

Clerk stamps date here when form is filed.

1 Elder or Dependent Adult

Name: _____

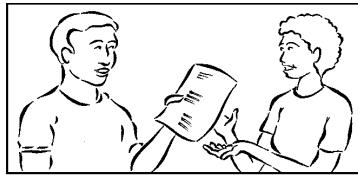
2 Person From Whom Protection Is Sought or Person Alleged to Be Preventing Contact

Name: _____

3 Notice to Server

The server must:

- Be 18 years of age or older.
- Not be listed in items ①, ③, or ⑥ of form EA-100 or be listed in items ①, ②, ③, or ④ on form EA-300.
- Give a copy of all documents checked in ④ to the person in ②. (You cannot send them by mail.) Then complete and sign this form and give or mail it to the person in ①.



Fill in court name and street address:

Superior Court of California, County of _____

Court fills in case number when form is filed.

Case Number: _____**PROOF OF PERSONAL SERVICE****4** I gave the person in ② a copy of the forms checked below:

- a. EA-109, *Notice of Court Hearing*
- b. EA-110, *Temporary Restraining Order*
- c. EA-100, *Request for Elder or Dependent Adult Abuse Restraining Orders*
- d. EA-120, *Response to Request for Elder or Dependent Adult Abuse Restraining Orders* (blank form)
- e. EA-120-INFO, *How Can I Respond to a Request for Elder or Dependent Adult Abuse Restraining Orders?*
- f. EA-130, *Elder or Dependent Adult Abuse Restraining Order After Hearing*
- g. EA-250, *Proof of Service of Response by Mail* (blank form)
- h. EA-800, *Receipt for Firearms, Firearm Parts, and Ammunition* (blank form)
- i. EA-300, *Request for Elder or Dependent Adult Restraining Order Allowing Contact*
- j. EA-309, *Notice of Court Hearing to Allow Contact*
- k. EA-320, *Response to Request for Elder or Dependent Adult Restraining Order Allowing Contact* (blank form)
- l. EA-320-INFO, *How Can I Respond to a Request for an Elder or Dependent Adult Restraining Order Allowing Contact?*
- m. EA-330, *Elder or Dependent Adult Restraining Order Allowing Contact After Hearing*
- n. Other (specify): _____

5 I personally gave copies of the documents checked above to the person in ②:a. On (date): _____ b. At (time): _____ a.m. p.m.

c. At this address: _____

City: _____ State: _____ Zip: _____

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