

SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE

INDIO 46-200 Oasis St., Indio, CA 92201
 RIVERSIDE 4050 Main St., Riverside, CA 92501

TEMECULA 41002 County Center Dr., #100, Temecula, CA 92591

RI-PR087

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, State Bar Number and Address)</i> TELEPHONE NO: _____ FAX NO. <i>(Optional)</i> : _____ E-MAIL ADDRESS <i>(Optional)</i> : _____ ATTORNEY FOR <i>(Name)</i> : _____	FOR COURT USE ONLY CASE NUMBER: _____
PLAINTIFF/PETITIONER: _____ DEFENDANT/RESPONDENT: _____	

**NOTICE OF HEARING ON REQUEST TO MODIFY TERMINATE
 ELDER OR DEPENDENT ADULT ABUSE RESTRAINING ORDER**

1. Party Seeking Modification/Termination

- a. Full 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.)*
 Address: _____
 City: _____ State: _____ Zip: _____

2. Other Party

- a. Full Name: _____
- b. Address *(if known)*: _____
 City: _____ State: _____ Zip: _____

3. Court hearing

The judge has set a court hearing date. *Court will fill in box below.*

Hearing Date	Hearing Time	Department
Name and address of court if different from above: _____ _____ _____		

PLAINTIFF/PETITIONER:	CASE NUMBER:
DEFENDANT/RESPONDENT:	

To the Party Seeking Order:

4. Service

Someone age 18 or older – **not you** – must serve a copy of the following forms on the other party:

- RI-PR086, *Request to Modify/Terminate Elder or Dependent Adult Abuse Restraining Order*;
- RI-PR087, *Notice of Hearing on Request to Modify/Terminate Elder or Dependent Abuse Restraining Order* (this form);
- RI-PR088, *Response to Request to Modify/Terminate Elder or Dependent Adult Abuse Restraining Order* (blank copy).

- The forms must be personally served on the other party _____ days before the hearing.
- The forms may be served by mail on the other party or the other party’s attorney _____ days before the hearing.

The person who serves the forms must fill out either form EA-200, *Proof of Personal Service*, or form EA-250, *Proof of Service by Mail*. Have the person who served sign the original. Take the signed original proof-of-service form back to the court clerk for filing or bring it with you to the hearing. For help with personal service, see form EA-200-INFO, *What is “Proof of Personal Service”?*

Date: _____ Clerk, by _____, Deputy

To the Other Party:

If you wish to make a written response to this request to modify or terminate the current elder or dependent adult abuse restraining order, you may fill out form RI-PR088, *Response to Request to Modify/Terminate Elder or Dependent Adult Abuse Restraining Order*. File the original with the court before the hearing and have someone 18 or older – **not you** – mail a copy of it to the other party at the address in item 1 at least _____ days before the hearing. Also file form EA-250, *Proof of Service by Mail*, with the court before the hearing.

Assistive listening systems, computer-assisted real time captioning, or sign language interpreter services are available upon request if at least 5 days notice is provided. Contact the clerk’s office for *Request for Accommodations by Persons With Disabilities and Order* (form MC-410). (Civil Code section 54.8.)



Interpreter services are available upon request. If you need an interpreter, please complete and submit the online Interpreter Request Form (www.riverside.courts.ca.gov/interpreter/form_IN005) or contact the clerk’s office and verbally request an interpreter.

All requests must be made in advance with as much notice as possible, and prior to the hearing date in order to secure an interpreter.

(Clerk will fill out this part.)

I certify that this *Notice of Hearing on Request to Modify/Terminate Elder or Dependent Adult Abuse Restraining Order* is a true and correct copy of the original on file in the court.

Clerk’s Certificate
[seal]

Date: _____

Clerk, by _____, Deputy