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| ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, State Bar number, and address)*:                    TELEPHONE NO.:       FAX NO.:      E-MAIL ADDRESS:      ATTORNEY FOR (Name):       | *FOR COURT USE ONLY* |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF MADERA200 South G StreetMadera, CA 93637Criminal Division |
| PEOPLE OF THE STATE OF CALIFORNIAvs.

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| DEFENDANT: |       |

 |
| **APPLICATION FOR ORDER TO MODIFY AND/OR TERMINATE CRIMINAL PROTECTIVE ORDER** | CASE NUMBER:       |

I [ ]  Protected Person [ ]  Defendant apply for an order:

[ ]  to terminate Criminal Protective Order.

[ ]  to modify Criminal Protective Order.

Reasons: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Date:  |  |  |  |  |  |
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|  |  |  | Print Name |  | Signature |

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| ***(FOR COURT USE ONLY)*** |
| Judge:  |  |  |  |  |  |
| Schedule For Hearing:  | [ ]  Yes [ ]  No |  |  |  |
| Hearing Date: |  | Time:  |  | Dept. :  |  |  |
| Additional Information: |  |
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