

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):      TELEPHONE NO. (Optional): _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER:  RESPONDENT:	
<b>PETITION FOR PROTECTIVE ORDERS (Elder or Dependent Adult Abuse) (CLETS)</b>	CASE NUMBER:

NOTE: This form must be completed and filed with an *Order to Show Cause and Temporary Restraining Order* (Form EA-120). A separate petition must be filed for each person to be protected.

1. **Petitioner (name):** \_\_\_\_\_ is

- a.  the person to be protected.
- b.  the conservator of the person to be protected.
- c.  the guardian ad litem for the person to be protected.
- d.  other (describe relationship and capacity):

2. **PERSON TO BE PROTECTED (name):**

- a.  is age 65 years or older.
- b.  is between the ages of 18 and 64, and has physical or mental limitations that restrict his or her ability to carry out normal activities or to protect his or her rights (describe physical or mental limitations):

c. Relationship to person seeking order (describe):

3. a. <b>PERSON TO BE RESTRAINED (name):</b> b. <b>DESCRIPTION:</b>  Sex: <input type="checkbox"/> M <input type="checkbox"/> F Ht: _____ Wt.: _____ Hair color: _____ Eye color: _____ Race: _____ Age: _____ Date of birth: _____
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4. The person to be protected  has  has not been involved in other court actions with the person to be restrained in which restraining orders were issued. (If other court actions are known, please specify the case numbers and the county or other state, and attach copies of orders if available):

5. **RELATED CASES (specify):**

**THIS IS NOT AN ORDER**  
(Continued on reverse)



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6. This petition should be granted because
- a.  the person to be restrained caused the person to be protected to suffer physical harm or pain or mental suffering through physical abuse, financial abuse, abandonment, isolation, abduction, or other treatment.
  - b.  the person to be restrained has the care or custody of the person to be protected, but has neglected that person or deprived the person of goods or services that are necessary to avoid physical harm or mental suffering.

**PETITIONER REQUESTS THE COURT TO MAKE THE ORDERS INDICATED BY THE CHECK MARKS IN THE BOXES BELOW.**

7.  **PERSONAL CONDUCT ORDER**  **To be ordered now and to remain in effect until the hearing.**  
 Petitioner seeks an order that the restrained person must not abuse, intimidate, molest, attack, strike, stalk, threaten, sexually assault, batter, harass, telephone, destroy the personal property of, contact directly or indirectly, by mail or otherwise, or disturb the peace of the protected person.
8.  **RESIDENCE EXCLUSION ORDER**  **To be ordered now and to remain in effect until the hearing.**
- a. Petitioner seeks an order that the restrained person must immediately move from and must not return to (address):  
  
 and may take only personal clothing and effects needed until the hearing.
  - b. The residence exclusion order should be granted because
    - (1) The person to be protected has a legal right to live at the address listed above.
    - (2) The person to be protected will suffer physical or emotional harm if the restrained person does not leave the residence.
    - (3) Title to or lease of the residence at the address listed above is not in the sole name of the person to be restrained nor is it in the name of the person to be restrained and another person besides the person to be protected.
    - (4)  The restrained person assaulted or threatened to assault the person to be protected.
9.  **STAY-AWAY ORDER**  **To be ordered now and to remain in effect until the hearing.**  
 Petitioner seeks an order that the restrained person must stay at least (specify): \_\_\_\_\_ yards away from the protected person and the following places:
- a.  The residence of the protected person located at (specify):
  - b.  The place of work of the protected person (specify):
  - c.  The vehicle of the protected person (specify):
  - d.  Other (specify):
10. If the restrained person is ordered to stay away from all the places requested in item 9, will the restrained person still be able to get to his or her residence, school, place of employment, or place of worship?  Yes  No  
 (If no, explain):

11.  **ATTORNEY FEES AND COSTS**  
 Petitioner requests that petitioner's attorney fees and costs be paid by the restrained person as follows:
- | <u>Item</u> | <u>Amount</u> |
|-------------|---------------|
|-------------|---------------|

**THIS IS NOT AN ORDER**  
 (Continued on page three)

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12.  **ORDER SHORTENING TIME**

Petitioner requests that time for service of the *Order to Show Cause* and accompanying papers be shortened so that they may be served no less than (specify number): \_\_\_\_\_ days before the date set for hearing. (If you need this process shortened, provide additional facts to support your request):

13. **FACTS SUPPORTING PETITION**

a. **DESCRIPTION OF ABUSE** (Describe in detail the most recent incidents of abuse. List each incident separately. Describe the incident, including who did what to whom and any injuries. Describe any history of abuse.)

Description  is contained in the attached declaration (you may use Form MC-031) or  is as follows:

b.  **ADDITIONAL FACTS SUPPORTING PETITION** (describe if appropriate)

Facts  are contained in the attached declaration (you may use Form MC-031) or  are as follows:

14.  **OTHER ORDERS** (Specify any other orders that you are requesting. You must provide reasons for your requests. If you need more space, you may use Form MC-031):

Please note that this *Petition For Protective Orders* and the orders issued by the court must be personally served on the restrained person. No person to be protected, including yourself, may personally serve these papers.

Date:

\_\_\_\_\_  
(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 PETITIONER)

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