



<b>Cover Sheet:</b>	<b>Response to Request for Elder or Dependent Adult Abuse Restraining Order</b>
<b>Effective Date:</b>	September 21, 2021
<b>Last Revision Date:</b>	April 15, 2024
<b>Purpose:</b>	These forms are used to respond to a Request for Elder or Dependent Adult Abuse Restraining Order.
<b>Assistance:</b>	Parties who are acting as their own attorneys may receive help from the Self Help Center to complete these forms. You may contact the Self Help Center through the Court's website, by creating an e-Correspondence account, or visit the Self Help Center in person, Monday through Thursday.
<b>Required Forms:</b>	All forms are Judicial Council forms, unless otherwise indicated: <ul style="list-style-type: none"><li>• Response to Request for Elder or Dependent Adult Restraining Order, EA-120</li><li>• Family Law Case Participant Enrollment Form (Party), local form FL/E-LP-665</li><li>• Proof of Service By Mail, EA-250</li></ul>
<b>Optional Forms:</b>	This form is included for information only: <ul style="list-style-type: none"><li>• How Can I Respond to a Request for Elder or Dependent Adult Abuse Restraining Order?, EA-120-INFO</li></ul> <p>This form is needed only if the Request for Elder or Dependent Adult Abuse Restraining Order includes a request for attorney's fees:</p> <ul style="list-style-type: none"><li>• Income and Expense Declaration, FL-150</li></ul>
<b>Filing Fee:</b>	None.
<b>Copies:</b>	Make two copies of the completed forms. The Court will file and keep the original and will endorse and return the copies to you.
<b>Before you File:</b>	If you have a pending criminal case arising out of the same facts used to support the request for an elder or dependent adult abuse restraining order, consult an attorney regarding the legal rights you may be waiving by filing a response.  A copy of the completed Response must be served on the party that filed the Request for Elder or Dependent Adult Abuse Restraining Order before it can be filed with the court.
<b>Filing:</b>	All forms must be typewritten or printed in blue or black ink. (See California Rules of Court, Rules 2.100-2.119)  Forms may be filed electronically, in person or by mail/Drop Box as follows:



	<p><b>e-Delivery:</b> Instructions on how to submit them electronically can be found at <a href="https://www.saccourt.ca.gov/restraining-orders/elder-dependent-abuse.aspx">https://www.saccourt.ca.gov/restraining-orders/elder-dependent-abuse.aspx</a></p> <p><b>Mail/Drop Box:</b> Mail or place completed forms in the court drop-box located at the Family Court at 3341 Power Inn Road, Sacramento, CA 95826. Drop box hours are 8:00 am to 5:00 pm Monday through Friday, excluding Court holidays.</p> <p><b>In Person:</b> Forms may be filed in person between the hours of 8:30 am and 4:00 pm. You must make an appointment online or obtain a ticket from Reception to file in person.</p>
<p><b>Next Steps:</b></p>	<p>Attend the hearing on the date and time and at the location listed on the Notice of Hearing.</p> <p>If you will need an interpreter at the hearing, please call (916) 875-2620 at least 10 days before the hearing. You will be asked to provide your name, case number, and the language needed.</p>

**Response to Request for Elder or Dependent Adult Abuse Restraining Orders**

Clerk stamps date here when form is filed.

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

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: \_\_\_\_\_

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: \_\_\_\_\_

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

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

E-Mail Address: \_\_\_\_\_

Fill in court name and street address:

**Superior Court of California, County of**

Court fills in case number when form is filed.

**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** → 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.

**③  Personal Conduct Orders**

- a.  I agree to the orders requested.
- b.  I do not agree to the orders requested. (Specify why you disagree in item ⑬ on page 4.)
- c.  I agree to the following orders (specify below or in item ⑬ on page 4):

\_\_\_\_\_  
\_\_\_\_\_

**④  Stay-Away Orders**

- a.  I agree to the orders requested.
- b.  I do not agree to the orders requested. (Specify why you disagree in item ⑬ on page 4.)
- c.  I agree to the following orders (specify below or in item ⑬ on page 4):

\_\_\_\_\_  
\_\_\_\_\_



**5**  **Move-Out Orders**

- a.  I agree to the orders requested.
- b.  I do not agree to the orders requested. (*Specify why you disagree in item 13 on page 4.*)
- c.  I agree to the following orders (*specify below or in item 13 on page 4*):

\_\_\_\_\_  
\_\_\_\_\_

**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**  **Order for Counseling or Anger Management Courses**

**i** This item is only available in instances of alleged physical abuse or deprivation of care, not in cases with only alleged financial abuse.

