EA-200 Proof of Personal Service

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
Round Valley Indian Tribes
Tribal Court
77826 Covelo Road
Covelo, CA 95428

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: _____

Case Number:

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*

For your protection and privacy, please press the Clear This Form button after you have printed the form.

Print this form Save this form Clear this form