of the night. Julia is also scared of John and is considering moving out. If Julia moves out, I won’t have anyone to help me around the house.

Over this past weekend, I told John that it’s time he leaves the apartment. He started yelling in my face, shaking his middle finger right up against my face. I am worried that John will explode with anger soon and might become violent. His behavior has caused me great anxiety and I am now having trouble sleeping. I just want John out as soon as possible.
Move Out Order

I meet all three prongs of Welfare & Institutions Code section 15657.03(d) for an ex parte residence exclusion order. First, I am the leaseholder to the property. Second, Respondent has threatened me by repeatedly yelling curse words at me and shaking his middle finger in my face. On another occasion, he slammed his fist into the wall. He also told my sister that he was going to “lose it.” Finally, I have been emotionally harmed by Defendant’s presence in my apartment and I am at risk of losing caregiving help from my sister. I am scared for my own safety and my physical health has suffered as well.

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

Date: 10/1/2017

[Signature]
Notice of Court Hearing

1 Elder or Dependent Adult in Need of Protection
   a. Full Name: Jane Doe
   b. Full Name: John Doe

2 Person You Want Protection From
   Full Name: John Doe

3 Notice of Hearing
   A court hearing is scheduled on the request for restraining orders against the person in 2:

   Hearing Date
   Date: ____________________________ Time: ____________________________
   Dept.: ____________________________ Room: ____________________________

   Name and address of court if different from above:

4 Temporary Restraining Orders
   (Any orders granted are on Form EA-110, served with this notice.)
   a. Temporary Restraining Orders for personal conduct and stay-away orders as requested in Form EA-100, Request for Elder or Dependent Adult Abuse Restraining Orders are (check only one box below):
      (1) ☐ All GRANTED until the court hearing.
      (2) ☐ All DENIED until the court hearing. (Specify reasons for denial in b, below.)
      (3) ☐ Partly GRANTED and partly DENIED until the court hearing. (Specify reasons for denial in b, below.)
4 Temporary Restraining Orders (Continued)

b. Reasons for denial of some or all of those personal conduct and stay away orders as requested in Form EA-100, Request for Elder or Dependent Adult Abuse Restraining Orders, are:

(1) ☐ The facts as stated in Form EA-100 do not sufficiently show reasonable proof of a past act or acts of abuse of the elder or dependent adult by the person in 2).

(2) ☐ Other (specify): ☐ As set forth on Attachment 4b.

5 Service of Documents by the Person in 1

At least ☐ five ☐ __________ days before the hearing, someone age 18 or older—not you or anyone to be protected—must personally give (serve) a court file-stamped copy of this Form EA-109, Notice of Court Hearing, to the person in 2) along with a copy of all the forms indicated below:

a. EA-100, Request for Elder or Dependent Adult Abuse Restraining Orders (file-stamped)

b. ☐ EA-110, Temporary Restraining Order (file-stamped) IF GRANTED

c. EA-120, Response to Request for Elder or Dependent Adult Abuse Restraining Orders (blank form)

d. EA-250, Proof of Service of Response by Mail (blank form)

e. EA-120-INFO, How Can I Respond to a Request for Elder or Dependent Adult Abuse Restraining Orders?

f. ☐ Other (specify):

Date: _____________________________

Judicial Officer

To the Person in 1:

• The court cannot make the restraining orders after the court hearing unless the person in 2 has been personally given (served) a copy of your request and any temporary orders. To show that the person in 2 has been served, the person who served the forms must fill out a proof of service form. Form EA-200, Proof of Personal Service, may be used.

• For information about service, read Form EA-200-INFO, What Is “Proof of Personal Service”?

• If you are unable to serve the person in 2 in time, you may ask for more time to serve the documents. Use Form EA-115, Request to Continue Court Hearing and to Reissue Temporary Restraining Order.
To the Person in ②:

- If you want to respond to the request for orders in writing, file Form EA-120, *Response to Request for Elder or Dependent Adult Abuse Restraining Orders*, and have someone age 18 or older—not you or anyone to be protected—mail it to the person in ①.
- The person who mailed the form must fill out a proof of service form. Form EA-250, *Proof of Service of Response by Mail*, may be used. File the completed form with the court before the hearing and bring a copy with you to the court hearing.
- Whether or not you respond in writing, go to the hearing if you want the judge to hear from you before making an order. You may tell the judge why you agree or disagree with the orders requested.
- You may bring witnesses and other evidence.
- At the hearing, the judge may make restraining orders against you that could last up to five years and may order you to sell or turn in any firearms that you own or possess.

**Request for Accommodations**

Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available if you ask at least five days before the hearing. Contact the clerk's office or go to [www.courts.ca.gov/forms](http://www.courts.ca.gov/forms) for *Request for Accommodations by Persons with Disabilities and Response* (Form MC-410). (Civ. Code, § 54.8.)

(Clerk will fill out this part.)

---

**Clerk's Certificate**

I certify that this *Notice of Court Hearing* is a true and correct copy of the original on file in the court.

_Clerk's Certificate_

[Seal]

Date: ______________________

Clerk, by ______________________, Deputy
EA-110  Temporary Restraining Order

Person in ① must complete items ①, ② and ③ only.

① Protected Elder or Dependent Adult
   a. Full Name: Jane Doe
      □ Person requesting protection for the elder or dependent adult, if different (person named in item ③ of form EA-100):
         Full Name: ____________________________
      Lawyer for person named above (if any, 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 e-mail.):
      Address: 1 Wilshire Blvd. Apt. 1
      City: Los Angeles State: CA Zip: 90010
      Telephone: ____________________________ Fax: ____________________________
      E-Mail Address: ____________________________

② Restrainted Person
   Full Name: John Doe
   Description:
      Sex: □ M □ F Height: 5'10" Weight: 200 Date of Birth: February 2, 1965
      Hair Color: Black Eye Color: Brown Age: 52 Race: White
      Home Address (if known): 1 Wilshire Blvd. Apt. 1
      City: Los Angeles State: CA Zip: 90010
      Relationship to Protected Person: John Doe is my son.

③ Additional Protected Persons
   In addition to the elder or dependent adult named in ①, the following family or household members or conservator of that person are protected by the temporary orders indicated below:

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Sex</th>
<th>Age</th>
<th>Household Member?</th>
<th>Relation to Protected Person</th>
</tr>
</thead>
<tbody>
<tr>
<td>Julia Doe</td>
<td>F</td>
<td>73</td>
<td>□ Yes □ No</td>
<td>John Doe is my son</td>
</tr>
</tbody>
</table>

☐ Check here if there are additional protected persons. List them on an attached sheet of paper and write "Attachment 3—Additional Protected Persons" as a title. You may use form MC-025, Attachment.

④ Expiration Date
   This Order expires at the end of the hearing scheduled for the date and time below:
   Date: ____________________________ Time: ____________________________ □ a.m. □ p.m.

This is a Court Order.
To the Person in 2:

The court has issued the temporary orders checked as granted below. If you do not obey these orders, you can be arrested and charged with a crime. You may have to go to jail for up to one year, pay a fine of up to $1,000, or both.

5 Personal Conduct Orders
☐ Not Requested  ☐ Denied Until the Hearing  ☐ Granted as Follows:

a. You must not do the following things to the elder or dependent adult named in 1 and to the other protected persons listed in 3:

   (1) ☐ Physically abuse, financially abuse, intimidate, molest, attack, strike, stalk, threaten, assault (sexually or otherwise), hit, harass, destroy personal property of, or disturb the peace of the person.