- a.  I agree to the orders requested.
- b.  I do not agree to the orders requested. (*Specify why you disagree in item 13 on page 4.*)
- c.  I agree to the following orders (*specify below or in item 13 on page 4*):

\_\_\_\_\_  
\_\_\_\_\_

**8** **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, firearms, magazines or ammunition.
- b.  I ask for an exemption from the firearms prohibition under Code of Civil Procedure section 527.9(f) because carrying a firearm is a condition of my employment, and my employer is unable to reassign me to another position where a firearm is unnecessary. (*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 8b—Firearms Surrender Exemption" as a title. You may use form MC-025, Attachment.*

\_\_\_\_\_  
\_\_\_\_\_

- c.  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.



**9**  **Possession and Protection of Animals**

- a.  I agree to the orders requested.
- b.  I do not agree to the orders requested. *(Specify why you disagree in item 13 on page 4.)*
- c.  I agree to the following orders *(specify below or in item 13 on page 4):*

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**10**  **Other Orders**

- a.  I agree to the orders requested.
- b.  I do not agree to the orders requested. *(Specify why you disagree in item 13 on page 4.)*
- c.  I agree to the following orders *(specify below or in item 13 on page 4):*

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**11**  **Denial**

I did not do anything described in item 8 of form EA-100. *(Skip to 13.)*

**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 12–Justification or Excuse" as a title. You may use form MC-025, Attachment.*

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**13**  **Reasons I Do Not Agree to the Orders Requested**

*Explain your answers to each order requested that you do not agree with.*

*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 13—Reasons I Disagree" as a title. You may use form MC-025, Attachment.*

\_\_\_\_\_  
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\_\_\_\_\_

**14**  **Lawyer's Fees and Costs**

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

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

*Check here if there are more items. Put the items and amounts on the attached sheet of paper and write "Attachment 14—Lawyer's Fees and Costs" for a title. You may use form MC-025, Attachment.*

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.

**15** Number of pages attached to this form, if any: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
*Lawyer's name (if any)*

\_\_\_\_\_  
*Lawyer's signature*

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

Date: \_\_\_\_\_

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

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

# CONFIDENTIAL

<b>CASE PARTICIPANT</b> NAME: _____ STATE BAR NO: _____ FIRM NAME: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____ E-MAIL ADDRESS: <i>(must be legible)</i> _____ TELEPHONE NO.: _____ ATTORNEY FOR <i>(Name)</i> : _____ FAX NO. <i>(Optional)</i> : _____	<b>FOR COURT USE ONLY</b>
NAME OF COURT: Superior Court of California, County of Sacramento STREET ADDRESS: 3341 Power Inn Road MAILING ADDRESS: _____ CITY AND ZIP CODE: Sacramento, CA 95826 BRANCH NAME: William R. Ridgeway Family Relations Courthouse	
PETITIONER/PLAINTIFF: _____ RESPONDENT/DEFENDANT: _____ CLAIMANT: _____	
<b>FAMILY LAW CASE PARTICIPANT ENROLLMENT FORM (PARTY)</b>	CASE NUMBER: _____

You may access orders for law and motion hearings, and mediation reports prepared by Family Court Services using the court's online Public Case Access System. Free access is available for 72 hours from the time the order is issued or the report is prepared, or from the time the court creates your case subscription. After 72 hours, you may pay for copies.

## INSTRUCTIONS

To setup your account you must:

- 
- A separate form must be filed for each of your Family Law cases.
- Once the court has created your subscription to your case, you will receive a confirming email. You must follow the instructions in that email to complete the process.
- Once your subscription is completed, you will receive an email notification each time an order or report is added to your case.

