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ATTORNEY OR PARTY WITHOUT ATTORNEY	TELEPHONE NO.	FOR COURT USE ONLY
ATTORNEY FOR (Name)		
SUPERIOR COURT OF CALIFORNIA STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE:	, COUNTY OF EL DORADO	
PETITIONER/PLAINTIFF:		CASE NUMBER:
RESPONDENT/DEFENDANT:		
Notice Motion RE: REQUE	EST TO VACATE RESTRA	AINING ORDER
Date:	Time:	Department:
R	EQUEST TO VACATE RES	STRAINING ORDER
I,	(pro	otected party) in the above-entitled
case request that, on th	e motion date stated	d above, the court vacate the
restraining orders issue	d by this court on _	that were to be
in effect until	·	

Signature of Attorney/Party in Pro Per

Dated: _____