

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 Dart Gore 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, 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_____.

RICHARD R. ROOKER, Clerk

By: _____
Deputy Clerk



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✓
12 PJ

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

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

ORDER

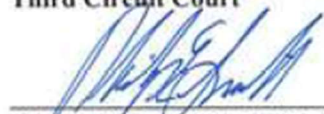
It appears to the Court that a motion to modify/extend an Order of Protection has been filed with the Clerk. The Order of Protection shall remain in full force and effect pending this hearing and further orders of the Court.

IT IS SO ORDERED.

Entered this 14th day of November, 2012.



PHILLIP ROBINSON, JUDGE
Third Circuit Court



PHILIP E. SMITH, JUDGE
Fourth Circuit Court

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? _____