

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-PR088

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
PLAINTIFF/PETITIONER: _____ DEFENDANT/RESPONDENT: _____	CASE NUMBER: _____

**RESPONSE TO REQUEST TO MODIFY TERMINATE
 ELDER OR DEPENDENT ADULT ABUSE RESTRAINING ORDER**

The court will consider your response at the hearing. Write your hearing date, time, and place from form RI-PR087, item 3 here:

Hearing Date	Hearing Time	Department

1. **Party Filing Response**
 - a. Full Name: _____
 - b. Protected person Restrained Person Conservator/Other

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

3. **Response**
 - a. I agree to the Modification Termination of the order.
 - b. I do not agree to the Modification Termination
 (*Specify why you disagree in Item 4 on page 2.*)
 - c. I agree to the following orders (*specify below or in item 4 on page 2*):

PLAINTIFF/PETITIONER:	CASE NUMBER:
DEFENDANT/RESPONDENT:	

4. **Reasons I Do Not Agree to the** **Modification** **Termination**

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 4 – Reasons I Disagree" as a title. You may use form MC-025, Attachment.

5. **Lawyer's Fees and Costs**

I ask the court to order payment of my: a. Lawyer's fees b. 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 or form MC-025 and write "Attachment 5 – Lawyer's Fees and Costs" for a title.

I ask the court to deny the request of the other party that I pay his or her lawyer's fees and costs.

Date: _____

(LAWYER'S NAME, IF YOU HAVE ONE)

(LAWYER'S SIGNATURE)

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 YOUR NAME)

(SIGN YOUR NAME)

To the Party Filing This Response:

Have someone age 18 or older – **not you** – mail a copy of this completed form RI-PR088 to the other party or to the other party's lawyer, if any. This is called "service by mail". The person who serves the form by mail must fill out form EA-250, *Proof of Service by Mail*. Have the person who did the mailing sign the original. Take the signed original Proof of Service form back to the court clerk or bring it with you to the hearing.