I, \_\_\_\_\_, request that the court create an account and/or subscription to my Family Law case.

I declare that my private email address is *(must be legible)*:

\_\_\_\_\_  
(Please use Ø for zero, 1 for one and clearly differentiate i, L, S, 5, 3 and 8's).

I understand if I change my email address I must file a new enrollment form with the court.

I acknowledge that confidential mediation reports contain private information that is not part of the public court file. I understand that without a court order, I must not disclose any contents of the Report to anyone (including any minor children) other than the parties to my case (Petitioner/Respondent/Claimant), their attorneys and court professionals. I acknowledge that the court may impose a penalty for any unauthorized disclosure of any content of the Family Court Services report.

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 DECLARANT)

Clerk stamps date here when form is filed.

**1 Elder or Dependent Adult Seeking Protection**

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

**2 Person From Whom Protection Is Sought**

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

**3 Notice to Server**

The server must:

- Be 18 years of age or older.
- Be a resident of or employed in the county where the mailing took
- Not be listed in items 1, 3, or 6 of Form EA-100 .
- Mail a copy of all documents checked in 4 to the person in 1.
- Complete and sign this form and give it to the person in 2.

Fill in court name and street address:

**Superior Court of California, County of**

Fill in case number:

**Case Number:**

**PROOF OF SERVICE BY MAIL**

**4** I am 18 years of age or older and not a party to this proceeding. I live or am employed in the county where the mailing took place. I mailed the person in 1 a copy of all documents checked below:

- a.  Form EA-120, *Response to Request for Elder or Dependent Adult Abuse Restraining Orders* (completed)
- b.  Other (specify): \_\_\_\_\_

**5** I placed copies of the documents checked above in a sealed envelope and mailed them as described below:

- a. Mailed to (name): \_\_\_\_\_
- b. To this address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- c. On (date): \_\_\_\_\_ Mailed from: City: \_\_\_\_\_ State: \_\_\_\_\_

**6 Server's Information**

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

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

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

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

(If you are a registered process server):

County of registration: \_\_\_\_\_ Registration number: \_\_\_\_\_

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

Date: \_\_\_\_\_

\_\_\_\_\_  
Type or print server's name

▶ \_\_\_\_\_  
Server to sign here



**What is an elder or dependent adult abuse restraining order?**

It is a court order that prohibits you from doing certain things and going certain places.

**What does the order do?**

The court can order you to:

- Not contact the person who is protected by the order
- Stay away from that person and the person's home and workplace
- Move out of the place where you and that person are living together
- Not have any guns as long as the order is in effect

**Who can ask for a restraining order?**

A person who is being:

- Financially abused
- Abandoned or abducted
- Harmed
- Neglected
- Isolated
- Deprived by a caregiver of goods or services necessary to live on

A conservator may seek an order on behalf of an elder or dependent adult.

**I've been served with a request for elder or dependent adult abuse restraining orders. What do I do now?**

Read the papers served on you very carefully. The *Notice of Court Hearing* tells you when to appear in court. There may also be a *Temporary Restraining Order* forbidding you from doing certain things. You must obey the order until the hearing.

**What if I don't obey the order?**

The police can arrest you. You can go to jail and pay a fine.

**What if I don't agree with what the order says?**

You still must obey the order until the hearing. If you disagree with the orders the person is asking for, fill out Form EA-120, *Response to Request for Elder and Dependent Adult Abuse Restraining Orders*, before your hearing date and file it with the court. If you need to include attachments, you can use Form MC-025. You can get the forms from legal publishers or on the Internet at [www.courts.ca.gov](http://www.courts.ca.gov). You also may be able to find them at your local courthouse or county law library.

**Do I have to serve the other person with a copy of my response?**

Yes. Have someone age 18 or older—**not you**—mail a copy of completed Form EA-120 to the person who asked for the order (or that person's lawyer). (This is called "service by mail.")

