ATTORNEY OR PARTY WITHOUT ATTORNEY TELEPHONE NO. ATTORNEY FOR *(Name)*	**FOR COURT USE ONLY**
SUPERIOR COURT OF CALIFORNIA, COUNTY OF EL DORADO STREET ADDRESS: 495 MAIN STREET MAILING ADDRESS: 495 MAIN STREET CITY AND ZIP CODE: PLACERVILLE, CA 95667	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT:	CASE NUMBER:

Notice Motion RE: REQUEST TO VACATE RESTRAINING ORDER

Date: Time: Department:

REQUEST TO VACATE RESTRAINING ORDER

I, _____ (protected party) in the above-entitled case request that, on the motion date stated above, the court vacate the restraining orders issued by this court on _____ that were to be in effect until _____.

Dated: _____

_____
Signature of Attorney/Party in Pro Per