
Full Name of Party Filing Document

Mailing Address (Street or Post Office Box)

City, State and Zip Code

Telephone

Email Address (if any)

IN THE DISTRICT COURT FOR THE SEVENTH JUDICIAL DISTRICT
FOR THE STATE OF IDAHO, IN AND FOR THE COUNTY OF TETON

STATE OF IDAHO,
Plaintiff,
vs.

Defendant.

Case No. _____

REQUEST TO MODIFY OR DISMISS
NO CONTACT ORDER
I.C.R. 46.2

- I am a person protected by a no-contact order in this case.
 I am the parent or guardian of a person protected by a No Contact Order in this case.
 I am the defendant.
 I am filing this request within seven days of being served the No Contact Order, and I was not present when the No Contact Order was issued. The No Contact Order was served on me on (date served) _____.

2. I ask that the No Contact Order issued against the defendant in this case be:

Terminated because: _____

Changed because: _____

The changes I want are: _____

3. It is my own choice to make this request.
4. I understand that, if the court changes or dismisses the No Contact Order, it does not mean the criminal case against the defendant will be dismissed.
5. I also understand that dismissing or changing the No Contact Order in this criminal case will not change any Civil Protection Order.

Date: _____

Typed/printed

Signature