The person who serves the form by mail must fill out Form EA-250, *Proof of Service of Response by Mail*. Have the person who did the mailing sign the original. Take the completed form back to the court clerk or bring it with you to the hearing.

**Should I go to the court hearing?**

Yes. You should go to court on the date listed on Form EA-109, *Notice of Court Hearing*. If you do not go to the hearing, the judge can make orders against you without hearing from you.

<b>EA-109</b> Notice of Court Hearing		Clerk stamps date here when form is filed.
<b>1 Elder or Dependent Adult in Need of Protection</b> a. Full Name: _____ <input type="checkbox"/> Person requesting protection for the elder or dependent adult, if different (person named in item 3 of Form EA-109): Full Name: _____ Lawyer for person named above (if any for this case): Name: _____ State Bar No.: _____ b. Firm Name: _____ Address for person named above (If you have a lawyer, give your lawyer's information. If you do not have a lawyer, give information for the person requesting the order. If you 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: _____		Fill in court name and street address: <b>Superior Court of California, County of _____</b> Court fills in case number when form is filed. <b>Case Number:</b> _____
<b>2 Person You Want Protection From</b> Full Name: _____ <i>The court will complete the rest of this form.</i>		
<b>3 Notice of Hearing</b> A court hearing is scheduled on the request for restraining orders against the person in 2 : Name and address of court if different from above: Hearing Date → Date: _____ Time: _____ Dept.: _____ Room: _____		
<b>4 Temporary Restraining Orders</b> (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) <input type="checkbox"/> All GRANTED until the court hearing. (2) <input type="checkbox"/> All DENIED until the court hearing. (Specify reasons for denial in b, below.) (3) <input type="checkbox"/> Partly GRANTED and partly DENIED until the court hearing. (Specify reasons for denial in b, below.)		



**How long does the order last?**

If the court issued a temporary restraining order before the hearing, it will last until your hearing date. At that time, the court will decide to continue or cancel the order. Any order issued at the hearing can last for up to five years.

**Do I need a lawyer?**

Having a lawyer is always a good idea, but it is not required, and you are not entitled to a free court-appointed attorney. Ask the court clerk about free and low-cost legal services and self-help centers in your county.

**Will I see the person who asked for the order at the court hearing?**

Yes. Assume that the person who is asking for the order will attend the hearing. Do not talk to him or her unless the judge or that person's attorney says that you can.

**Can I bring a witness to the court hearing?**

Yes. You can bring witnesses or documents that support your case to the hearing. But if possible, you should also bring the witnesses' written statements of what they saw or heard. Their statements must be made under penalty of perjury. You can use Form MC-030 for this.

**For help in your area, contact:**

*[Local information may be inserted.]*

**What if I don't speak English?**

When you file your papers, ask the clerk if a court interpreter is available. You may have to pay a fee for the interpreter. If an interpreter is not available for your court date, bring someone to interpret for you. You should ask someone age 18 or older to interpret for you.

**What if I have a gun?**

If a restraining order is issued, unless the order is to prevent financial abuse only, you cannot own, possess, or have a gun, other firearm, or ammunition while the order is in effect. If you have a gun or other firearm in your immediate possession or control, you must sell it to or store it with a licensed gun dealer or turn it in to a law enforcement agency.

**Can I agree with the protected person to cancel the order?**

No. Once the order is issued, only the judge can change or cancel it. You or the protected person would have to file a request with the court to cancel the order.

**What if I am deaf or hard of hearing?**

Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available if you ask at least five court 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.)

PARTY WITHOUT ATTORNEY OR ATTORNEY STATE BAR NUMBER: NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF Sacramento</b> STREET ADDRESS: 3341 Power Inn Road MAILING ADDRESS: 3341 Power Inn Road CITY AND ZIP CODE: Sacramento, CA 95814 BRANCH NAME: William R. Ridgeway Family Relations Courthouse	
PETITIONER: RESPONDENT: OTHER PARTY/PARENT/CLAIMANT:	
<b>INCOME AND EXPENSE DECLARATION</b>	CASE NUMBER:

1. **Employment** (Give information on your current job or, if you're unemployed, your most recent job.)