   (2) ☐ Contact the person, either directly or indirectly, in any way, including, but not limited to, in person, by telephone, in writing, by public or private mail, by interoffice mail, by e-mail, by text messages, by fax, or by other electronic means.

   (3) ☐ Take any action to obtain the person’s address or location. If this item (3) is not checked, the court has found good cause not to make this order.

   (4) ☐ Other (specify):
       ☐ Other personal conduct orders are attached at the end of this Order on Attachment 5a(4).

b. Peaceful written contact through a lawyer or a process server or other person for service of legal papers related to a court case is allowed and does not violate this order. However, you may have your papers served by mail on the person in 1.

6 Stay-Away Orders
☐ Not Requested  ☐ Denied Until the Hearing  ☐ Granted as Follows:

a. You must stay at least yards away from (check all that apply):

   (1) ☐ The elder or dependent adult in 1  (5) ☐ The vehicle of the person in 1
   (2) ☐ Each person in 3  (6) ☐ Other (specify):
   (3) ☐ The home of the elder or dependent adult
   (4) ☐ The job or workplace of the elder or dependent adult

b. This stay-away order does not prevent you from going to or from your home or place of employment.

7 Move-Out Order
☐ Not Requested  ☐ Denied Until the Hearing  ☐ Granted as Follows:

You must immediately move out from and not return to (address):

This is a Court Order.
No Guns or Other Firearms and Ammunition

☐ Not Issued (financial abuse only) ☒ Granted as follows:

This order must be granted unless only financial abuse is alleged.

a. You cannot own, possess, have, buy or try to buy, receive or try to receive, or in any other way get guns, other firearms, or ammunition.

b. You must:

1. Sell to or store with a licensed gun dealer, or turn in to a law enforcement agency, any guns or other firearms in your immediate possession or control. This must be done within 24 hours of being served with this Order.

2. File a receipt with the court within 48 hours of receiving this Order that proves that your guns or firearms have been turned in, sold, or stored. (You may use form EA-800, Proof of Firearms Turned In, Sold, or Stored, for the receipt.)

C. ☐ The court has received information that you own or possess a firearm.

Financial Abuse

This case ☒ does not ☐ does involve solely financial abuse unaccompanied by force, threat, harassment, intimidation, or any other form of abuse.

Possession and Protection of Animals

☐ Not Requested ☐ Denied Until the Hearing ☒ Granted as follows (specify):

a. ☐ The person in 1 is given the sole possession, care, and control of the animals listed below, which are owned, possessed, leased, kept, or held by him or her, or reside in his or her household. 

Identify animals by, e.g., type, breed, name, color, sex.

b. ☐ The person in 2 must stay at least _____ yards away from, and not take, sell, transfer, encumber, conceal, molest, attack, strike, threaten, harm, or otherwise dispose of, the animals listed above.

Other Orders

☐ Not Requested ☐ Denied Until the Hearing ☒ Granted as follows (specify):

☐ Additional orders are attached at the end of this Order on Attachment 11.

This is a Court Order.
To the Person in 1:

**12 Mandatory Entry of Order Into CARPOS Through CLETS**

This Order must be entered into the California Restraining and Protective Order System (CARPOS) through the California Law Enforcement Telecommunications System (CLETS). *(Check one)*:

a. ☐ The clerk will enter this Order and its proof-of-service form into CARPOS.

b. ☐ The clerk will transmit this Order and its proof-of-service form to a law enforcement agency to be entered into CARPOS.

c. ☐ By the close of business on the date that this Order is made, the petitioner or the petitioner's lawyer should deliver a copy of the Order and its proof-of-service form to the law enforcement agencies listed below to enter into CARPOS:

<table>
<thead>
<tr>
<th>Name of Law Enforcement Agency</th>
<th>Address (City, State, Zip)</th>
</tr>
</thead>
<tbody>
<tr>
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☐ Additional law enforcement agencies are listed at the end of this Order on Attachment 12.

**13 No Fee to Serve (Notify) Restrained Person**

If the sheriff or marshal serves this Order, he or she will do it for free.

**14 Number of pages attached to this Order, if any:**

Date: __________________________

Judicial Officer

This is a Court Order.
**Warnings and Notices to the Restrained Person in 2**

**Possession of Guns or Firearms**

If the court grants the orders in item (8), you cannot own, have, possess, buy or try to buy, receive or try to receive, or otherwise get guns, other firearms, or ammunition while this Order is in effect. If you do, you can go to jail and pay a $1,000 fine. You must sell to or store with a licensed gun dealer, or turn in to a law enforcement agency, any guns or other firearms that you have or control as stated in item (8). The court will require you to prove that you did so.

**Notice Regarding Nonappearance at Hearing and Service of Order**

If you have been personally served with this Temporary Restraining Order and form EA-109, Notice of Court Hearing, but you do not appear at the hearing either in person or by a lawyer, and a restraining order that does not differ from this order except for the expiration date is issued at the hearing, a copy of the order will be served on you by mail at the address in item 2.

If this address is not correct or you wish to verify that the Temporary Restraining Order was converted into a restraining order at the hearing without substantive change, or to find out the duration of the order, contact the clerk of the court.

**After You Have Been Served With a Restraining Order**

- Obey all the orders.
- Read form EA-120-INFO, How Can I Respond to a Request for Elder or Dependent Adult Abuse Retraining Orders?, to learn how to respond to this Order.
- If you want to respond, fill out form EA-120, Response to Request for Elder or Dependent Adult Abuse Retraining Orders, and file it with the court clerk. You do not have to pay any fee to file your response.
- You must have form EA-120 served on the person in 1 (the person asking the court for protection of the elder or dependent adult or the elder or dependent adult if no other person is named in that item), or that person’s attorney, by mail. You cannot do this yourself. The person who does the mailing should complete and sign form EA-250, Proof of Service of Response by Mail. File the completed proof of service with the court clerk before the hearing date or bring it with you to the hearing.
- In addition to the response, you may file and have declarations served signed by you and other persons who have personal knowledge of the facts. You may use form MC-030, Declaration, for this purpose. It is available from the clerk’s office at the court shown on page 1 of this form or at www.courts.ca.gov/forms. If you do not know how to prepare a declaration, you should see a lawyer.
- Whether or not you file a response, you should attend the hearing. If you have any witnesses, they must also go to the hearing.
- At the hearing, the judge can make restraining orders against you that last for up to five years. Tell the judge why you disagree with the orders requested.

**Instructions for Law Enforcement**

**Enforcing the Restraining Order**

This order is enforceable by any law enforcement agency that has received the order, is shown a copy of the order, or has verified its existence on the California Restraining and Protective Orders System (CARPOS). If the law enforcement agency has not received proof of service on the restrained person, the agency must advise the restrained person of the terms of the order and then must enforce it. Violations of this order are subject to criminal penalties.

---

**Temporary Restraining Order (CLETs-TEA or TEF)**

(Elder or Dependent Adult Abuse Prevention)
Start Date and End Date of Orders
This order starts on the date next to the judge’s signature on page 4. The order ends on the expiration date in item 4 on page 1.

Arrest Required if Order Is Violated
If an officer has probable cause to believe that the restrained person had notice of the order and has disobeyed the order, the officer must arrest the restrained person. (Pen. Code, §§ 836(c)(1), 13701(b).) A violation of the order may be a violation of Penal Code section 166 or 273.6. Agencies are encouraged to enter violation messages into CARPOS.

