

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF IMPERIAL 939 W. MAIN STREET EL CENTRO, CA 92243	
PETITIONER: RESPONDENT:	
EX PARTE REQUEST AND ORDER TO VACATE RESTRAINING ORDER	CASE NUMBER: _____

- Your name (protected person): _____
- Name of restrained person: _____
- The temporary restraining order (TRO) permanent restraining order (RO) was issued on : _____
 The order expires on: _____.
- I ask the Court to vacate the **RESTRAINING ORDER** issued on my behalf in its entirety, and I understand this means additional protected parties will no longer be protected.
- I ask the Court to vacate the restraining order indicated above for the following reasons: _____

- The restrained person does does NOT have a cross-restraining order issued against me.
 The temporary restraining order (TRO) permanent restraining order (RO) was issued on: _____
 The order expires on: _____.

I make this request of my own free will. I have not been coerced or threatened in any way by the restrained person or anyone else to make this request.

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

Date: _____

 Signature of Protected Party

ORDER

Based on the above request, **IT IS SO ORDERED:**

- The request is **GRANTED**. The restraining order filed on behalf of the protected party issued on: _____ is hereby vacated in its entirety.
- Any custody and visitation orders shall remain in full force and effect.
- The request is **DENIED** and all orders remain in full force and effect.
- A Request for Order is required.
- Other: _____

FOR COURT USE ONLY

Date: _____

 Judge of the Superior Court