Attach copies of your pay stubs for last two months (black out Social Security numbers).

- a. Employer:
- b. Employer's address:
- c. Employer's phone number:
- d. Occupation:
- e. Date job started:
- f. If unemployed, date job ended:
- g. I work about \_\_\_\_\_ hours per week.
- h. I get paid \$ \_\_\_\_\_ gross (before taxes)  per month  per week  per hour.

(If you have more than one job, attach an 8 1/2-by-11-inch sheet of paper and list the same information as above for your other jobs. Write "Question 1—Other Jobs" at the top.)

2. **Age and education**

- a. My age is (specify): \_\_\_\_\_
- b. I have completed high school or the equivalent:  Yes  No If no, highest grade completed (specify): \_\_\_\_\_
- c. Number of years of college completed (specify): \_\_\_\_\_ Degree(s) obtained (specify): \_\_\_\_\_
- d. Number of years of graduate school completed (specify): \_\_\_\_\_ Degree(s) obtained (specify): \_\_\_\_\_
- e. I have:  professional/occupational license(s) (specify): \_\_\_\_\_  
 vocational training (specify): \_\_\_\_\_

3. **Tax information**

- a.  I last filed taxes for tax year (specify year): \_\_\_\_\_
- b. My tax filing status is  single  head of household  married, filing separately  
 married, filing jointly with (specify name): \_\_\_\_\_
- c. I file state tax returns in  California  other (specify state): \_\_\_\_\_
- d. I claim the following number of exemptions (including myself) on my taxes (specify): \_\_\_\_\_

4. **Other party's income.** I estimate the gross monthly income (before taxes) of the other party in this case at (specify): \$ \_\_\_\_\_  
This estimate is based on (explain): \_\_\_\_\_

(If you need more space to answer any questions on this form, attach an 8 1/2-by-11-inch sheet of paper and write the question number before your answer.) Number of pages attached: \_\_\_\_\_

I declare under penalty of perjury under the laws of the State of California that the information contained on all pages of this form and any attachments is true and correct.

Date: \_\_\_\_\_

\_\_\_\_\_  
(TYPE OR PRINT NAME)

\_\_\_\_\_  
(SIGNATURE OF DECLARANT)

PETITIONER: RESPONDENT: OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER:
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**Attach copies of your pay stubs for the last two months and proof of any other income. Take a copy of your latest federal tax return to the court hearing. (Black out your Social Security number on the pay stub and tax return.)**

5. **Income** (For average monthly, add up all the income you received in each category in the last 12 months and divide the total by 12.)

	Last month	Average monthly
a. Salary or wages (gross, before taxes).....	\$	_____
b. Overtime (gross, before taxes).....	\$	_____
c. Commissions or bonuses.....	\$	_____
d. Public assistance (for example: TANF, SSI, GA/GR) <input type="checkbox"/> currently receiving .....	\$	_____
e. Spousal support <input type="checkbox"/> from this marriage <input type="checkbox"/> from a different marriage <input type="checkbox"/> federally taxable* .....	\$	_____
f. Partner support <input type="checkbox"/> from this domestic partnership <input type="checkbox"/> from a different domestic partnership .....	\$	_____
g. Pension/retirement fund payments.....	\$	_____
h. Social Security retirement (not SSI).....	\$	_____
i. Disability: <input type="checkbox"/> Social Security (not SSI) <input type="checkbox"/> State disability (SDI) <input type="checkbox"/> Private insurance .....	\$	_____
j. Unemployment compensation.....	\$	_____
k. Workers' compensation.....	\$	_____
l. Other (military allowances, royalty payments) (specify): .....	\$	_____

6. **Investment income** (Attach a schedule showing gross receipts less cash expenses for each piece of property.)

a. Dividends/interest.....	\$	_____
b. Rental property income.....	\$	_____
c. Trust income.....	\$	_____
d. Other (specify): .....	\$	_____

7. **Income from self-employment, after business expenses for all businesses**..... \$ \_\_\_\_\_

