

IN THE COURT OF COMMON PLEAS
_____ COUNTY, OHIO

Petitioner : Case No. _____

Address (Safe mailing address) : Judge/Magistrate _____

City, State, Zip Code :

v. : **MOTION TO MODIFY OR TERMINATE
DOMESTIC VIOLENCE OR DATING VIOLENCE
CIVIL PROTECTION ORDER OR CONSENT
AGREEMENT
(R.C. 3113.31)**

Respondent :

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).

Respectfully submitted,

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.**

Signature of Attorney for Petitioner/Respondent (if applicable)

Name

Address

Attorney's Telephone

Attorney's Email

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COUNTY, OHIO

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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:

**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