

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, State Bar number, and address</i>): TELEPHONE NO: _____ FAX NO. (Optional) _____ E-MAIL ADDRESS (<i>Optional</i>): _____ ATTORNEY FOR (<i>Name</i>): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CRUZ STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____	
The People of the State of California vs. Defendant: _____	
REQUEST FOR HEARING ON PROTECTIVE ORDER MODIFICATION AND 5 DAY WRITTEN NOTICE TO OFFICE OF THE DISTRICT ATTORNEY	CASE NUMBER: _____ FAMILY/CIVIL CASE NUMBER: _____

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 _____.
- 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: _____

FURTHER HEARING: There is a further hearing scheduled in the Family/Civil case on: (date) _____
 at time: _____ in Department: _____.

Date: _____

 Signature of Requesting Party

This matter will be set for hearing on (date) _____ at (time) _____ in Department _____
ALEX CALVO, CHIEF EXECUTIVE OFFICER

Date: _____ **Clerk, by** _____, **Deputy**