I am the  owner/sole proprietor  business partner  other (specify): \_\_\_\_\_

Number of years in this business (specify): \_\_\_\_\_

Name of business (specify): \_\_\_\_\_

Type of business (specify): \_\_\_\_\_

**Attach a profit and loss statement for the last two years or a Schedule C from your last federal tax return. Black out your Social Security number. If you have more than one business, provide the information above for each of your businesses.**

8.  **Additional income.** I received one-time money (lottery winnings, inheritance, etc.) in the last 12 months (specify source and amount): \_\_\_\_\_

9.  **Change in income.** My financial situation has changed significantly over the last 12 months because (specify): \_\_\_\_\_

10. **Deductions**

	Last month
a. Required union dues.....	\$ _____
b. Required retirement payments (not Social Security, FICA, 401(k), or IRA).....	\$ _____
c. Medical, hospital, dental, and other health insurance premiums (total monthly amount).....	\$ _____
d. Child support that I pay for children from other relationships.....	\$ _____
e. Spousal support that I pay by court order from a different marriage <input type="checkbox"/> federally tax deductible* .....	\$ _____
f. Partner support that I pay by court order from a different domestic partnership.....	\$ _____
g. Necessary job-related expenses not reimbursed by my employer (attach explanation labeled "Question 10g").....	\$ _____

11. **Assets**

	Total
a. Cash and checking accounts, savings, credit union, money market, and other deposit accounts.....	\$ _____
b. Stocks, bonds, and other assets I could easily sell.....	\$ _____
c. All other property, <input type="checkbox"/> real and <input type="checkbox"/> personal (estimate fair market value minus the debts you owe).....	\$ _____

\* Check the box if the spousal support order or judgment was executed by the parties and the court before January 1, 2019, or if a court-ordered change maintains the spousal support payments as taxable income to the recipient and tax deductible to the payor.

PETITIONER: RESPONDENT: OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER:
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**12. The following people live with me:**

Name	Age	How the person is related to me (ex: son)	That person's gross monthly income	Pays some of the household expenses?
a.				<input type="checkbox"/> Yes <input type="checkbox"/> No
b.				<input type="checkbox"/> Yes <input type="checkbox"/> No
c.				<input type="checkbox"/> Yes <input type="checkbox"/> No
d.				<input type="checkbox"/> Yes <input type="checkbox"/> No
e.				<input type="checkbox"/> Yes <input type="checkbox"/> No

**13. Average monthly expenses**     Estimated expenses     Actual expenses     Proposed needs

<p>a. Home:</p> <p>(1) <input type="checkbox"/> Rent or <input type="checkbox"/> mortgage..... \$ _____</p> <p>    If mortgage:</p> <p>        (a) average principal:    \$ _____</p> <p>        (b) average interest:    \$ _____</p> <p>(2) Real property taxes..... \$ _____</p> <p>(3) Homeowner's or renter's insurance (if not included above)..... \$ _____</p> <p>(4) Maintenance and repair..... \$ _____</p> <p>b. Health-care costs not paid by insurance..... \$ _____</p> <p>c. Child care..... \$ _____</p> <p>d. Groceries and household supplies..... \$ _____</p> <p>e. Eating out..... \$ _____</p> <p>f. Utilities (gas, electric, water, trash)..... \$ _____</p> <p>g. Telephone, cell phone, and e-mail..... \$ _____</p>	<p>h. Laundry and cleaning..... \$ _____</p> <p>i. Clothes..... \$ _____</p> <p>j. Education..... \$ _____</p> <p>k. Entertainment, gifts, and vacation..... \$ _____</p> <p>l. Auto expenses and transportation (insurance, gas, repairs, bus, etc.)..... \$ _____</p> <p>m. Insurance (life, accident, etc.; do not include auto, home, or health insurance)..... \$ _____</p> <p>n. Savings and investments..... \$ _____</p> <p>o. Charitable contributions..... \$ _____</p> <p>p. Monthly payments listed in item 14 (itemize below in 14 and insert total here)..... \$ _____</p> <p>q. Other (specify): \$ _____</p> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <p>r. <b>TOTAL EXPENSES</b> (a–q) (do not add in the amounts in a(1)(a) and (b)) \$ _____</p> </div> <p>s. <b>Amount of expenses paid by others</b> \$ _____</p>
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**14. Installment payments and debts not listed above**

