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:	
REQUEST FOR HEARING ON PROTECTIVE ORDER MODIFICATION OR TERMINATION	CASE NUMBER:

This matter will be set for hearing on (date)_____at (time) _____ in Department _____

CLERK OF THE COURT

Date: _____ **by_____, Deputy Clerk**

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

Accessible Document