Notice/Proof of Service
The law enforcement agency must first determine if the restrained person had notice of the order. Consider the restrained person “served” (given notice) if (Pen. Code, § 836(c)(2)):
• The officer sees a copy of the Proof of Service or confirms that the Proof of Service is on file; or
• The restrained person was informed of the order by an officer.
An officer can obtain information about the contents of the order and proof of service in CARPOS. If proof of service on the restrained person cannot be verified, the agency must advise the restrained person of the terms of the order and then enforce it.

If the Protected Person Contacts the Restrained Person
Even if the protected person invites or consents to contact with the restrained person, this order remains in effect and must be enforced. The protected person cannot be arrested for inviting or consenting to contact with the restrained person. The order can be changed only by another court order. (Pen. Code, § 13710(b)).

Conflicting Orders—Priorities of Enforcement
If more than one restraining order has been issued, the orders must be enforced according to the following priorities: (See Pen. Code, § 136.2; Fam. Code, §§ 6383(h)(2), 6405(b).)

1. EPO: If one of the orders is an Emergency Protective Order (form EPO-001) and is more restrictive than other restraining or protective orders, it has precedence in enforcement over all other orders.
2. No-Contact Order: If there is no EPO, a no-contact order that is included in a restraining or protective order has precedence over any other restraining or protective order.
3. Criminal Order: If none of the orders includes a no-contact order, a domestic violence protective order issued in a criminal case takes precedence in enforcement over any conflicting civil court order. Any nonconflicting terms of the civil restraining order remain in effect and enforceable.
4. Family, Juvenile, or Civil Order: If more than one family, juvenile, or other civil restraining or protective order has been issued, the one that was issued last must be enforced.

(Clerk will fill out this part.)

—Clerk's Certificate—

Clerk's Certificate

I certify that this Temporary Restraining Order is a true and correct copy of the original on file in the court.

Date: Clerk, by , Deputy

This is a Court Order.
Response to Request for Elder or Dependent Adult Abuse
Restraining Orders

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

- Read How Can I Respond to a Request for Elder or Dependent Adult Abuse
  Restraining Orders? (form EA-120-INFO), to protect your rights.
- Fill out this form and take it to the court clerk.
- Have someone age 18 or older—not you—serve the person requesting
  protection 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.)

① Elder or Dependent Adult Seeking Protection
Name: Jane Doe
☐ 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
a. Your Name: John Doe
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
  e-mail]):
Address: 1 Wilshire Blvd. Apt. 1
City: Los Angeles State: CA Zip: 90010
Telephone: ___________________________
Fax: ___________________________
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):

Clerk stamps date here when form is filed.

Fill in court name and street address:
Superior Court of California, County of
Los Angeles
111 N. Hill Street
Los Angeles, CA 90012
Central

Case Number:

Present your response and any opposition at the
hearing. Write your hearing date, time, and place
from form EA-109 item ③ here:

Hearing Date: ___________________________
Time: ___________________________
Dept.: ___________________________
Room: ___________________________

If you were served with a Temporary
Restraining Order, you must obey it until the
hearing. At the hearing, the court may make
orders against you that last for up to five years.
5  □ Move-Out 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):  

6  □ Additional Protected Persons  
   a. □ I agree that the persons listed in item 6 of form EA-100 may be protected by the order requested.  
   b. □ I do not agree that the persons listed in item 6 of form EA-100 may be protected by the order requested.  

7  □ Guns or Other Firearms and Ammunition  
   If you were served with form EA-110, Temporary Restraining Order, you cannot own or possess any guns, other firearms, or ammunition. (See item 8 of form EA-110.) You must sell to or store with a licensed gun dealer, or turn in to a law enforcement agency, any guns or other firearms in your immediate possession or control within 24 hours of being served with form EA-110. You must file a receipt with the court. You may use form EA-800, Proof of Firearms Turned In, Sold, or Stored for the receipt.  
   a. □ I do not own or control any guns or firearms.  
   b. □ I have turned in my guns and firearms to the police or sold them to or stored them with a licensed gun dealer.  
      A copy of the receipt □ is attached. □ has already been filed with the court.  

8  □ Possession and Protection of Animals  
   a. □ I agree to the orders requested.  
   b. □ I do not agree to the orders requested.  
   c. □ I agree to the following orders (specify):  

9  □ Other 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):  

10 □ Denial  
   I did not do anything described in item 10 of form EA-100. (Skip to 12.)
Justification or Excuse

If I did some or all of the things that the person in 1 has accused me of, my actions were justified or excused for the following reasons (explain):

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

Lawyer's Fees and Costs

a. □ I ask the court to order payment of my

The amounts requested are:

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
<th>Item</th>
<th>Amount</th>
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</tbody>
</table>

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 12—Lawyer’s Fees and Costs” as 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.

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:

John Doe

Type or print your name

Sign your name
EA-130 Elder or Dependent Adult Abuse Restraining Order After Hearing

Person in ① must complete items ①, ②, and ③ only.

① Elder or Dependent Adult Seeking Protection

a. Full Name: Jane Doe
   - Name of person asking for the protection, if different (This is the person named in item ③ of the request (form EA-100)).
   - Lawyer for person named above (if any for this case):
   - 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 e-mail):
   - Address: 1 Wilshire Blvd. Apt. 1
   - City: Los Angeles
   - State: CA
   - Zip: 90010
   - Telephone:
   - Fax:
   - E-Mail Address:

② Restrained Person

Full Name: John Doe

Description:

- Sex: M
- Height: 5'10"
- Weight: 200
- Date of Birth: February 2, 1965
- Hair Color: Black
- Eye Color: Brown
- Age: 52
- Race: White
- Home Address (if known): 1 Wilshire Blvd. Apt. 1
- City: Los Angeles
- State: CA
- Zip: 90010

Relationship to Protected Person: John Doe is my son.

③ Additional Protected Persons

In addition to the elder or dependent adult named in ①, the following family or household members or conservator of the elder or dependent adult named in ① are protected by the orders indicated below:

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Sex</th>
<th>Age</th>
<th>Lives with you?</th>
<th>Relation to Protected Person</th>
</tr>
</thead>
<tbody>
<tr>
<td>Julia Doe</td>
<td>F</td>
<td>73</td>
<td>Yes</td>
<td>sister.</td>
</tr>
</tbody>
</table>

☐ Check here if there are additional protected persons. List them on an attached sheet of paper and write "Attachment 3—Additional Protected Persons" as a title. You may use form MC-025, Attachment.

④ Expiration Date

This Order, except for any award of lawyer’s fees, expires at:

- Time: __________ □ a.m. □ p.m. □ midnight on (date):

If no expiration date is written here, this Order expires three years from the date of issuance.

This is a Court Order.
Hearing

a. There was a hearing on (date): ______________ at (time): ______________ in Dept.: ______ Room: ______
   (Name of judicial officer): ____________________________________________ made the orders at the hearing.

b. These people were at the hearing:
   (1) ☐ The elder or dependent adult in need of protection
   (2) ☐ The lawyer for the elder or dependent adult (name): ____________________________
   (3) ☐ The person in (1) asking for protection (if not the elder or dependent adult)
   (4) ☐ The lawyer for the person in (1) asking for protection (name): ____________________________
   (5) ☐ The person in (2)
   (6) ☐ The lawyer for the person in (2) (name): ____________________________
      ☐ Additional persons present are listed at the end of this Order on Attachment 5.

c. ☐ The hearing is continued. The parties must return to court on (date): ______________ at (time): ______________

To the Person in (2):

The court has granted the orders checked below. If you do not obey these orders, you can be arrested and charged with a crime. You may be sent to jail for up to one year, pay a fine of up to $1,000, or both.