Paid to	For	Amount	Balance	Date of last payment
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

**15. Attorney fees** (This information is required if either party is requesting attorney fees):

- a. To date, I have paid my attorney this amount for fees and costs (specify): \$ \_\_\_\_\_
- b. The source of this money was (specify): \_\_\_\_\_
- c. I still owe the following fees and costs to my attorney (specify total owed): \$ \_\_\_\_\_
- d. My attorney's hourly rate is (specify): \_\_\_\_\_

I confirm this fee arrangement.

Date:

\_\_\_\_\_ (TYPE OR PRINT NAME)

\_\_\_\_\_ (SIGNATURE OF DECLARANT)

PETITIONER: RESPONDENT: OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER:
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**CHILD SUPPORT INFORMATION**  
**(NOTE: Fill out this page only if your case involves child support.)**

**16. Number of children**

- a. I have *(specify number)*: \_\_\_\_\_ children under the age of 18 with the other parent in this case.
- b. The children spend \_\_\_\_\_ percent of their time with me and \_\_\_\_\_ percent of their time with the other parent.  
*(If you're not sure about percentage or it has not been agreed on, please describe your parenting schedule here.)*

**17. Children's health-care expenses**

- a.  I do  I do not have health insurance available to me for the children through my job.
- b. Name of insurance company:
- c. Address of insurance company:
  
- d. The monthly cost for the **children's** health insurance is or would be *(specify)*: \$ \_\_\_\_\_  
*(Do not include the amount your employer pays.)*

**18. Additional expense for the children in this case**

- |   | Amount per month |
|---|------------------|
| a. Childcare so I can work or get job training.....                           | \$ _____         |
| b. Children's health care not covered by insurance.....                       | \$ _____         |
| c. Travel expenses for visitation.....  | \$ _____         |
| d. Children's educational or other special needs <i>(specify below)</i> ..... | \$ _____         |

**19. Special hardships.** I ask the court to consider the following special financial circumstances  
*(attach documentation of any item listed here, including court orders):*

- |  | Amount per month | For how many months? |
|--|------------------|----------------------|
| a. Extraordinary health expenses not included in 18b.....  | \$ _____         | _____                |
| b. Major losses not covered by insurance <i>(examples: fire, theft, other insured loss)</i> .....  | \$ _____         | _____                |
| c. (1) Expenses for my minor children who are from other relationships and are living with me..... | \$ _____         | _____                |
| (2) Names and ages of those children <i>(specify)</i> :  |                  |                      |

(3) Child support I receive for those children..... \$ \_\_\_\_\_

The expenses listed in a, b, and c create an extreme financial hardship because *(explain)*:

**20. Other information I want the court to know concerning support in my case *(specify)*:**



**Superior Court of California  
County of Sacramento  
William R. Ridgeway Family Relations Courthouse  
3341 Power Inn Road  
Sacramento, CA 95826**

**Elder Abuse/Dependent Adult Resources In Sacramento County**

Emergency Police / Medical

911

Reporting Abuse

Adult Protective Services (Elderly / Adult Victims)  
(916) 874-9377

Agency on Aging Area 4  
(916) 486-1876

Administers the Long-Term Care Ombudsman Program, investigates allegations of elder abuse in long-term care facilities.

Victim Assistance

Victims of Crime Resource Center  
(800) 842-8467 or [www.1800victims.org](http://www.1800victims.org)  
Offers legal advice, representation, and referrals for victims of crimes – including assistance with restraining orders.

Victim/Witness Assistance Program  
(916) 874-5701  
(916) 874-6218  
[daoffice@sacda.org](mailto:daoffice@sacda.org)  
Trained and experienced victim advocates provide crisis counseling, direct assistance, and information about the criminal justice system and community referrals.

