

**NOTICE OF EXTENSION OR MODIFICATION**  
**DIVISION OF STATE COURT ADMINISTRATION**

STATE OF INDIANA ) COUNTY OF _____)	COURT: _____
_____	CASE #: _____
PETITIONER/PLAINTIFF/STATE OF INDIANA V.	DATE: _____
_____	
RESPONDENT/DEFENDANT	
_____	
EMPLOYEE (IF WVRO)	

Notice is hereby given that an order previously issued under the provisions of Indiana Code § 5-2-9 has been extended or modified.

**PERSON PROTECTED**

Name: \_\_\_\_\_  
Birth Year: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: Male [ ] Female [ ]

**PERSON RESTRAINED**

Name: \_\_\_\_\_ Telephone No.: Home: ( ) \_\_\_\_\_  
Date of birth: \_\_\_\_\_ Work: ( ) \_\_\_\_\_  
Sex: Male [ ] Female [ ] Race: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Location of place of business or where person usually/often found: \_\_\_\_\_

**REASON FOR EXTENSION OR MODIFICATION**

\_\_\_\_\_(a.) **Extended** due to:  
\_\_\_\_\_ **motion for continuance.** Hearing date moved to: \_\_\_\_\_ (date).  
Conditions of the order remain unchanged.

\_\_\_\_\_(b.) **Modified** due to:  
\_\_\_\_\_ Petitioner's/Protected Person's or Respondent's/Defendant's **change of address (NOTE:**  
\_\_\_\_\_ page 3 of this form needs to be completed **ONLY WHEN** this applies).  
\_\_\_\_\_ **conditions of the order have been modified.** See attached order.  
\_\_\_\_\_ **other.** See attached order.

Date order was issued: \_\_\_\_\_  
Date order was modified or extended: \_\_\_\_\_  
Date order will be terminated: \_\_\_\_\_

## TYPE OF ACTION

- \_\_\_\_\_ No Contact Order Juvenile Court [Indiana Code § 31-32-13]
- \_\_\_\_\_ Child Protective Order CHINS [Indiana Code § 31-34-2.3]
- \_\_\_\_\_ No Contact Order CHINS [Indiana Code § 31-34-20]
- \_\_\_\_\_ No Contact Order CHINS [Indiana Code § 31-34-25]
- \_\_\_\_\_ No Contact Order Delinquency [Indiana Code § 31-37-19]
- \_\_\_\_\_ No Contact Order Delinquency [Indiana Code § 31-37-25]
- \_\_\_\_\_ No Contact Order Pretrial Diversion [Indiana Code § 33-39-1-8]
- \_\_\_\_\_ Ex Parte Order for Protection [Indiana Code § 34-26-5]
- \_\_\_\_\_ Order for Protection Issued After a Hearing [Indiana Code § 34-26-5]
- \_\_\_\_\_ Workplace Violence Restraining Order—Temporary Restraining Order [Indiana Code § 34-26-6]
- \_\_\_\_\_ Workplace Violence Restraining Order—Injunction [Indiana Code § 34-26-6]
- \_\_\_\_\_ No Contact Order Pretrial Release [Indiana Code § 35-33-8-3.2 ]
- \_\_\_\_\_ No Contact Order Pretrial Release No Hearing [Indiana Code § 35-38-8-3.6]
- \_\_\_\_\_ No Contact Order Executed Sentence/Condition of Probation [Indiana Code § 35-38-1-30/Indiana Code § 35-38-2-2.3]

Prepared by: \_\_\_\_\_

**Notice to Protected Person/Plaintiff:** The address and telephone number listed here **will not be kept confidential**. The Protected Person/Plaintiff should designate a Public Mailing Address for purposes of serving pleadings, notices, and court orders.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Attorney Number (if applicable): \_\_\_\_\_

## FOR USE BY CLERK OF COURT

***NOTICE OF EXTENSION OR MODIFICATION*** has been sent to the following law enforcement agencies:

\_\_\_\_\_ Sheriff of \_\_\_\_\_ County.  
\_\_\_\_\_ Any other sheriff or enforcement agency of a municipality named in the order:  
Name(s) of county(ies): \_\_\_\_\_  
Name(s) of municipality(ies): \_\_\_\_\_

**NOTE:** This portion must be completed when a protection, no-contact, workplace violence restraining order is requested. The information provided on this form will be used to update the statewide protective order database for the enforcement of the order.

## CONFIDENTIAL FORM

**Note: The following information is confidential under Indiana law pursuant to Indiana Code § 5-2-9-7, and it may not be released.**

### PETITIONER

Home address: \_\_\_\_\_

DOB: \_\_\_\_\_  
Race: \_\_\_\_\_  
Sex:  male  female

SSN: (optional) \_\_\_\_\_

Home: (\_\_\_\_) \_\_\_\_\_  
Work: (\_\_\_\_) \_\_\_\_\_  
Cell: (\_\_\_\_) \_\_\_\_\_  
Email: \_\_\_\_\_

Postal address (if different from home address): \_\_\_\_\_

When can protected person be reached at the above numbers or any alternative numbers?

Other protected address: \_\_\_\_\_

List the cities/counties where the protected person would like a copy of the order sent:

Address from confidentiality program of Attorney General: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### PERSON RESTRAINED

SSN: \_\_\_\_\_

End of Confidential Form. The "Confidential Form" portion of this form must be on green paper according to Admin. Rule 9