

MOTION TO MODIFY, EXTEND, OR TERMINATE PERSONAL PROTECTION ORDER - FORM -

Use this form if you want the court to modify, extend, or terminate the personal protection order.

INSTRUCTIONS FOR COMPLETING "MOTION TO MODIFY, EXTEND, OR TERMINATE PERSONAL PROTECTION ORDER"

Please print neatly.

By filling in this form, you are asking the court to modify, extend, or terminate a personal protection order.

Items A through E must be completed before your motion can be filed with the court. Please read the instruction for each item. Then fill in the correct information for that item on the form.

- A** Fill in the "Case No." the same way it appears on the Personal Protection Order.
- B** Fill in the "petitioner" and "respondent" and addresses the same way they appear on the Personal Protection Order, including the ages of the "petitioner" and "respondent" if either is under the age of 18.
- C** Write in the same date that the Personal Protection Order was signed by the judge. That date is in the lower left hand corner of the Personal Protection Order.
- D** If you are the person the protection order is against, check item 2a. Also check either the box "modify" if you want the court to change something in the order or check the box "terminate" if you want the court to terminate the entire order. Then explain why you want the order changed or terminated. If the order was issued without a hearing (ex parte), you may file a motion and request a hearing. If the order was issued after a full hearing, you must show good cause for the motion.

If you are the person who is protected by the order, you can check either item 2b or item 2c. Check item 2b if you want the court to change something in the order. Check item 2c if you want the court to extend the expiration date of the order or terminate the entire order. Then explain why you want the order extended or terminated. To extend the expiration date of the order, you must file this motion no later than 21 days before the order expires.

- E** If you are under 18 years old, you may need an adult (called a "next friend") to petition for you. Check this box if you have a next friend helping you file this form.
- F** Write in today's date and sign the form.
- G** If you checked box 2a or box 2b in **D** you must get a hearing date. Ask the clerk to schedule a hearing. The clerk will give you the information you need to fill out this part of the form. If you checked box 2c and the judge terminates the order without a hearing, skip the instructions below in **H**. If you checked box 2c and the judge will not terminate the order without a hearing, follow the instructions below in **H**.
- H** Write in today's date and sign the form. Hand the form to the Clerk of Courts. The clerk will file the motion and arrange service.

If a hearing was scheduled, make sure you attend the hearing. If a hearing was not scheduled, the court will notify the law enforcement agency to make changes to LEIN as stated in the order.

LAC VIEUX DESERT TRIBAL COURT	MOTION TO MODIFY, EXTEND, OR TERMINATE PERSONAL PROTECTION ORDER	Ⓐ CASE NO.
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Court address: P.O. Box 39, E23968 Pow Wow Trail, Watersmeet, MI 49969

Telephone no.: (906) 358-0330

Ⓑ Petitioner's name	Age	v	Respondent's name, address, and telephone no.	Age
Address and telephone no. where court can reach petitioner				

MOTION

- Ⓒ** 1. On _____ a personal protection order was entered by this court.
Date
- Ⓓ** 2. ☐ a. I am the respondent. I ask the court to conduct a hearing to ☐ modify ☐ terminate the order.
☐ b. I am the petitioner. I ask the court to conduct a hearing to modify the order.
☐ c. I am the petitioner. I ask the court to ☐ extend ☐ terminate the order.
 Explain why you want the order modified, extended, or terminated. If box 2a is checked, the respondent must show good cause if the order was issued after a full hearing.

- Ⓔ** ☐ 3. I have a next friend motioning for me. I certify that the next friend is not disqualified by statute and is an adult.

Ⓕ _____ Date	_____ Signature of moving party
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Complete this Notice of Hearing only
if you checked box 2a or 2b above.

NOTICE OF HEARING

- Ⓖ** You are notified that a hearing has been scheduled to modify, extend, or terminate the personal protection order issued in this case.

Judge: _____

Date: _____

Time: _____

Location: _____

If you require special accommodations to use the court because of a disability or if you require a foreign language interpreter to help you fully participate in court proceedings, please contact the court immediately to make arrangements.

The court can modify, extend, or terminate the order even if you do not attend the hearing. It is important for you to attend.

Ⓗ _____ Date	_____ Signature of moving party
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PROOF OF SERVICE

**Motion to Modify/Extend/Terminate
Personal Protection Order**

Case No. _____

TO PROCESS SERVER: You must serve the copies of the motion to modify, extend, or terminate personal protection order and file proof of service with the court clerk. If you are unable to complete service, you must return this original and all copies to the court clerk.

CERTIFICATE / AFFIDAVIT OF SERVICE / NONSERVICE

☐ **OFFICER CERTIFICATE**

OR

☐ **AFFIDAVIT OF PROCESS SERVER**

I certify that I am a sheriff, deputy sheriff, bailiff, appointed court officer, or attorney for a party and that:
(notarization not required)

Being first duly sworn, I state that I am a legally competent adult who is not a party or an officer of a corporate party, and that: (notarization required)

☐ I served a copy of the motion to modify, extend, or terminate personal protection order by:

☐ personal service ☐ registered mail, delivery restricted to the nonmoving party (return receipt attached) on:

Nonmoving party name	Complete address of service	Day, date, time
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☐ I have personally attempted to serve a copy of the motion to modify, extend, or terminate personal protection order on the following party and have been unable to complete service.

Nonmoving party name	Complete address of service
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I declare that the statements above are true to the best of my information, knowledge, and belief.

Service fee \$	Miles traveled	Fee \$	
Incorrect address fee \$	Miles traveled	Fee \$	TOTAL FEE \$

Signature _____

Name (type or print) _____

Title _____

Subscribed and sworn to before me on _____, _____ County, Michigan.
Date

My commission expires: _____ Date Signature: _____
Deputy court clerk/Notary public

Notary public, State of Michigan, County of _____

ACKNOWLEDGMENT OF SERVICE

I acknowledge that I have received a copy of the motion to modify, extend, or terminate personal protection order on

Day, date, time

Signature of nonmoving party