	Motion to Modify/Extend Order of Prot					on	Case # (the Clerk fil	lls this in):
□.	Franslator Requested / Languag	e:							
IN THE GENERAL SESSIONS COURT OF DAVIDSON COUNTY, TENNESSEE									
Pe	titioner's Information:								•
	First Name			Middle Name	Last Name			Suffix	DOB
Pe	titioner's Child(ren) Under 18	Pro	tect	ed by this Ord	er:				
	Name					DOB F		Relationship to Respondent	
Re	spondent's Information (persor	ı yol	ı wan	t to be protected fro	m):			T T	
	F' · (N · · · ·			AR' J. H. Al		1 (1)		0.65	202
	First Name			Middle Name	Last Name		ame	Suffix	DOB
	Street Address			Street Address 2	City		ity	State	Zip
					ı				· · · · · · · · · · · · · · · · · · ·
	Respondent Employer			Emp	ployer Address Em			oloyer Phone	
De	scribe Respondent:								
	Sex – Race – Hair – Eyes				Heigl	ht – Weight –	SSN – Other		
Sex	:	Не	eight:						
Rac	e:	W	Weight:						
Hair: S		Sc	Social Security #:						
Eyes: So			Scars/Special Features:						
Petitioner's Relationship to the Respondent (check all that apply):									
	We are married or used to be married.				We live together or used to live together.				
	We have a child together.	have a child together.			We are dating, used to date, or have had sex.				
	We are relatives, related by adoption, or are/were in-laws. (Specify):				•				
	We are the children of a person whose relationship is described above. (Specify):								
	The Respondent has stalked me.				The Respondent has sexually assaulted me.				
	Other:			<u>'</u>					

<u>No</u>	<u>tice</u> : Pursuant to <i>T.C.A.</i> §36-3-608 and the attached <i>Order</i> , the <i>Order of Protection</i> entered or remains in full force and effect pending this hearing and further
	orders of the Court.
SW	mes now Petitioner,, and ears and affirms, pursuant to <i>T.C.A.</i> §36-3-605(d) et seq., and §36-3-608, and moves this Honorable urt to modify/extend the <i>Order of Protection</i> entered by this Court on for:
	One year, and Petitioner, upon notice to Respondent, may request a continuation of the <i>Order</i> . This is requested because:
	Five years based on an initial violation of the <i>Order of Protection</i> . This is requested because:
	Ten years based on a second or subsequent violation of the <i>Order of Protection</i> . This is requested because:
	Transfer the billing responsibility for and rights to wireless telephone number(s). Pursuant to <i>T.C.A.</i> §36-3-627, please issue an Order directing
	NOTE: If the Judge makes this Order, you will be financially responsible for the transferred wireless telephone number on 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.
	ATE OF TENNESSEE) UNTY OF DAVIDSON)
	, Petitioner, being first duly sworn, has read the egoing Motion, knows the contents thereof, and states that the same is true and correct to the best of Petitioner's byledge, information and belief.
	PETITIONER orn to and subscribed before me, this day of, 20
Mv	NOTARY PUBLIC / DEPUTY CLERK Commission Expires:

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

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.

_		neral Sessions Court, Justice A.A. Birch Building, 408 201, in Courtroom
Date of Hearing:		, 20, at 9:15 a.m.
Extending Order of Pr	otection by fax to the D	e foregoing <i>Motion</i> , <i>Notice of Hearing</i> , and <i>Temporary Order</i> avidson County Sheriff's Office and by U.S. mail postage pre- own address:
This	day of	, 20
		RICHARD R. ROOKER, Clerk
		By: Deputy Clerk

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

IN THE GENERAL SESSIONS COURT FOR DAVIDSON COUNTY, TENNESSEE

Petitioner								
Fettioner								
VS.	Docket N	lo						
Respondent	_							
·	TO MODIEW/EVTEND							
ORDER	R TO MODIFY/EXTEND							
This cause came to be heard on the	day of	, 20, upon						
the Motion to Modify/Extend the Order of Prote	ection of Petitioner/Responde	ent previously entered by the Court						
on(date), and	d upon statements made in c	open Court, it appears to the Court						
that the <i>Motion</i> is well taken and should be gra	anted.							
IT IS, THEREFORE, ORDERED, ADJ	JUDGED AND DECREED:							
1) That the Order of Protection previous	ously entered by this Court sl	hall be extended for an additional						
☐ one (1) year,	five (5) years, or	ten (10) years;						
and/or modified as follows:								
2) Petitioner and any minor childre	en in the Petitioner's care are	e the primary users of the wireless						
telephone number(s):								
, and a separat	e <i>Order</i> shall be entered purs	suant to <i>T.C.A.</i> §36-3-627, directing						
	, a wireless telepho	one service provider, to transfer the						
billing responsibility for and rights to the wirele	ess telephone number or nun	nbers of Petitioner since Petitioner						
is not the account holder.								
ENTERED this day	of	, 20						
	JUDGE, Division							
CEF	RTIFICATE OF SERVICE							
The Clerk hereby certifies that a true and e	exact copy of the foregoing C	<i>Order</i> has been ☐ handed <u>or</u> ☐						
mailed to the Petitioner, and a copy has been								
address of:								
on this day of	, 20	_·						
		Deputy Clerk						

INTAKE SHEET FOR MOTION TO MODIFY/EXTEND ORDER OF PROTECTION

1.	Your Name:					
		[First]		[Middle]	[Last]	[Suffix]
2.	DOB:	SSN:		Home/Ce	ell Phone:	
3.	Home Address:					
	City:			State:	Zip Code:	
4.	Work:			w	/ork Phone:	
5.	Work Address:					
	City:			State:	Zip Code:	
6.	Name of other Party:					
	[First]		[Middle]		[Last]	[Suffix]
7.	DOB:	SSN:		Home/Ce	ell Phone:	
8.	Home Address:					
	City:			State:	Zip Code:	
9.	Work:			W	/ork Phone:	
10.	Work Address:					
	City:			State:	Zip Code:	