	SUPCR 1126
ATTORNEY OR PARTY WITHOUT AN ATTORNEY (Name, State Bar number, and address): NAME:	FOR COURT USE ONLY
ADDRESS:	
CITY, STATE, ZIP:	
TELEPHONE NO: FAX NO. (Optional):	
EMAIL ADDRESS (Optional): ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CRUZ	-
701 Ocean Street, Room 120	
Santa Cruz, CA 95060	
PEOPLE OF THE STATE OF CALIFORNIA	
vs. DEFENDANT:	
DEFENDANT.	
REQUEST FOR HEARING ON PROTECTIVE ORDER MODIFICATION	CASE NUMBER:
AND	FAMILY/CIVIL CASE NUMBER:
5 DAY WRITTEN NOTICE TO OFFICE OF THE DISTRICT ATTORNEY	
This matter will be set for hearing on (date)at (time)	in Department
CLERK OF THE CO	
Date: by	Deputy
5y	, Dopaty
My name is:	
My name is:	
I am the: Defendant (Restrained Person) Protected Person Other REQUEST FOR HEARING:	
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PEOPLE OF THE STATE OF CALIFORNIA	CASE NUMBER:
DEFENDANT:	
e name and current address of the other p	person (restrained or protected party) is:
	reson (restrained of protected party) is.
te:	
me of Requesting Party	Signature of Requesting Party