

ATTORNEY OR PARTY WITHOUT AN ATTORNEY (Name, State Bar number, and address): NAME: ADDRESS: CITY, STATE, ZIP: TELEPHONE NO: FAX NO. (Optional): EMAIL ADDRESS (Optional): ATTORNEY FOR (Name):	FOR COURT USE ONLY
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:	CASE NUMBER: FAMILY/CIVIL CASE NUMBER:
REQUEST FOR HEARING ON PROTECTIVE ORDER MODIFICATION AND 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 COURT

Date: _____ by _____, Deputy

My name is: _____

I am the: Defendant (Restrained Person) Protected Person Other: _____

REQUEST FOR HEARING:

I am asking for a hearing because the:

- Civil Restraining Order is different from the Criminal Protective Order. (Attach a copy of the civil order if possible). The Family/Civil case number is _____
 FURTHER HEARING: There is a further hearing scheduled in the Family/Civil case on: (date) _____
 at time: _____ in Department: _____.
- Protected Person wants to have a "no contact" order in both the Criminal and Civil Cases.
- Protected Person wants the Criminal Protective Order to be modified to allow for peaceful contact and to delete the stay away orders.
- Restrained Person (defendant) and Protected Person want to live together.
- There is a custody/visitation order and the Criminal Protective Order needs to be changed to allow for peaceful contact between the Restrained Person (defendant) and the Protected Person regarding Court-ordered visitation.
- Other: _____

I feel that the change is needed because (state reasons why you want the change): _____

PEOPLE OF THE STATE OF CALIFORNIA
DEFENDANT:

CASE NUMBER:

The name and current address of the other person (restrained or protected party) is:

Date: _____

Name of Requesting Party

Signature of Requesting Party