	OURT DISTRICT COU		City/County
Localeu at	Court Address	Case	No.
	V	S.	
Name of Petitioner on Or	iginal Court Order	Name of Respo	ondent on Original Court Order
eet Address, Apt. No.	Home: Work:	Street Address, Apt. No.	Home: Work:
y, State, Zip	Telephone	City, State, Zip	Telephone
I,ask this Court to:	☐ MODIFY ☐ RESCI, am the ☐ Order in this case dated	Respondent, Petition	ner in the above entitled case
My reasons are:	Order up to six (6) months Order up to two (2) years on the control of the contr	due to a subsequent act o	
The Despendent come	nitted the following eets o	f abusa against	
ine Respondent confi	mitted the following acts of		Name
☐ choking/strangling with object ☐ stabb	ing □shoving □threa	$g \sqcup rape$ or other sexual ts of violence \square mental	offense (or attempt) ☐ hitting injury of child ☐ detaining
The details of what happe	-		
		ls of what happened, when and where is	t happened, and any injuries sustained):
Date			Signature
Fax		Street Address (unless confident	ial) Home: Work:
E-mail		City, State, Zip	Telephone

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that	on, a copy of(Describe document served)
•	MDEC system on all persons entitled to service, except for the following non-electronically by
Name:Address:	Name: Address:
Date	Signature of Party Serving