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| **IN THE COURT OF COMMON PLEAS** | | | | | | |
|  | |  | | | **COUNTY, OHIO** | |
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|  | | |  |  | | |
| **Petitioner** | | | : | Case No. | |  |
|  | | |  |  | | |
| Address (Safe mailing address) | | | : | Judge/Magistrate | |  |
|  | | |  |  | | |
| City, State, Zip Code | | | : | **Notice of Voluntary Dismissal of PETITION FOR PROTECTION ORDER; or Motion to Dismiss PROTECTION Order** | | |
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|  | | |  |  | | |
| **v.** | | | : |  | | |
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|  | | | : |  | | |
| **Respondent** | | |  |  | | |
|  | | | : |  | | |
| Address | | |  |  | | |
|  | | | : |  | | |
| City, State, Zip Code | | |  |  | | |
|  | | | | | | |
| **IF YOU ARE ASKING FOR YOUR ADDRESS TO BE KEPT CONFIDENTIAL, PLEASE PUT A MAILING ADDRESS WHERE YOU CAN SAFELY RECEIVE MAIL. IF YOU ARE A PARTICIPANT IN THE SECRETARY OF STATE’S ADDRESS CONFIDENTIALITY PROGRAM, PLEASE USE THE P.O. BOX ADDRESS GIVEN TO YOU. THIS FORM IS A PUBLIC RECORD.** | | | | | | |
|  | | | | | | |
|  | | | | | | |
| An order of protection has **not** been issued in this case.Petitioner hereby voluntarily dismisses the Petition for Civil Stalking Protection Order or Sexually Oriented Offense Protection Order filed on      , without prejudice. | | | | | | |
|  | | | | | | |
| (OR) | | | | | | |
|  | | | | | | |
| An order of protection has been issued by the Court in this case.  Petitioner: | | | | | | |
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| Civil Stalking Protection Order granted on | | | |  | | |
| Civil Sexually Oriented Offense Protection order granted on | | | |  | | |
|  | | | | | | |
| In the original proceeding, I was the Petitioner | | | | | | |
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| 1. | The reasons for the motion to terminate the order are: | | | | | |
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| 2. | Court fees cannot be assessed against Petitioner for filing a Motion to Terminate Civil Protection Order, which is in connection with a previously issued or approved protection order, pursuant to R.C. 2903.214(J)(1). | | | | | |
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| Respectfully submitted, | | | | | | |
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| **SIGNATURE OF PETITIONER/RESPONDENT** | | | |  | | |
|  | | | | | | |
| Safe mailing address where the Court may send the moving party (YOU) mail. **If you are a participant in the Secretary of State’s address confidentiality program, please use the P.O. Box address given to you.** | | | | | | |
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|  | | | |  | | |
| Signature of Attorney for Petitioner/Respondent (if applicable) | | | | | | |
|  | | | | | | |
|  | | | |  | | |
| Name | | | |  | | |
|  | | | |  | | |
|  | | | |  | | |
|  | | | |  | | |
| Address | | | |  | | |
|  | | | |  | | |
|  | | | |  | | |
| Attorney Registration | | | |  | | |
|  | | | |  | | |
|  | | | |  | | |
| Attorney’s Telephone | | | |  | | |
|  | | | |  | | |
|  | | | |  | | |
| Attorney’s Fax | | | |  | | |
|  | | | |  | | |
|  | | | |  | | |
| Attorney’s Email | | | |  | | |

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| **IN THE COURT OF COMMON PLEAS** | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | **COUNTY, OHIO** | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
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| **Petitioner** | | | | | | | | : | | | | Case No. | |  | | | | | | |
|  | | | | | | | |  | | | |  | | | | | | | | |
| **v.** | | | | | | | | : | | | | Judge/Magistrate | | | |  | | | | |
|  | | | | | | | |  | | | |  | | | | | | | | |
| **Respondent** | | | | | | | | : | | | |  | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **REQUEST FOR SERVICE** | | | | | | | | | | | | | | | | | | | | |
| TO THE CLERK OF COURT: | | | | | | | | | | | | | | | | | | | | |
| Pursuant to Civ.R. 65.1(C)(4), please serve  Petitioner  Respondent a copy of the Voluntary Dismissal or Motion and any other accompanying documents to the address below and as follows: | | | | | | | | | | | | | | | | | | | | |
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|  | Personal service | | | | | | | | | Certified Mail, Return Receipt Requested | | | | | | | | | | |
|  | Other (specify) | | |  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| Other (address): | | |  | | | | | | | | | | | | | | | | | |
|  | Personal Service | | | | | | | | Certified Mail, Return Receipt Requested | | | | | | | | | | | |
|  | Other (specify) | | |  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| SPECIAL INSTRUCTIONS TO SHERIFF: | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | **Signature of Attorney OR**  **Petitioner / Respondent** | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **RETURN OF SERVICE** | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| Respondent was served on | | | | |  | | | | | | | | | | | | | . | | |
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| Officer and Badge Number | | | | | | |  | | | | Law Enforcement Agency | | | | | | | | | |
|  | | | | | | |  | | | |  | | | | | | | | | |
| Date | | | | | | |  | | | |  | | | | | | | | | |
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| **CLERK’S CERTIFICATE OF MAILING** | | | | | | | | | | | | | | | | | | | | |
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| Service of Process was sent by | | | | | |  | | | | | | | | | | | this | |  | day of | |
|  | | | | | | | | | | | | | . | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| Attest: | |  | | | | | | | | | | | | | | Deputy Clerk | | | | |