Full Name of Party Filing Document	
Mailing Address (Street or Post Office Box)	
City, State and Zip Code	
Telephone	
IN THE DISTRICT COURT FOR THI	E JUDICIAL DISTRICT
FOR THE STATE OF IDAHO, IN AND FOR	THE COUNTY OF
STATE OF IDAHO, Plaintiff,	Case No.
vs.	REQUEST TO MODIFY OR DISMISS NO CONTACT ORDER I.C.R. 46.2
Defendant.	
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	days of being served the No Contact Order, ontact Order was issued. The No Contact Order
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