



Yurok Tribal Court

Yurok Tribal Court
230 Klamath Blvd.
PO Box 1027
Klamath CA, 95548
(707) 482-1350 phone
(707) 482-0415 fax

Court File Number: _____
Case Type: EVAP

)
)
)
_____,
)
Petitioner,
)
)
)
v.
)
)
)
_____,
)
Respondent
)

**ANSWER re:
Elder and Vulnerable Adult
Protection**

In the Matter of:

Name of Elder or Vulnerable Adult

1. I ☐ admit jurisdiction ☐ deny jurisdiction.
2. **Neglect** means: the “failure to provide the basic needs of an elder or vulnerable adult by not supplying resources, care or supervision necessary to secure the basic needs of the person...” (For example, you did not feed the elder or vulnerable adult for one week.)
3. ☐ I admit that I abused/neglected an elder or vulnerable adult.
4. ☐ I deny that I abused/neglected an elder or vulnerable adult.
5. ☐ I partially agree that I abused/neglected an elder or vulnerable adult, as follows: _____



6. ☐ I partially deny that I abused/neglected an elder or vulnerable adult, as follows:

The Respondent requests the following relief:

The Respondent requests that the Court order the following:

1. ☐ dismiss the case as unproved.
2. ☐ find that I committed elder or vulnerable adult abuse or neglect.
3. I also ask the Court:



- a. ☐ not to remove me from the following place: _____ and/or ☐ the elder or vulnerable adult's home.
- b. ☐ not to secure the abused in a care facility (e.g. elder's home, rehabilitation house), at the following location: _____
- c. ☐ not to require the following party who has a fiduciary duty to the elder or vulnerable adult to account for the elder or vulnerable adult's funds, and/or real or personal property:
_____ (name of person with the duty)
- d. ☐ not to require me to pay money to the elder or vulnerable adult for injuries that were said resulted from my wrongful act(s) in the amount of: _____, the basis of the amount is: _____.
- e. ☐ not to fine me (require me to pay money to the Court) pursuant to this Code, in the amount of _____, which does not exceed \$5,000.
- f. ☐ not to appoint _____ as guardian of the PERSON, in other words, someone responsible for the elder/vulnerable adult's day-to-day needs like food, bathing, etc.
- g. ☐ not to appoint _____ as a conservator of the ESTATE, in other words, representative payee for the elder or vulnerable adult's benefit
- h. ☐ not to appoint _____ as a representative payee for the elder or vulnerable adult's benefit
- i. ☐ Other relief, as follows: _____
-

- j. ☐ not to issue an emergency protective order.

Notices to the Respondent:

1. **Notice requirement:** Any person who has an interest in the welfare of an elder or vulnerable adult shall be provided with notice of the filing of the petition and the date of the hearing pursuant to the Tribe's notice requirements.



☐ I have provided notice to the elder or vulnerable adult's family members, other caregivers, and/or other interested parties, as listed below:

Name: _____

Address: _____

Telephone Number: _____

Tribal affiliation, if any: _____

Relationship to elder/vulnerable adult:

Name: _____

Address: _____

Telephone Number: _____

Tribal affiliation, if any: _____

Relationship to elder/vulnerable adult:

Name: _____

Address: _____

Telephone Number: _____

Tribal affiliation, if any: _____

Relationship to elder/vulnerable adult:

☐ Attached is a list of additional persons who are notified, with "EVAP Answer, Notices, #1" written at the top.

2. **Notice:** The REPORTER of abuse can remain confidential unless the Court orders otherwise. The Court **MUST** hold a hearing before the Court makes a decision about whether the reporter's identity may remain confidential.

By signing below, I acknowledge that I have read and understood the notices above. I also state that all the statements that I made in this response are true to the best of my knowledge and belief under penalty of perjury.



Respondent's signature

DATE: _____

Signature

Street Address

City/State/Zip Code

(_____) _____ - _____

Telephone Number

e-mail