

NOTICE OF HEARING

Complete this Notice of Hearing only
if you checked box 2a or 2b above.

G You are notified that a hearing has been scheduled to modify, extend, or terminate the personal protection order issued in this case.

Judge: _____

Date: _____

Time: _____

Location: _____

If you require accommodations to use the court because of a disability or if you require a foreign language interpreter to help you fully participate in court proceedings, please contact the court immediately to make arrangements.

The court can modify, extend, or terminate the order even if you do not attend the hearing. It is important for you to attend.

H

Date

Signature of moving party

CERTIFICATE OF SERVICE

I served by registered or certified mail, return receipt requested and delivery restricted to the addressee (copy of return receipt attached) a copy of the motion to modify, extend, or terminate personal protection order, together with the attachments listed below, on:

Name	Date and time of service
Place or address of service	
Attachments (if any)	

I declare under the penalties of perjury that this certificate of service has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Signature

Name (type or print)