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| **IN THE COURT OF COMMON PLEAS** |
|  |       | **COUNTY, OHIO** |
|  |
|       |  |  |
| **Petitioner** | : | Case No. |       |
|       |  |  |
| Address (Safe mailing address) | : | Judge/Magistrate |       |
|       |  |  |
| City, State, Zip Code | : |   |
|  |  |  |
|  |  | **MOTION TO MODIFY OR TERMINATE**  |
| **v.** | : | **DOMESTIC VIOLENCE OR DATING VIOLENCE** |
|  |  | **CIVIL PROTECTION ORDER OR CONSENT** |
|       | : | **AGREEMENT** |
| **Respondent** |  | **(R.C. 3113.31)** |
|       | : |  |
| Address |  |  |
|       | : |  |
| City, State, Zip Code |  |  |
|  |
| **IF YOU ARE ASKING FOR YOUR ADDRESS TO BE KEPT CONFIDENTIAL, PLEASE PUT A MAILING ADDRESS WHERE YOU CAN SAFELY RECEIVE MAIL. IF YOU ARE A PARTICIPANT IN THE SECRETARY OF STATE’S ADDRESS CONFIDENTIALITY PROGRAM, PLEASE USE THE P.O. BOX ADDRESS GIVEN TO YOU. THIS FORM IS A PUBLIC RECORD.** |
|  |
| [ ]  Petitioner [ ]  Respondent moves this Court to modify or terminate the following Order: |
|  |
| [ ]  Domestic Violence Civil Protection Order granted on  |  |
| [ ]  Dating Violence Civil Protection Order granted on  |  |
| [ ]  Consent Agreement Domestic Violence Civil Protection Order approved on |  |
| [ ]  Consent Agreement Dating Violence Civil Protection Order approved on |  |
|  |
| In the original proceeding, I was the [ ] Petitioner [ ] Respondent. |
|  |
| 1. | The terms of the civil protection order or consent agreement to be modified or terminated are: |
|  |       |
|  |       |
|  |       |
|  |  |
| 2. | The reasons for the modification or termination are: |
|  |       |
|  |       |
|  |       |
|  |
| 3. | Court fees cannot be assessed against Petitioner for filing a Motion to Modify or Terminate Civil Protection Order or Consent Agreement, which is in connection with a previously issued or approved protection order or consent agreement, pursuant to R.C. 3113.31(J)(1). |
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| Respectfully submitted, |
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|       |  |
| **SIGNATURE OF PETITIONER/RESPONDENT** |  |
|  |
| Safe mailing address where the Court may send the moving party (YOU) mail. **If you are a participant in the Secretary of State’s address confidentiality program, please use the P.O. Box address given to you.** |
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|       |  |
| Signature of Attorney for Petitioner/Respondent (if applicable) |
|  |
|       |  |
| Name |  |
|       |  |
|       |  |
|       |  |
| Address |  |
|  |  |
|       |  |
| Attorney Registration  |  |
|  |  |
|       |  |
| Attorney’s Telephone  |  |
|  |  |
|       |  |
| Attorney’s Fax  |  |
|  |  |
|       |  |
| Attorney’s Email |  |
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| **Petitioner** | : | Case No. |  |
|  |  |  |
| **v.** | : | Judge/Magistrate |       |
|  |  |  |
| **Respondent** | : |  |
|  |
| **REQUEST FOR SERVICE** |
| TO THE CLERK OF COURT: |
| Pursuant to Civ.R. 65.1(C)(4), please serve [ ]  Petitioner [ ]  Respondent a copy of the Motion and any other accompanying documents to the address below and as follows: |
|  |
|  |
|  | [ ]  Personal service | [ ]  Certified Mail, Return Receipt Requested |
|  | [ ]  Other (specify) |  |
|  |
| [ ]  Other (address):  |  |
|  | [ ]  Personal Service | [ ]  Certified Mail, Return Receipt Requested |
|  | [ ]  Other (specify) |  |
|  |
| SPECIAL INSTRUCTIONS TO SHERIFF: |
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|  |  |
|  | **Signature of Attorney OR** **Petitioner / Respondent** |
|  |
| **RETURN OF SERVICE** |
|  |
| Respondent was served on  |  | . |
|  |
|  |  |  |
| Officer and Badge Number |  | Law Enforcement Agency |
|  |  |  |
| Date |  |  |
|  |
| **CLERK’S CERTIFICATE OF MAILING** |
|  |
| Service of Process was sent by |  | this |  | day of |
|  | . |
|  |
| Attest: |  | Deputy Clerk |