

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, State Bar number, and address</i>): TELEPHONE NO.: _____ FAX NO. (<i>Optional</i>): _____ E-MAIL ADDRESS (<i>Optional</i>): _____ ATTORNEY FOR (<i>Name</i>): _____	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: _____

1. Your name (protected person): _____
2. Name of restrained person: _____
3. The temporary restraining order (TRO) permanent restraining order (RO) was issued on : _____
 The order expires on: _____.
4. 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.
5. I ask the Court to vacate the restraining order indicated above for the following reasons: _____

6. 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.
- Petitioner is ordered to appear on (date) _____ in Department _____.
- Other: _____

Date: _____

Judge of the Superior Court

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