

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	Clerk stamps below when form is filed
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CRUZ 701 Ocean Street, Room 110 Santa Cruz, CA 95060	
PLAINTIFF: DEFENDANT:	
ORDER TO TERMINATE RESTRAINING ORDER: <input type="checkbox"/> Civil Harassment <input type="checkbox"/> Workplace Violence	CASE NUMBER:

On (hearing date) _____ in Department _____ of the above named Superior Court, a hearing was held to terminate the following type of restraining order:

- Civil Harassment
- Workplace Violence.

The order was originally issued on (date) _____ against (name of the defendant) _____.

THE COURT ORDERS:

1. The request for termination of the restraining order is granted.
2. The order is terminated effective (date) _____.
3. The plaintiff defendant must file this original order at the civil clerk's office.

Date

Judge (or Judicial Officer)