Personal Conduct Orders

a. You must not do the following things to the elder or dependent adult named in (1) and to the other protected persons listed in (3):
   (1) ☑ Physically abuse, financially abuse, intimidate, molest, attack, strike, stalk, threaten, assault (sexually or otherwise), hit, harass, destroy personal property of, or disturb the peace of the person.
   (2) ☑ Contact the person, either directly or indirectly, in any way, including, but not limited to, in person, by telephone, in writing, by public or private mail, by interoffice mail, by e-mail, by text message, by fax, or by other electronic means.
   (3) ☐ Take any action to obtain the person’s address or location. If this item (3) is not checked, the court has found good cause not to make this order.
   (4) ☐ Other (specify): ____________________________
      ☐ Other personal conduct orders are attached at the end of this Order on Attachment 6a(4).

b. Peaceful written contact through a lawyer or a process server or other person for service of legal papers related to a court case is allowed and does not violate this order.

Stay-Away Orders

a. You must stay at least ____ 100 ____ yards away from (check all that apply):
   (1) ☑ The elder or dependent adult in (1) (5) ☑ The vehicle of the elder or dependent adult
   (2) ☐ Each person in (3) (6) ☐ Other (specify):
   (3) ☑ The home of the elder or dependent adult
   (4) ☐ The job or workplace of the elder or dependent adult

This is a Court Order.
b. This stay-away order does not prevent you from going to or from your home or place of employment.

8 [ ] Move-Out Order
You must immediately move out from and not return to (address):
1 Wilshire Blvd. Apt. 1 Los Angeles, CA 90010
and must take only the personal clothing and belongings you need.

9 [ ] No Guns or Other Firearms and Ammunition
This Order must be granted unless the abuse is financial only.

a. You cannot own, possess, have, buy or try to buy, receive or try to receive, or in any other way get guns, other firearms, or ammunition.

b. If you have not already done so, you must:
   • Sell to or store with a licensed gun dealer, or turn in to a law enforcement agency, any guns or other firearms in your immediate possession or control. This must be done within 24 hours of being served with this Order.
   • File a receipt with the court within 48 hours of receiving this Order that proves that your guns or firearms have been turned in, sold, or stored. (You may use form EA-800, Proof of Firearms Turned In, Sold, or Stored, for the receipt.)

c. [ ] The court has received information that you own or possess a firearm.

10 Financial Abuse
This case [ ] does not [ ] does involve solely financial abuse unaccompanied by force, threat, harassment, intimidation, or any other form of abuse.

11 [ ] Possession and Protection of Animals

a. [ ] The person in (1) is given the sole possession, care, and control of the animals listed below, which are owned, possessed, leased, rented, or held by him or her, or reside in his or her household.
   (Identify animals by, e.g., type, breed, name, color, sex.)

b. [ ] The person in (2) must stay at least ______ yards away from, and not take, sell, transfer, encumber, conceal, molest, attack, strike, threaten, harm, or otherwise dispose of, the animals listed above.
Lawyer’s Fees and Costs
You must pay to the person in (T) the following amounts for:

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
<th>Item</th>
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</table>

Additional amounts are attached at the end of this Order on Attachment 12.

Other Orders (specify):

Additional orders are attached at the end of this Order on Attachment 13.

Mandatory Entry of Order into CARPOS Through CLETS
This Order must be entered into the California Restraining and Protective Order System (CARPOS) through the California Law Enforcement Telecommunications System (CLETS). (Check one):

a. The clerk will enter this Order and its proof-of-service form into CARPOS.
b. The clerk will transmit this Order and its proof-of-service form to a law enforcement agency to be entered into CARPOS.
c. By the close of business on the date that this Order is made, you or your lawyer should deliver a copy of the Order and its proof-of-service form to the law enforcement agency listed below to enter into CARPOS:

Name of Law Enforcement Agency

Address (City, State, Zip)

Additional law enforcement agencies are listed at the end of this Order on Attachment 14.
15 Service of Order on Restrained Person
a. ☐ The person in ② personally attended the hearing. No other proof of service is needed.

b. ☐ The person in ① was at the hearing. The person in ② was not.
   
   (1) ☐ Proof of service of form EA-110, Temporary Restraining Order, was presented to the court. The judge’s orders in this form are the same as in form EA-110 except for the end date. The person in ② must be served with this Order. Service may be by mail.

   (2) ☐ Proof of service of form EA-110, Temporary Restraining Order, was presented to the court. The judge’s orders in this form are different from the orders in form EA-110. Someone—but not anyone in ① or ③—must personally serve a copy of this Order on the person in ②.

16 No Fee to Serve (Notify) Restrained Person
If the sheriff or marshal serves this Order, he or she will do so for free.

17 Number of pages attached to this Order, if any: _____

Date: ____________________________

Judicial Officer

Warning and Notice to the Restrained Person in ②:

You Cannot Have Guns or Firearms
If the court grants the orders in item ⑤ on page 5, you cannot own, have, possess, buy or try to buy, receive or try to receive, or otherwise get guns, other firearms, or ammunition while this Order is in effect. If you do, you can go to jail and pay a $1,000 fine. You must sell or store with a licensed gun dealer, or turn in to a law enforcement agency, any guns or other firearms that you have or control as stated in item ⑨. The court will require you to prove that you did so.

Instructions for Law Enforcement

Enforcing the Restraining Order
This order is enforceable by any law enforcement agency that has received the order, is shown a copy of the order, or has verified its existence on the California Restraining and Protective Orders System (CARPOS). If the law enforcement agency has not received proof of service on the restrained person, the agency must advise the restrained person of the terms of the order and then must enforce it. Violations of this order are subject to criminal penalties.

Start Date and End Date of Orders
This order starts on the date next to the judge’s signature on page 5. The order ends on the expiration date in item ④ on page 1.

This is a Court Order.
Arrest Required if Order Is Violated
If an officer has probable cause to believe that the restrained person had notice of the order and has disobeyed the order, the officer must arrest the restrained person. (Pen. Code, §§ 836(c)(1), 13701(b).) A violation of the order may be a violation of Penal Code section 166 or 273.6. Agencies are encouraged to enter violation messages into CARPOS.

Notice/Proof of Service
The law enforcement agency must first determine if the restrained person had notice of the order. Consider the restrained person “served” (given notice) if (Pen. Code, § 836(c)(2)):

- The officer sees a copy of the Proof of Service or confirms that the Proof of Service is on file; or
- The restrained person was informed of the order by an officer.

An officer can obtain information about the contents of the order and proof of service in CARPOS. If proof of service on the restrained person cannot be verified, the agency must advise the restrained person of the terms of the order and then enforce it.

If the Protected Person Contacts the Restrained Person
Even if the protected person invites or consents to contact with the restrained person, the order remains in effect and must be enforced. The protected person cannot be arrested for inviting or consenting to contact with the restrained person. The order can be changed only by another court order. (Pen. Code, § 13710(b).)

Conflicting Orders—Priorities of Enforcement
If more than one restraining order has been issued, the orders must be enforced according to the following priorities: (See Pen. Code, § 136.2; Fam. Code, §§ 6383(h)(2), 6405(b.).)

1. **EPO**: If one of the orders is an Emergency Protective Order (form EPO-001) and is more restrictive than other restraining or protective orders, it has precedence in enforcement over all other orders.
2. **No-Contact Order**: If there is no EPO, a no-contact order that is included in a restraining or protective order has precedence over any other restraining or protective order.
3. **Criminal Order**: If none of the orders includes a no-contact order, a domestic violence protective order issued in a criminal case takes precedence in enforcement over any conflicting civil court order. Any nonconflicting terms of the civil restraining order remain in effect and enforceable.
4. **Family, Juvenile, or Civil Order**: If more than one family, juvenile, or other civil restraining or protective order has been issued, the one that was issued last must be enforced.

