

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name and Address</i>):	TELEPHONE NO.:	FOR COURT USE ONLY
ATTORNEY FOR (<i>Name</i>):		
NAME OF COURT: STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
PLAINTIFF: DEFENDANT:		
APPLICATION FOR ORDER <input type="checkbox"/> AND NOTICE OF HEARING <input type="checkbox"/> TO TERMINATE TEMPORARY PROTECTIVE ORDER AFTER HEARING <input type="checkbox"/> TO MODIFY OR VACATE TEMPORARY PROTECTIVE ORDER <input type="checkbox"/> EX PARTE <input type="checkbox"/> AFTER HEARING		CASE NUMBER:

1. To plaintiff (*name*):

You are notified that a hearing on defendant's application in item 2 will be held as follows:

date:	time:	<input type="checkbox"/> dept.:	<input type="checkbox"/> div.:	<input type="checkbox"/> rm.:
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2. Defendant (*name*):

makes application on notice for an order

- a. to terminate the Temporary Protective Order issued on (*date*):
- b. to vacate the Temporary Protective Order issued on (*date*):
- c. to modify the Temporary Protective Order issued on (*date*):
as follows:

3. Defendant (*name*):

makes ex parte application for an order

- a. to vacate the Temporary Protective Order issued on (*date*):
- b. to modify the Temporary Protective Order issued on (*date*):
as follows:

4. Defendant's application to terminate the Temporary Protective Order is made on the grounds that defendant has filed will file a sufficient undertaking pursuant to CCP 489.320 in the amount of \$

(Continued on reverse)

SHORT TITLE:	CASE NUMBER:
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5. Defendant's application
 to vacate to modify the Temporary Protective Order is made on the grounds of the interests of justice and equity to the parties pursuant to CCP 486.100. Defendant's application is based upon the

- a. attached affidavit.
- b. following facts (*specify*):

- c. attached points and authorities.
- d. following points and authorities (*specify*):

Date:

.....
 (TYPE OR PRINT NAME OF DEFENDANT)



 (SIGNATURE OF DEFENDANT)

By:
 (NAME AND TITLE)

DECLARATION

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

.....
 (TYPE OR PRINT NAME)



 (SIGNATURE OF DECLARANT)

6. Total number of pages attached: