ATTORNEY OR PARTY WITHOUT ATTORNEY TELEPHONE NO.	FOR COURT USE ONLY	
ATTORNEY FOR (Name)		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF EL DORA STREET ADDRESS: 495 MAIN STREET MAILING ADDRESS: 495 MAIN STREET CITY AND ZIP CODE: PLACERVILLE, CA 95667	ADO	
PETITIONER/PLAINTIFF:	CASE NUMBER:	
RESPONDENT/DEFENDANT:		
Notice Motion RE: REQUEST TO VACATE RE	STRAINING ORDER	
Date: Time:	Department:	
REQUEST TO VACATE RESTRAINING ORDER		
I,	(protected party) in the above-entitl	

· ,	(protected party) in the	above-entitled
case request that, on the motion date st	ated above, the court vac	cate the
restraining orders issued by this court	on	that were to be
in effect until		
Dated:	Signature of Attorney/Pa	arty in Pro Per