**Clerk’s Certificate**

[seal]

__(Clerk will fill out this part.)__

—Clerk’s Certificate—

I certify that this Elder or Dependent Adult Abuse Restraining Order After Hearing is a true and correct copy of the original on file in the court.

Date: ___________________________ Clerk, by ___________________________ , Deputy

This is a Court Order.
This form is submitted with the initial filing (date): ________________

This is an amended form (date): ________________

Important: This form MUST NOT become part of the public court file. It is confidential and private.

Fill out as much of this form as you can and give it to the court clerk. If the court issues a restraining order, this form will provide law enforcement with information that will help them enforce it. If any of this information changes, fill out a new (amended) form.

Case Number (if you know it): ________________

1. Person to Be Protected (Name): Jane Doe
   Sex: ☐ M ☐ F Height: 5'2" Weight: 130 Race: White
   Hair Color: White Eye Color: Brown Age: 77 Date of Birth: 1/1/1940
   Mailing Address (listed on restraining order): 1 Wilshire Blvd, Apt. 1
   City: Los Angeles State: CA Zip: 90010 Telephone (optional): ________________
   Vehicle (Type, Model, Year): Toyota Corolla 2002 (License Number and State): CA XYZ100

2. Person to Be Restrained (Name): John Doe
   Sex: ☑ M ☐ F Height: 5'10" Weight: 280 Race: White
   Hair Color: Black Eye Color: Brown Age: 52 Date of Birth: 2/2/1965
   Residence Address: 1 Wilshire Blvd, Apt. 1
   City: Los Angeles State: CA Zip: 90010 Telephone: ________________
   Business Address: ________________
   City: ________________ State: ________________ Zip: ________________ Telephone: ________________
   Employer: unemployed
   Occupation/Title: ________________ Work Hours: ________________
   Driver's License Number and State: CA XYZ200 Social Security Number: ________________
   Vehicle (Type, Model, Year): Ford Fusion 2007 (License Number and State): unknown
   Describe any marks, scars, or tattoos: ________________
   Other names used by the restrained person: ________________

3. Guns or Firearms
   Describe any guns or firearms that you believe the person in (2) owns or has access to
   (Number, types, and locations):
   ________________

4. Other People to Be Protected
   Name: Julia Doe
   Date of Birth: 1/1/1944 Sex: F Race: White Relation to Person in (1): sister
   ☐ Additional persons to be protected are listed on Attachment 4.

This is not a Court Order—Do not place in court file.
Jörne Püt
1 UA
Los/Wi/d«,
(À
loQIO

ATTORNEY FOR (NAME):
SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES
COURTHOUSE ADDRESS:
111 N. Hill Street
PETITIONER/PLAINTIFF:
Jane Doe
RESPONDENT/DEFENDANT:
John Doe
CHILD'S NAME
CHILD'S DATE OF BIRTH
CASE NUMBER

DECLARATION RE: NOTICE OF EX PARTE REQUEST (NO NOTICE GIVEN)
(Temporary Restraining Order)

1. Jane Doe________________________________________, declare that:

1) I did not give notice to the other party in this action because:
   ☑ I was afraid that the violence would reoccur when I gave notice that I was asking for these orders.
   ☐ I was afraid that the other party would take the children out of the area before the order could be granted and served.
   ☐ I believe that giving notice would make the orders useless because the other party would:

   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

2) I attempted and was unable to inform____________________________________ or his/her attorney
   that I would be seeking a temporary restraining order. My attempts included

   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

3) Other reason:

   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

I declare that the above is true and correct, and that I executed this declaration at Los Angeles
, California

10/1/2017
DATE

Jane Doe
SIGNATURE OF DECLARANT

DECLARATION OF EX PARTE NOTICE

FAM 018 / CK 018
04/04
Win-Win:
Opportunities for Pro Bono Volunteers in Elder Justice
Panelist

- Adam Teitelbaum (Gibson Dunn & Crutcher LLP)
- Anna Burns (Bet Tzedek Legal Services)
- Diego Cartagena (Bet Tzedek Legal Services)
Bet Tzedek Overview

• Non-Profit Legal Services Agency
• Provides free legal services to individuals in Los Angeles County
• Services provided regardless of individual’s race, religion, ethnicity, or immigration status
History

- Founded in 1974
- Fairfax district
- Tzedek, tzedek tirdoff
- Volunteerism at the agency’s core
Today

- 70+ staff members total
- 30+ attorneys
- Over 1000 volunteers each year
- Our work impacts approximately 20,000 individuals each year
Overview of Services Provided

• Employment Rights
  – Wage Claims and Litigation
  – Retaliation Claims and Litigation
  – Human Trafficking Litigation

• Small Business Development Clinic

• Impact Litigation and Advocacy

• Holocaust Survivors’ Services

• Transgender MLP

• Elder and Dependent-Adult Services
  – Conservatorship (including clinic)
  – Elder Abuse Restraining Orders (including clinic)
  – Advance Health Care Directives and Statutory Wills (including clinic)
  – In-Home Supportive Services
  – Financial Elder Abuse/Consumer Fraud

• Kinship Care
  – Guardianships
  – SIJS
  – Family Preparedness

• Housing
  – Eviction Defense
  – Real Estate Fraud

• Government Benefits
  – Social Security
  – SSI and SDI (including SSI Overpayment Clinic)
  – Medi-Cal
  – Cash Assistance Program for Immigrants (CAPI)
  – KinGAP (see Guardianships and Conservatorships)

• Community Outreach & Special Programs
  – SOVA Community Resource Program Advocacy
  – West Hollywood Project
  – Ezra Network
  – Senior Center Advocacy

• Low Income Tax Advocacy

• Small Claims Workshop and Clinic

• UCLA/Harbor MLP

• Homelessness Prevention
Elder Justice-Related Services

• Holocaust Survivors’ Services

• Elder and Dependent-Adult Services
  – Conservatorship (including clinic)
  – Elder Abuse Restraining Orders (including clinic)
  – Advance Health Care Directives and Statutory Wills (including clinic)
  – In-Home Supportive Services
  – Financial Elder Abuse/Consumer Fraud

• Kinship Care
  – Guardianships
  – SIJS
  – Family Preparedness

• Housing
  – Eviction Defense
  – Real Estate Fraud

• Government Benefits
  – Social Security
  – SSI and SDI (including SSI Overpayment Clinic)
  – Medi-Cal
  – Cash Assistance Program for Immigrants (CAPI)
  – KinGAP (see Guardianships and Conservatorships)

• Community Outreach & Special Programs
  – SOVA Community Resource Program Advocacy
  – West Hollywood Project
  – Ezra Network
  – Senior Center Advocacy
One More Introduction

Linda
“Silver Tsunami” or “Elderquake”

• Changing demographics:
  – By 2040, number of people in US older than 65 doubling from 40 to 80 million.
  – By 2050, number of poor or near poor seniors will reach 25 million.
  – Over 23 million Americans aged 60+ are economically insecure—living at or below 250% of the federal poverty level.
  – In eight years, from 2001 - 2009, the number of Americans age 50+ threatened by hunger soared by 79 percent, to nearly 9 million people.
  – According to the California Commission on Aging, average income of elderly Californians is about $25,500, and Social Security accounts for 28 percent of older Californians’ incomes.
  – A UCLA Center for Health Policy Research and the Oakland-based Insight Center for Community Economic Development estimated that 7 out of 10 elderly Latinos and African-Americans and six out of 10 elderly Asians don’t have enough income to pay for their basic needs.
“Silver Tsunami” or “Elderquake”

• Changing needs:
  – Health Care:
    • Sharp increase in number of people with dementias.
    • Increase need for long-term care and aging in place services.
    • Increase burden on health care systems.
  – Housing:
    • Number of homeless seniors expected to double by 2050.
  – Identity Theft
Senior Clients: Painting a Picture
Volunteers: Painting a Picture
Prevention
Know Your Rights Presentations

- Who presents?
- What topics?
- Where do you present?
Advanced Planning Clinic

• Program helps draft Advanced Health Care Directives and Statutory Wills that reflect clients’ wishes and desires should they become incapacitated or pass away.

