

Motion to Modify/Extend Order of Protection	Case # <i>(the Clerk fills this in):</i>
<input type="checkbox"/> Translator Requested / Language: _____	

IN THE CIRCUIT COURT OF DAVIDSON COUNTY, TENNESSEE

Petitioner's Information:

<i>First Name</i>	<i>Middle Name</i>	<i>Last Name</i>	<i>Suffix</i>	<i>DOB</i>

Petitioner's Child(ren) Under 18 Protected by this Order:

<i>Name</i>	<i>DOB</i>	<i>Relationship to Respondent</i>

Respondent's Information *(person you want to be protected from):*

<i>First Name</i>	<i>Middle Name</i>	<i>Last Name</i>	<i>Suffix</i>	<i>DOB</i>
<i>Street Address</i>	<i>Street Address 2</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Respondent Employer</i>	<i>Employer Address</i>	<i>Employer Phone</i>		

Describe Respondent:

<i>Sex - Race - Hair - Eyes</i>	<i>Height - Weight - SSN - Other</i>
Sex:	Height:
Race:	Weight:
Hair:	Social Security #:
Eyes:	Scars/Special Features:

Petitioner's Relationship to the Respondent (check all that apply):

<input type="checkbox"/> We are married or used to be married.	<input type="checkbox"/> We live together or used to live together.
<input type="checkbox"/> We have a child together.	<input type="checkbox"/> We are dating, used to date, or have had sex.
<input type="checkbox"/> We are relatives, related by adoption, or are/were in-laws. <i>(Specify):</i>	
<input type="checkbox"/> We are the children of a person whose relationship is described above. <i>(Specify):</i>	
<input type="checkbox"/> The Respondent has stalked me.	<input type="checkbox"/> The Respondent has sexually assaulted me.
<input type="checkbox"/> Other: _____	

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.

To the Respondent: You may be represented by counsel at this Show Cause hearing if you so choose.

Comes now Petitioner, _____, pursuant to T.C.A. §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:

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:

Transfer the billing responsibility for and rights to wireless telephone number(s).

Pursuant to T.C.A. §36-3-627, please issue an Order directing _____, a wireless telephone service provider, to transfer the billing responsibility for and rights to the wireless telephone number(s) of Petitioner since Petitioner is not the account holder.

NOTE: If the Judge makes this Order, you will be financially responsible for the transferred wireless telephone number or numbers, including the monthly service costs and costs of any mobile device associated with the wireless telephone number or numbers. You may be responsible for other fees. **Before checking this box, contact the wireless service provider to find out what fees you will be responsible for and whether you are eligible for an account.**

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:_____



To request an ADA accommodation, please contact Trey Collier at 880-3309.

NOTICE OF HEARING

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, _____ Floor, Room _____, 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.

I hereby certify that a copy of the foregoing *Motion, Notice of Hearing, and Temporary Order Extending Order of Protection* has been routed to the Davidson County Sheriff's Office through the electronic filing system; and by U.S. mail, postage pre-paid, to the Respondent at his or her last known address: _____

This _____ day of _____, 20_____.

JOSEPH P. DAY, Clerk

By: _____
Deputy Clerk



To request an ADA accommodation, please contact Trey Collier at 880-3309.

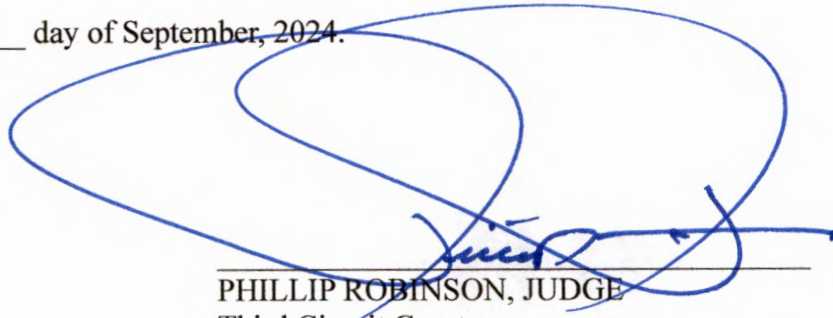
IN THE THIRD AND FOURTH CIRCUIT COURTS OF
DAVIDSON COUNTY, TENNESSEE

ORDER

It appears to the Court that a Motion to Modify/Extend an Order of Protection has been filed with the Clerk prior to the expiration of the Order of Protection. 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 6th day of September, 2024.

A large, stylized handwritten signature in blue ink, appearing to read "Phillip Robinson", is written over a horizontal line. The signature is highly cursive and loops around itself.

PHILLIP ROBINSON, JUDGE
Third Circuit Court

A smaller, more fluid handwritten signature in blue ink, appearing to read "Stephanie J. Williams", is written over a horizontal line. The signature is cursive and loops around itself.

STEPHANIE J. WILLIAMS, JUDGE
Fourth Circuit Court

**STATISTICAL INTAKE SHEET FOR
MOTION TO MODIFY/EXTEND ORDER OF PROTECTION**

1. Petitioner: _____
[First] *[Middle]* *[Last]* *[Suffix]*

2. DOB: _____ SSN: _____ Home/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. Respondent: _____
[First] *[Middle]* *[Last]* *[Suffix]*

8. DOB: _____ SSN: _____ Home/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? _____
If so, when was *Order of Protection* granted? _____