

Request to Terminate or Modify a Protective Order

(Issued in a Criminal Case)

This is request to: (check one box):

Terminate a protective order issued in a criminal case.

or

To modify a protective order issued in a criminal case.

If modification is requested, I request that the order be modified in the following manner:

The protective order issued in this case is an order of the Iowa District Court. That Order may remain in full force and effect even if both parties desire that it be terminated. In Order to permit the Court to make an informed decision as to whether or not to lift or modify the protective order, please complete the following form. After you have completed this form you must return this form to the County Attorney's Office. Please understand that the protective order will remain in full force and effect until such time as a Judge orders it removed or modified.

Defendant's Name: _____

Defendant's Current Address: _____

Your Name: _____

Your Current Address: _____

Your Telephone Number: _____

Your Height: _____ Your Weight: _____ Date of Birth: _____

Your Work/Business Address: _____

PLEASE ANSWER ALL QUESTIONS THAT APPLY TO YOU

1. Date of Incident: _____ Time: _____
Location: _____
2. Please describe, in detail, exactly what happened. (For example, if there was an argument, how did it start? If you were hit, how many times and where? Were you pushed, grabbed, slapped, or choked? Were any weapons used?)

3. Why do you want the no contact order lifted or modified? _____

4. Were either of you drinking or using drugs at the time? Yes ___ No ___ If yes, who? _____
What was used and how much? _____
5. Did the defendant sexually assault you in any way? Yes ___ No ___ If yes, please explain what happened:

6. Did you hit the Defendant or use any other type of physical violence? Yes ___ No ___ If yes, at what stage of the incident and why? _____

7. Was there anyone else present during this incident? (including your children) Yes ___ No ___
If yes, please list: Name Address City/State Phone Age

8. Was anyone else hurt or injured during this incident? Yes ___ No ___ If yes, who and what happened to them? _____

9. Did you have visible injuries (bruises or marks)? Yes ___ No ___ Any that showed up later that the police did not see? Yes ___ No ___ If yes, please described them: _____

10. Were photos taken of your injuries by anyone other than the police? Yes ___ No ___ If yes, by whom?
Name Address City/State Phone Date Taken

11. Did you seek medical treatment for your injuries? Yes ___ No ___ If yes, When? _____

NOTE If yes, please sign the medical release attached to this questionnaire.

12. Did you show or tell anyone else about your injuries? Yes ___ No ___ If yes, list below:
 Name Address City/State Phone Age

13. Was any of your property damaged during this incident? Yes ___ No ___
 If yes, what was damaged? _____
14. Do you need restitution for any expenses incurred? Yes ___ No ___ If yes, please explain:

15. What is your current relationship with the Defendant? [] Married [] Divorced
 [] Living Together [] Separated [] None at this time
 How long were you together? From: _____ To: _____
16. Are there any divorce or child custody proceedings pending or threatened?
 Yes ___ No ___ If yes, where? _____ When? _____
 Name of your attorney? _____
 Name of Defendant's attorney _____
17. Are there any other lawsuits or court proceedings involving you, defendant or family members?
 Yes ___ No ___ If yes, please explain: _____

18. Has the defendant threatened you in any way? Yes ___ No ___ If yes, what did the defendant
 say or do to threaten you? _____

19. Are you afraid of the defendant? Yes ___ No ___
20. Has the defendant ever been violent with you in the past? (Pushing, slapping, sexually assault,
 throwing objects at you, etc....) Yes ___ No ___ If yes, please describe:
 Date Location Type of violence Injuries? Police report taken?

- Were you injured? Yes ___ No ___ Were there witnesses? Yes ___ No ___
 If yes, list name and addresses: _____

Signature: _____ Date: _____