• Statutory Will: Simple will for distributing property upon client’s passing.

• Advanced Health Care Directive: Document giving health care providers care instructions should an individual become incapacitated.
CALIFORNIA POWER OF ATTORNEY FOR HEALTH CARE
AND HEALTH CARE DIRECTIVE

NOTE: COMPLETION OF THIS FORM IS ONLY THE FIRST STEP.
YOU SHOULD DISCUSS YOUR WISHES IN DETAIL WITH YOUR DESIGNATED AGENT(S).

1. NAME AN AGENT TO MAKE HEALTH CARE DECISIONS FOR YOU IF YOU CANNOT.
2. INSTRUCT DOCTORS AND OTHER HEALTH CARE PROFESSIONALS ON HOW YOU WOULD LIKE TO BE TREATED IF YOU ARE HURT OR SERIOUSLY ILL AND UNABLE TO TELL THEM YOUR WISHES.
3. READ THE FORM CAREFULLY. CROSS OUT ANY PROVISIONS YOU DO NOT WANT.
4. THIS FORM REVOKES ANY PRIOR DIRECTIVES YOU HAVE MADE.
5. AFTER YOU COMPLETE THIS FORM SIGN AND DATE IT. TWO WITNESSES OR A NOTARY MUST ALSO SIGN AND DATE IT.

My name is: __________________________
(also known as/formerly known as: __________________________)

In this document I appoint an agent. That agent will make health care decisions for me in the future, if and when I no longer have the capacity to make my own health care decisions. My primary care physician will determine when I am unable to make my own health care decisions.

OPTIONAL: I want my agent’s authority to make health care decisions for me to take effect immediately.
Initial here if this statement reflects your desire: __________________________

Part 1 - NAMING YOUR AGENT (If you do not have an agent, please proceed to Part 2 on page 3.)

Do not select any of the following persons as your agent or alternate agent:
• Your primary physician
• An employee or operator of the health care institution, community care facility, or residential care facility where you receive care (unless you are related to that person)

AGENT

Name: __________________________
Address: __________________________
Phone: __________________________

1st ALTERNATE AGENT

Name: __________________________
Address: __________________________
Phone: __________________________
Advanced Planning Clinic

Part 2 - HEALTH CARE INSTRUCTIONS

I make the following health care instructions to my agent, or to my health care provider if my agent is not reasonably available or I do not have an agent:

I do not want efforts made to prolong my life and I do not want life-sustaining treatment to be provided or continued:

(1) If I am in an irreversible coma or persistent vegetative state; or
(2) if I am terminally ill and the use of life sustaining procedures would serve only to artificially delay the moment of my death; or
(3) under any other circumstances where the burdens of treatment outweigh the expected benefits.

In making decisions about life-sustaining treatment under (3) above, I want my agent or health care provider to consider the relief of suffering and the quality of my life as well as the extent of the possible prolongation of my life.

I authorize all treatments to prolong my life as long as possible.

Initial here if this statement reflects your desires:

Other instructions/authorizations:

REVOCATION OF PREVIOUS DOCUMENTS: I revoke any previously-executed Power of Attorney for Health Care, Individual Health Care Instruction, or Natural Death Act Declaration.

SIGNATURE OF PRINCIPAL

Date: ____________________________
Signature: _______________________

STATEMENT OF WITNESSES

This document must either be notarized, or signed by two witnesses. If the principal or the agent currently resides in a nursing facility, this document also must be witnessed by a representative of California’s Long Term Care Ombudsman Program. If the notarization method is chosen, the Ombudsman Program representative may serve as one of the two witnesses, or may serve as a third witness. If the notarization method is chosen, the Ombudsman Program representative serves as a separate witness. Certain individuals cannot serve as witnesses. Those rules are set forth in the following witness statements.

I declare under penalty of perjury under the laws of California:

(1) That the individual who signed or acknowledged this advance directive is personally known to me, or that the individual’s identity was proven to me by convincing evidence,
(2) that the individual signed or acknowledged this advance directive in my presence,
(3) that the individual appears to be of sound mind and under no duress, fraud, or undue influence,
(4) that I am not a person appointed as agent by this advance directive, and
(5) that I am not the individual’s health care provider, an employee of the individual’s health care provider, the operator of a community care facility, an employee of an operator of a community care facility, the operator of a residential care facility for the elderly, nor an employee of an operator of a residential care facility for the elderly.

First Witness:
Name (printed): ____________________________
Signature: _______________________
Date: ____________________________
Address: ____________________________
City: ____________________________
State: ____________________________
Zip: ____________________________

Second Witness:
Name (printed): ____________________________
Signature: _______________________
Date: ____________________________
Address: ____________________________
City: ____________________________
State: ____________________________
Zip: ____________________________

ONE OF THE PRECEDING WITNESSES ALSO MUST SIGN THE FOLLOWING DECLARATION:

I further declare under penalty of perjury under the laws of California that I am not related to the individual executing this advance directive by blood, marriage, or adoption, and, to the best of my knowledge, I am not entitled to any part of the individual’s estate upon his or her death under a will now existing or by operation of law.

Date: ____________________________
Signature: _______________________

DECLARATION OF OMBUDSMAN PROGRAM REPRESENTATIVE

(Required if person appointing the agent currently resides in a nursing facility.)

I declare under penalty of perjury under the laws of California that I am an ombudsman designated by the California Department of Aging and that I am serving as a witness as required by Section 4675 of the California Probate Code. Date: ____________________________
Signature: _______________________

CERTIFICATE OF ACKNOWLEDGMENT OF NOTARY PUBLIC

A Notary Public or other officer completing this certificate verifies only the identity of the individual who signed the document to which the certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California, County of ____________________________

On ____________________________ before me, (name and title of officer) ____________________________
I, ____________________________, personally appeared before me, and acknowledged the execution to me of this certificate of the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

Witness my hand and official seal.

Signature: _______________________

NOTE: USE OF THIS FORM IS NOT APPROPRIATE FOR EVERY PERSON OR EVERY SITUATION.
FOR MORE INFORMATION ABOUT POWERS OF ATTORNEY FOR HEALTH CARE, CONSULT WITH AN ATTORNEY.

Page 3 of 4 © 2017, Sel Trudek Legal Services
CALIFORNIA STATUTORY WILL OF

Print Your Full Name

1. Will. This is my Will. I revoke all prior Wills and codicils.

2. Specific Gift of Personal Residence. (Optional – use only if you want to give your personal residence to a different person or persons than you give the balance of your assets to under paragraph 5 below). I give my interest in my principal personal residence at the time of my death (subject to mortgages and liens) as follows:

(Select one choice only and sign in the box after your choice.)

a. Choice One: All to my spouse or domestic partner, registered with the California Secretary of State, if my spouse or domestic partner, registered with the California Secretary of State survives me; otherwise to my descendants (my children and the descendants of my children) who survive me.

b. Choice Two: Nothing to my spouse or domestic partner, registered with the California Secretary of State; all to my descendants (my children and the descendants of my children) who survive me.

c. Choice Three: All to the following person if he or she survives me. (Insert the name of the person):


d. Choice Four: Equally among the following persons who survive me. (Insert the names of two or more persons):

(Notice to Witnesses: Two (2) adults must sign as witnesses. Each witness must read the following clause before signing. The witnesses should not receive assets under this Will.)

Each of us declares under penalty of perjury under the laws of the State of California that the following is true and correct:

a. On the date written below the maker of this Will declared to us that this instrument was the maker’s Will and requested us to act as witnesses to it;

b. We understand this is the maker’s Will;

c. The maker signed this Will in our presence, all of us being present at the same time;

d. We now, at the maker’s request, and in the maker’s presence, sign below as witnesses;

e. We believe the maker is of sound mind and memory;

f. We believe that this Will was not procured by duress, menace, fraud or undue influence;

g. The maker is age 18 or older; and

h. Each of us is now age 18 or older, is a competent witness, and resides at the address set forth after his or her name.

DATE: __________________________

Signature of Witness __________________________

Print Name Here __________________________

Residence Address __________________________

AT LEAST TWO WITNESSES MUST SIGN

Page 1 of 7

Advanced Planning Clinic
Advanced Planning Clinic

• The Problem: Clients not ready to move forward.
Advanced Planning Clinic

• The Solution: Different volunteers trained to assist with different portions of the job.
  – Research.
  – Template document prep.
  – Intake.
  – Questionnaires.
  – Administrative.
  – Clinic.
Advanced Planning Clinic

• Training:
  – In person trainings.
  – Pro Bono Training Institute.
Advanced Planning Clinic

PBTT's Statutory Will training modules will teach trainees how to assist individuals execute statutory wills under the supervision of a trained legal aid attorney.

For instructions on how to request California CLE credit, please click here.

If you're having trouble accessing these videos please click here.

Signup to access courses

COURSE CURRICULUM

- Wills. Their Importance & Capabilities of Statutory Wills
Advanced Planning Clinic

• Training:
  – Sample documents.
  – In person refresher.
Advance Planning Clinic

• Concerns:
  – Memory/Capacity
    • Presentations.
    • Informative documents and worksheets.
    • Over the phone intakes.
  – Mobility
    • At various senior centers.
    • At Bet Tzedek.
    • Home-bound?
  – Undue Influence
  – Confidentiality
Pro Bono Estate Planning?

- Defense firms.
- Estate planning firms.
Intervention
Elder Abuse Restraining Orders

• Program designed to protect elderly individuals and dependent adults from physical, emotional, psychological, and financial abuse and neglect by securing elder abuse restraining orders on their behalf.

• Requires completion of court forms and a court hearing.
Elder Abuse Restraining Order Clinic

- Monday and Thursday, 8:30 AM to 12 noon
- Stanley Mosk Courthouse
- Assist with court form and declaration prep for both petitioners and respondents
Elder Abuse Restraining Order Clinic

• Self-Help Model:
  – Technically, confidentiality does not apply (but we don’t gossip).
  – No Attorney-Client relationship.
  – No Attorney-Client privilege.
DISCLOSURES AND DISCLAIMERS

1. **NO ATTORNEY-CLIENT RELATIONSHIP.** I have been told and I understand that the clinic staff/volunteers are not my representative or attorney. They will assist me in filling out documents to request an elder abuse restraining order or respond to a request for an elder abuse restraining order. If I wish to consult with an attorney or to retain the services of an attorney, I may do so by contacting an attorney who is not part of the clinic.

   I understand that there is no attorney-client privilege and no confidentiality in the information I tell clinic staff/volunteers. I understand that no member of the clinic will be with me in court to represent me.

2. **EQUAL ACCESS TO CLINIC ASSISTANCE.** I have also been told and I understand that the clinic staff/volunteers equally assist each eligible litigant. This means that they may assist the opposing party.

3. **CLINIC SEPARATE FROM COURT STAFF.** I have also been told and I understand that while the clinic is located in the Los Angeles County Courthouse, the clinic staff/volunteers are not court employees. Their assistance does not assure my success in obtaining or defending against an elder abuse restraining order nor does their assistance give me preferential treatment by the court.

I have read the above. I have been able to ask questions about each disclosure, and by signing below, I am stating that I understand and agree to the above.

**DATE:** ____________________________

_Signed_ Represented Litigant’s Name (Print)

_Signed_ Represented Litigant’s Signature

_Signed_ Name of Staff/Volunteer
Elder Abuse Restraining Order Clinic

• Brainstorm: What types of volunteers would you want to recruit?
Elder Abuse Restraining Order Clinic

• Training: Covers substantive law, logistics, and tips re: working with population.

• Training delivery method: varies, depending on volunteer.
  – In person.
  – Email PowerPoint and materials.
    • Materials include sample petition, litigant FAQs and guides, best practice guides, etc.
  – Pro Bono Training Institute.
Elder Abuse Restraining Order Clinic

• Training preference: In Person
  – Easier to set the stage as to what to expect.
  – More questions get asked, which means more opportunity to clarify.
  – Easier to explain what elder abuse looks like on a daily basis:
    • Family members, not caregivers.
    • Verbal and emotional abuse.
Elder Abuse Restraining Order Clinic

• Focus on the Work: Drafting a petition.
  – Main concern: memory.
• Best practices:
  – Be patient, allow more time with litigants.
  – Slow down your speech.
  – Use formal address when speaking with older adults.
  – Try to speak with survivor directly if possible - don’t allow person accompanying him/her to answer all questions.
  – Use Questionnaire and petition template as guides.
Elder Abuse Restraining Order Clinic

• Focus on the Work: Remedies.
  – Conduct: Prohibits defendant from engaging in specific conduct and communication with the victim.
  – Stay Away: Usually 100 yards away from the victim unless parties live together (and can't get residence exclusion), then 3 or 4 feet.
  – Residence Exclusion (Move-Out Order).
  – Care, possession or custody of an animal.
  – Order enjoining party from specified behavior that court determines is necessary to effectuate orders.
Elder Abuse Restraining Order Clinic

• Focus on the Work: Remedies.
  – Securing a better understanding of elder abuse through training means better able to understand client’s lived realities and work toward desired goals together.
  – Example:
    • Situation is actually more of an eviction.
    • Client who only wants a draft.
    • Client who only wants the temporary order.
    • Client that only wants move out order.
    • NOTE: Other family members may be disappointed with the result.
Elder Abuse Restraining Order
Direct Representation Matters

- Representation of clients post-filing.
  - Types of volunteers.
  - Process and Procedure.
  - Training.
  - Mentorship and Supervision.
Real Estate Fraud

- Program designed to help clients regain ownership of homes lost through title fraud, often perpetrated by a family member or friend.
- Bet Tzedek provides representation in court proceedings.
Bet Tzedek’s client, Ms. S, is an elderly woman who has lived in her home since she purchased it in the early 1970s. In the early 2000s, she fell into a deep depression, during which she was unable to leave her home or otherwise care for herself. During this time, Ms. S relied on her daughter to assist with her daily needs. Unfortunately, the daughter—who was suffering from financial difficulties at the time—took advantage of her mother’s trust and reliance. In 2008, the daughter convinced Ms. S that she was dying, and that, in order to avoid the costly probate process, Ms. S needed to sign a quitclaim deed. Unbeknownst to Ms. S, this deed immediately transferred her entire interest in the property to the daughter. Ultimately, in 2015, the daughter attempted to evict her mother from the home.
Real Estate Fraud

• Volunteers sought.
  – Type of volunteer?
    • Any volunteer help pre-placement?
  – Co-counsel or case placement?

