
Full Name of Party Submitting This Document

Mailing Address (Street or Post Office Box)

City, State and Zip Code

Telephone Number

IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF
THE STATE OF IDAHO, IN AND FOR THE COUNTY OF _____

STATE OF IDAHO,
Plaintiff,
vs.

Defendant.

Case No.: _____

MOTION TO MODIFY OR DISMISS
NO CONTACT ORDER
I.C.R. 46.2(b), I.C. § 18-920

1. I am a person protected by a no-contact order in this case .
 I am a the parent or guardian of a person protected by a no-contact order in this case.
 I am the defendant.

2. I ask that the No Contact Order issued against the defendant in this case be:

Terminated because: _____

_____.

Modified (changed) because: _____

_____.

The changes I want are:

_____.

3. It is my own choice to make this request.
4. I understand that, if the court changes or dismisses the No Contact Order in this criminal case, it does not mean the criminal case against the defendant will be dismissed.
5. I also understand that dismissal of the No Contact Order in this criminal case will not change any civil Domestic Violence Protection Order involving the same people.

Date

Signed: _____

Typed or Printed Name of Person Signing