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 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.

Revised 07/01/07

Motion to Modify/Extend Order of Protection

IN THE CIRCUIT COURT OF DAVIDSON COUNTY, TENNESSEE

☐ **TRANSLATOR REQUESTED/LANGUAGE:**_____

Case No. _____

Court CIRCUIT

County Davidson Tennessee

PETITIONER/PLAINTIFF

First Middle Last

PETITIONER/PLAINTIFF IDENTIFIERS

Date of Birth of Petitioner

Minor Children Protected Under This Order:

_____ DOB_____

_____ DOB_____

_____ DOB_____

V.

RESPONDENT

First Middle Last

Relationship to Petitioner _____

Respondent's Address

_____

_____

_____

RESPONDENT IDENTIFIERS

SEX	RACE	DOB	HT	WT

EYES	HAIR	SOCIAL SECURITY #

Distinguishing Features

_____

_____

_____

Respondent's Employer_____

Notice: **Pursuant to 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)*** :_____

*** To the Respondent: You may be represented by counsel at this show cause hearing if you so choose.***

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.

Revised 07/01/07

☐ One year, and Petitioner, upon notice to Respondent, may request a continuation of the Order.

_____

_____

☐ Five years based on an initial violation of the Order of Protection.

_____

_____

☐ Ten years based on a second or subsequent violation of the Order of Protection.

_____

_____

☐ 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/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.

The motion hearing will be held in _____ Circuit Court, One Public Square, 6th Floor, Nashville, TN 37201.

Date of Hearing: _____at _____ a.m.

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.

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

Print Full Packet

I hereby certify that I have sent a copy of the foregoing motion by fax to the Davidson County Sheriff's Department and by U.S. mail postage pre-paid, to the respondent at _____
_____
_____
_____

This _____ day of _____, 20_____.

RICHARD R. ROOKER, CLERK

By: _____
Deputy Clerk

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

Revised 07/01/07

12 PJ

IN THE THIRD AND FOURTH CIRCUIT COURTS
FOR DAVIDSON COUNTY, TENNESSEE

FILED
2012 NOV 14 PM 1:43
D.C.

ORDER

It appears to the Court that a motion to modify/extend an Order of Protection has been filed with the Clerk. The Order of Protection shall remain in full force and effect pending this hearing and further orders of the Court.

IT IS SO ORDERED.

Entered this 14th day of November, 2012.

PHILLIP ROBINSON, JUDGE
Third Circuit Court

PHILIP E. SMITH, JUDGE
Fourth Circuit Court