• Volunteer/law firm commitment.
  – Number of attorneys.
  – Duration of commitment.
  – Number of hours.
  – Financial output.
Real Estate Fraud

• Training.
  – Civil litigation.

• Samples, templates, etc.

• Mentorship.
  – The agency must be able to offer support.
    • Example: Harassment issues in Ms. S case.

• Holistic approach.

• Brainstorming.
Real Estate Fraud

• Technical aspects of working on real estate fraud on behalf of older clients:
  – Difficult clients.
    • Memory.
    • Building rapport.
      – Drawn to one member of the team.
  – Forensic center.
  – Client as witness.
    • Problematic clients.
  – Clients who pass away.
  – Representing someone other than homeowner.
    • Conservator.
    • Guardian ad litem.
  – May need to rely on family.
  – Assistance with multiple actions on behalf of elderly individual.
Real Estate Fraud

• Other pro bono assistance:
  – Appraisal.
  – Mediation.
  – Estate planning.
  – Competency evaluation and testing.
Ms. S was able to seek pro bono legal help from Gibson Dunn. A team began litigating a real estate fraud case against the daughter in Superior Court, alleging that the 2008 quitclaim deed was the product of fraud and undue influence. In the end, the team was able to secure judgment reestablishing ownership in our client’s favor and cancelling the 2008 quitclaim deed based on a creative judicial estoppel theory—all without the necessity of litigating a difficult trial. And, most importantly, it put Ms. S back in the only home she had known and loved for 45 years.
• In a real estate fraud jury trial, Gibson Dunn secured a complete victory for another pro bono client, Mr. P, who suffered financial elder abuse, and intentional interference with expected inheritance. Mr. P is an elderly and illiterate monolingual Spanish speaker who was fraudulently tricked into signing away the rights to the home he had shared with his wife for more than 33 years. Immediately prior to his wife’s death, his estranged stepson and daughter-in-law tricked her into signing away title to the home. Following her death, they drained Mr. P’s bank account and deprived him of virtually all other assets he had acquired prior to and during his marriage. The stepson and daughter-in-law then sought to evict Mr. P from the home just 10 days after his wife passed away.

• Gibson Dunn filed suit on his behalf and, after a six-day trial, the jury returned a verdict for economic and noneconomic damages totaling over a half-million dollars in his favor. The court also reestablished ownership of the home in Mr. P’s favor. Mr. P was overjoyed to return to his home, where he continues to live today.
WORKING WITH OLDER AND DEPENDENT ADULTS

Elder abuse restraining orders are intended to provide protection for vulnerable populations that often have physical and cognitive impairments. These impairments may affect the way the litigant communicates about his/her case. While you should never assume that a litigant has an impairment or disability, the purpose of this training is to provide you with an understanding of the issues that may affect elder abuse litigants and how you can best help them achieve their litigation goals.

Litigant impairments or circumstances that may affect your interview

- Physical Impairments
  - Hearing loss: If it seems that the litigant has trouble hearing, offer the use of hearing assistance device. We’ll likely be in close quarters with other litigants, so speaking loudly isn’t ideal. If the litigant refuses the device, check with the supervising attorney to find other available space so as not to disrupt the other litigants.
  - Vision: Litigants may have impaired vision. You may need to provide a magnifying glass, read all documents and statements to the litigant, or assist with a guided signature on documents.
  - Ability to communicate verbally: Be aware that some litigants may need an assistive device to communicate or may just need more time to communicate verbally.

- Cognitive Impairments
  - Inability to remember details: The litigant may be unable to remember details about the dates or circumstances of the abuse. In some cases, abuse has been ongoing for many years, and details are difficult to remember. In other cases, age may make it more difficult to remember details.
  - Memory loss: Litigants may suffer from mild cognitive impairment. If they can remember the general facts that brought them into the clinic, do your best to get information from them. You may be able to rely on documents or evidence that they bring in for details. A family member may also be assisting the litigant and provide some details if the litigant allows them to help. If you suspect that the litigant is being coached or unduly influenced by another person, talk to the supervising attorney.
  - Mental capacity: The clinic doesn’t have the authority to determine whether or not a litigant lacks the mental or cognitive capacity to request a restraining order.
and we cannot refuse service based on our assessment. If you suspect that the litigant may lack the capacity to understand the restraining order process, talk to the supervising attorney.

- **Emotional/state of mind**: There are many barriers that prevent victims of elder abuse from asking for help or for a restraining order.
  
  o The most significant barrier is the victim’s reluctance to harm a family member who has been abusing them. The victim may feel responsible for the abuser’s well-being, for their behavior, or for keeping the abuser safe. Mothers and grandmothers especially do not want to get their loved ones in trouble or make them homeless, even if it’s at the expense of their own health or safety.
  
  o Other factors that may prevent victims of abuse from seeking help are embarrassment, fear, fear of being alone, fear of losing independence, denial, confusion if cognitively impaired, and failure to consider that their experience amounts to abuse.
  
  o Effects of trauma/abuse – the negative emotional or mental health effects of abuse can interfere with accessing safety, processing information, or remembering details.

**Interview Techniques**

People respond differently to different interview techniques. All three of the techniques below may be necessary to get the information needed to complete the restraining order application.

- **Open ended interview** - You can ask the litigant to tell the story in his/her own words. The purpose of this technique is to make the litigant comfortable and unburden him/herself by telling an uninterrupted story. The litigant may wander quite a bit, so you may need to refocus the litigant.

- **Structured interview** - Once the litigant is comfortable, use the structured interview to focus the litigant on concrete details so that he/she can give you a coherent account of each incident. It is often very difficult for abuse victims to remember incidents in detail, or even in chronological order, so you will need to ask questions that clarify when the incidents happened, how often, under what circumstances, what happened, and the outcomes of each incident.

- **Questionnaire** - Some litigants may prefer to answer questions in questionnaire format alone, then review the answers with you. You can read the questionnaire and get more details if necessary.

**Trauma Informed Services**

Offering trauma-informed services recognizes the pervasiveness of trauma and its impacts on a survivor’s ability to cope, to access services, and to feel comfortable in a new environment. When you demonstrate that you are comfortable with many kinds of behavior and a wide range of needs, this lets a victim know that we will be sensitive to his/her needs. Offering trauma-
informed services is a critical component of creating welcoming environments in abuse programs.

**Best Practices**
Use these best practices when interviewing and interacting with litigants.

- Be patient, allow more time with litigants
- Slow down your speech
- Use formal address when addressing the older adult victim
- Try to speak with victim directly if possible - don’t allow person accompanying him/her to answer all questions
- Encourage, but don’t pressure
- Keep on topic in a respectful manner
- Details are important, but exact dates/circumstances aren’t always necessary
- Have good listening and empathy skills. Sometimes litigants just want to be heard. They may not go forward with the litigation, but still greatly benefit from being heard.

**Holistic Services**

The litigant may have other issues that need addressing either in connection with or apart from the restraining order. Bet Tzedek has a social worker that may be present at the clinic. You can refer the litigant to the social worker if he or she would like to discuss other legal or social needs. If the social worker is not present, you can screen for the other issues below if the litigant is interested.

- Powers of attorney or estate planning
- Finding a caregiver or roommate
- Counseling/support groups
- Public benefits
- Medi-Cal and In Home Supportive Services
- Protection from financial abuse and financial management