

Court address Court telephone no.

Ⓑ Petitioner's name Age Address and telephone no. where court can reach petitioner	v	Respondent's name, address, and telephone no. Age
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MOTION

- Ⓒ** 1. On _____ a personal protection order was entered by this court.
Date
- Ⓓ** 2. a. I am the respondent. I ask the court to conduct a hearing to modify terminate the order.
 b. I am the petitioner. I ask the court to conduct a hearing to modify the order.
 c. I am the petitioner. I ask the court to extend terminate the order.

Explain why you want the order modified, extended, or terminated. If box 2a is checked, the respondent must show good cause if the order was issued after a full hearing or if more than 14 days have passed since the ex parte order was served.

- Ⓔ** 3. I have a next friend motioning for me. I certify that the next friend is not disqualified by statute and is an adult.

Ⓕ _____ _____
Date Signature of moving party

NOTICE OF HEARING

Complete this Notice of Hearing only
if you checked box 2a or 2b above.

G You are notified that a hearing has been scheduled to modify, extend, or terminate the personal protection order issued in this case.

Judge: _____

Date: _____

Time: _____

Location: _____

If you require accommodations to use the court because of a disability or if you require a foreign language interpreter to help you fully participate in court proceedings, please contact the court immediately to make arrangements.

The court can modify, extend, or terminate the order even if you do not attend the hearing. It is important for you to attend.

H

Date

Signature of moving party

CERTIFICATE OF SERVICE

I served by registered or certified mail, return receipt requested and delivery restricted to the addressee (copy of return receipt attached) a copy of the motion to modify, extend, or terminate personal protection order, together with the attachments listed below, on:

Name	Date and time of service
Place or address of service	
Attachments (if any)	

I declare under the penalties of perjury that this certificate of service has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Signature

Name (type or print)