

STATISTICAL INTAKE SHEET FOR ORDER OF PROTECTION

Please read the information you have received and completely fill out the package you have been given to file this Motion to Modify/Extend Order of Protection. All information is needed to process your paperwork.

(Your Statistical Information is Confidential and is not Public Record)

1. Your Name: _____
 First Middle Last

2. DOB: _____ SSN: _____ Home and/or Cell Phone: _____

3. Home Address: _____
City: _____ State: _____ Zip Code: _____

4. Work: _____ Work Phone: _____

5. Work Address: _____
City: _____ State: _____ Zip Code: _____

6. Name of a friend or relative who can get a message to you: _____
Phone number of friend or relative: _____

7. Name of person you want Order of Protection against:

 First Middle Last

8. DOB: _____ SSN: _____ Home and/or Cell Phone: _____

9. Home Address: _____
City: _____ State: _____ Zip Code: _____

10. Work: _____ Work Phone: _____

11. Work Address: _____
City: _____ State: _____ Zip Code: _____

12. Have you previously been granted an Order of Protection against him/her? Yes No
If so, when was Order of Protection granted? _____

To request an ADA accommodation, please contact Dart Gore at 880-3309.

Motion to Modify/Extend Order of Protection

IN THE GENERAL SESSIONS COURT OF
DAVIDSON COUNTY, TENNESSEE

Case No. _____

Court GENERAL SESSIONS

County Davidson Tennessee

TRANSLATOR REQUESTED/LANGUAGE: _____

PETITIONER/PLAINTIFF

First Middle Last

PETITIONER/PLAINTIFF IDENTIFIERS

Date of Birth of Petitioner

Minor Children Protected Under This Order:

_____ DOB _____
_____ DOB _____
_____ DOB _____

V.

RESPONDENT

RESPONDENT IDENTIFIERS

First Middle Last

Relationship to Petitioner _____

Respondent's Address

Respondent's Employer _____

SEX	RACE	DOB	HT	WT
EYES	HAIR	SOCIAL SECURITY #		

Distinguishing Features

Notice: Pursuant to TCA 36-3-608 and the attached order, the order of protection entered on _____ remains in full force and effect pending this hearing and further orders of the Court.

Relationship Identifiers (Mark all that apply):

- Current or Former Spouses
 Child of Respondent
 Live Together or Have Lived Together
 Parents of Child in Common
 Child of Respondent's Intimate Partner
 Other (*Explain*) : _____

Comes now _____ pursuant to TCA §36-3-605(d) et seq., and §36-3-608 et seq., and moves this Honorable Court to modify/extend the Order of Protection entered by this Court on _____, for:

To request an ADA accommodation, please contact Dart Gore at 880-3309.

One year, and Petitioner, upon notice to Respondent, may request a continuation of the Order. This is requested because:

Five years based on an initial violation of the Order of Protection. This is requested because:

Ten years based on a second or subsequent violation of the Order of Protection. This is requested because:

Other relief requested.

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

_____, Petitioner, being first duly sworn, has read the foregoing Motion, knows the contents thereof, and states that the same is true and correct to the best of Petitioner's knowledge, information and belief.

PETITIONER

Sworn to and subscribed before me this
___ day of _____, 20___.

NOTARY PUBLIC/DEPUTY CLERK

My Commission Expires: _____

NOTICE OF HEARING

IF YOU NEED A TRANSLATOR FOR THE HEARING, IMMEDIATELY NOTIFY DART GORE AT (615) 880-3309.

To the Respondent:

Notice is hereby given to you that the above named Petitioner shall appear requesting the Court to modify and/or extend the Order of Protection previously entered in this cause and to award the relief prayed for in the Motion to Modify/Extend Order of Protection.

IF YOU WANT TO TELL YOUR SIDE TO THE JUDGE, YOU MUST BE AT THE HEARING. IF YOU DO NOT COME TO THE HEARING, THE JUDGE WILL DECIDE BASED ONLY ON THE PETITIONER'S TESTIMONY.

The motion hearing will be held in **General Sessions Court, Justice A.A. Birch Building**, 408 Second Avenue North, Nashville, TN 37201, in **Courtroom**_____.

Date of Hearing: _____, 20___ at 9:15 a.m.

To request an ADA accommodation, please contact Dart Gore at 880-3309.

I hereby certify that I have sent a copy of the foregoing motion, notice of hearing and temporary order extending order of protection by fax to the Davidson County Sheriff's Office and by U.S. mail postage pre-paid, to the respondent at his or her last known address: _____

This _____ day of _____, 20_____.

RICHARD R. ROOKER, CLERK

By: _____
Deputy Clerk

To request an ADA accommodation, please contact Dart Gore at 880-3309.

**IN THE GENERAL SESSIONS COURT
FOR DAVIDSON COUNTY, TENNESSEE**

Petitioner

V.

Docket No. _____

Respondent

ORDER TO MODIFY/EXTEND

This cause came to be heard on ____ day of _____, 20____, upon the Motion to Modify/Extend the Order of Protection of Petitioner/Respondent previously entered by the Court on _____ (date), and upon statements made in open Court, it appears to the Court that the Motion is well taken and should be granted.

IT IS THEREFORE ORDERED, ADJUDGED AND DECREED:

That the Order of Protection previously entered by this Court shall be extended for an additional

one (1) year, five (5) years, or ten (10) years;

and/or modified as follows: _____

ENTERED this ____ day of _____, 20____.

Judge, Division _____

Certificate of Service

The Clerk hereby certifies that a true and exact copy of the foregoing Order has been
 handed mailed to the Petitioner, and a copy handed mailed to the Respondent at the last known address of: _____

on this ____ day of _____, 20____.

Deputy Clerk