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 TH	E JUDICIAL DISTRICT
FOR THE STATE OF IDAHO, IN AND FOR	THE COUNTY OF
STATE OF IDAHO, Plaintiff, vs.	
, Defendant.	REQUEST TO MODIFY OR DISMISS NO CONTACT ORDER I.C.R. 46.2
1. I am a person protected by a no-conta	act order in this case.
I am the parent or guardian of a perso	on protected by a No Contact Order in this case.
I am the defendant.	
and I was not present when the No Co	n days of being served the No Contact Order, ontact Order was issued. The No Contact Order
was served on me on (date served)	·
2. I ask that the No Contact Order issued a	gainst 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