

Clerk stamps date here when form is filed.

**1 Elder or Dependent Adult Seeking Protection**

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

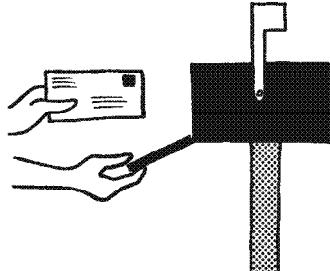
**2 Person From Whom Protection Is Sought**

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 place.
- 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*