Bureau of Medical, Fraud and Elder Abuse  
(at the California Attorney General's Office)  
(800) 722-0432

Victims Services Unit  
(877) 433-9069 or <http://oag.ca.gov/victimservices>  
The Victims Services Unit is at the California Attorney General's Office. They notify victims and their families about the status of cases, including appeals, the Attorney General's Office is handling.

Victim Assistance (continued)

National Elder Care  
(800) 722-0432  
Refers Californians over 60 to state and local aging agencies.

National Center on Elder Abuse  
(855)-500-3537

V.I.N.E. (Victim Notification of Abuser's Release from Jail)  
(877) 411-5588 or [www.vinelink.com](http://www.vinelink.com)  
Victims can register to be notified upon their abuser's release from jail.

California Victim Compensation and Government Claims Board  
(800) 777-9229 or [victims.ca.gov](http://victims.ca.gov)  
Can help pay medical bills and assist with relocation.

National Crime Victim Bar Association  
(202) 467-8700 or [www.victimbar.org](http://www.victimbar.org)

California Department of Corrections  
(877) 256-6877 or [www.cdcr.ca.gov/Victim\\_Services/index.html](http://www.cdcr.ca.gov/Victim_Services/index.html)  
If the offender was sentenced to the Department of Corrections, victims have a right to get money (restitution) to pay for losses, to be told about the offender's status and any parole hearings, and to ask the Board of Parole Hearings to order special parole conditions.

Sate-at-Home  
(877) 322-5227 or [www.sos.ca.gov/safeathome](http://www.sos.ca.gov/safeathome)  
The Secretary of State's program protects victims of domestic violence, stalking and sexual assault by giving them a free P.O. Box and mail forwarding services.



**Superior Court of California  
County of Sacramento  
William R. Ridgeway Family Relations Courthouse  
3341 Power Inn Road  
Sacramento, CA 95826**

**Elder Abuse/Dependent Adult Resources In Sacramento County**

**Help Getting an Elder Abuse/Dependent Adult Restraining Order**

To file a request for an Elder Abuse Restraining Order, you may use the Odyssey Guide and File program. This interactive computer program is used to complete court forms that will be ready for filing. The Guide and File Program can be found at the following link:

<https://california.tylerhost.net/SRL/SRL/ExecuteInterview>

For further information on how to file an Elder Abuse Restraining Order, use the link below to send a message on e-Correspondence:

<https://services.saccourt.ca.gov/flfoecorrespondence/>

**Other Legal Services**

1-800-VICTIMS

Legal assistance in family law matters for victims of domestic violence

Self Help Center

Family Relations Courthouse

In person assistance available Monday through Thursday, 8:30 a.m. to 4:00 p.m. or remotely through e-Correspondence at:

<https://services.saccourt.ca.gov/flfoecorrespondence/>

Sacramento Food Bank & Family Services

(916) 456-1980

Immigration legal services.

McGeorge School of Law Elder Law & Health Clinic

(916) 340-6080

Senior legal services for anyone age 60+ in Sacramento County

**Other Legal Services, Continued**

Sacramento Regional Family Justice Center

3701 Power Inn Road, 3<sup>rd</sup> floor

(Monday through Friday, 9:00 a.m. to 5:00 p.m.)

The Sacramento Regional Family Justice Center provides resources to victims of domestic violence and elder abuse, including safety plans, legal assistance for the preparation of restraining orders, and court accompaniment. Attorneys are available to answer questions after pickup of temporary restraining orders.

Legal Services of Northern California

515 12<sup>th</sup> Street

Sacramento, CA 95814

(916) 551-2150

(866) 815-5990 (Evening Intakes)

Senior legal services for anyone age 60+ in Sacramento County and civil legal services for low-income individuals of any age.

California Advocates for Nursing Home Reform (CANHR)

(800) 474-1116 toll-free hotline

Assist consumers with long term care options, resident rights complaints, elder financial abuse issues, and administers the only state bar certified Lawyer Referral Service designed to refer consumers to attorneys who specialize in physical and financial elder abuse issues.

**Local Resources**

Community Resource Room 211

Dial 2-1-1 or (800) 500-4931 or (916) 498-1000

or <http://www.211sacramento.org/211/>