

**REQUEST TO TERMINATE NO CONTACT ORDER
INSTRUCTION AND FORMS PACKET FOR
PRO SE MOVANTS**

ENCLOSED:

1. Appearance

DESCRIPTION: allows a related party to appear in a criminal case for the limited purpose of requesting the termination of the Court ordered No Contact Order.

2. Verified Motion to Terminate No Contact Order

DESCRIPTION: This is a sworn/verified affidavit given under oath and penalty for perjury of an alleged victim requesting the Court terminate a No Contact Order issued by the Court.

3. Order Setting Hearing

DESCRIPTION: you MUST request a hearing on your Motion to Terminate No Contact Order, the Court will NOT grant any Motion without setting a hearing, at which you MUST appear and provide Proof of any class or seminar completion and specific reasons why a No Contact Order creates a hardship for the Movant and/or why a No Contact Order is not needed.

****Victims required to take 5 CHOICE Classes at The Center For Women and Families**
Contact (812) 944-6743 to schedule classes**

NOTE: you may find information regarding the case, including: case number, Defense counsel name and address, court dates, etc. at the following url:
mycase.in.gov

INSTRUCTIONS

I. APPEARANCE

1. Write in the name of the individual for whom you are requesting the Court terminate the No Contact Order (this should be the Defendant's name) on **both** lines designated "Defendant" (including the Case Caption and Line #1)
2. Complete the "Cause Number" line in the heading for the Case pending against the Defendant
3. Fill out (Print) completely the information under Line #2, "Movant Information," including:
 - a. your name
 - b. your full address
 - c. your phone number (best number to reach you or leave message)
 - d. your Email
4. Sign your name on signature line designated "Movant"
5. Print your name underneath your signature on the line next to "(printed name)"
6. Under the Certificate of Service provide the Name and address of Defendant's attorney, or if he/she does not have an attorney, the name and address of the defendant
7. Sign your name again on signature line designated "Movant"
8. Print your name again under your signature on the line next to "(printed name)"

II. VERIFIED MOTION TO TERMINATE NO CONTACT ORDER (Sworn or affirmed under the penalty for perjury)

1. Complete the Caption to match identically that of the Appearance
2. Insert your full name on the line after, "Comes now your Movant"
3. List specific information under Line #2 for how/why the No Contact Order causes a hardship for yourself

4. List **and attach a certificate of completion** of any specific class/program/or seminar, you have completed to address education and safety regarding domestic violence.
5. Sign your name on signature line designated “Movant”
6. Print your name underneath your signature on the line next to “(printed name)”
7. Under the Certificate of Service provide the Name and address of Defendant’s attorney, or if he/she does not have an attorney, the name and address of the defendant
8. Sign your name again on signature line designated “Movant”
9. Print your name again under your signature on the line next to “(printed name)”

III. ORDER SETTING HEARING

1. Complete the Caption to match identically that of the Appearance and the Verified Petition To Terminate No Contact Order
2. Skip to the “Copies to” section at the bottom left and enter your name and address on the “Movant Address” line
3. Provide the Name and address of Defendant’s attorney, or if he/she does not have an attorney, the name and address of the defendant.

NOTE: ANY INCOMPLETE FORMS WILL NOT BE PROCESSED AND RETURNED TO MOVANT

IN THE CLARK CIRCUIT COURT 3
STATE OF INDIANA

STATE OF INDIANA

VS

Defendant

CASE NO. 10C03-_____

LIMITED APPEARANCE OF MOVANT

1. Name of Defendant: _____
2. Movant Information: Name: _____
Address: _____

Phone: _____
Email: _____
3. Purpose of Limited Appearance: **Request Court to Terminate No Contact Order**

Respectfully Submitted,

Pro Se Movant signature

Printed name

CERTIFICATE OF SERVICE

I hereby certify that, on the date of filing, a true and complete copy of the foregoing Pleading has been served upon the opposing party or his/her counsel of record and the Prosecuting attorney.

Clark County Prosecuting Attorney, 501 E. Court Ave., Rm 215, Jeffersonville, IN 47130

Defense Counsel/Defendant,_____

Movant (Printed name):_____

IN THE CLARK CIRCUIT COURT NO. 3
STATE OF INDIANA

STATE OF INDIANA

v.

CASE NO.10C03-_____

Defendant

VERIFIED MOTION TO TERMINATE NO CONTACT ORDER

Comes now your Movant, _____, under oath and pursuant to I.C. 35-40-2, hereby moves this Court for an Order Terminating No-Contact Order, and in support thereof, would present to the Court as follows, to wit:

1. That I am an alleged victim in the above reference cause of action.
2. That the current No Contact Order in this case causes hardship for me in the following ways:
3. I have taken the following actions or completed the following courses (attach documentation) to educate myself about my rights and how to protect myself if confronted with potential acts of domestic violence.

Based upon the foregoing, it is my desire that the Court terminate the No Contact Order as it relates to me in the within cause of action and incorporate any attachments hereto as a part of this Motion.

I SWEAR OR AFFIRM, UNDER THE PENALTY OF PERJURY, THAT THE FOREGOING REPRESENTATIONS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

MOVANT (printed name):_____

CERTIFICATE OF SERVICE

I hereby certify that the foregoing document has been served upon the following parties as required by the Indiana Rules of Trial Procedure on the date of filing either by placing in the U.S. Mail or via electronic service.

Clark County Prosecuting Attorney, 501 E. Court Ave., Rm 215, Jeffersonville, IN 47130

Defense Counsel/Defendant, _____

MOVANT(printed name): _____

**IN THE CLARK CIRCUIT COURT NO. 3
STATE OF INDIANA**

STATE OF INDIANA

v.

CASE NO. 10C03-_____

ORDER SETTING HEARING

The Court, having reviewed the Motion of the movant, hereby schedules a hearing on said Motion
to be conducted on _____ **at** _____.

SO ORDERED:_____

JUDGE/MAGISTRATE CLARK CIRCUIT NO. 3

Copies to:

Movant Name/Address_____.

Clark County Prosecuting Attorney, 501 E. Court Ave., Rm 215, Jeffersonville, IN 47130 Defense

Counsel/Defendant_____