

ATTORNEY OR PARTY WITHOUT ATTORNEY TELEPHONE NO. ATTORNEY FOR (<i>Name</i>)	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF EL DORADO STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT:	CASE NUMBER:
Notice Motion RE: REQUEST TO VACATE RESTRAINING ORDER Date: Time: Department:	

REQUEST TO VACATE RESTRAINING ORDER

I, _____ (protected party) in the above-entitled case request that, on the motion date stated above, the court vacate the restraining orders issued by this court on _____ that were to be in effect until _____.

Dated: _____

Signature of Attorney/Party in Pro Per