

STATE OF NEW MEXICO
COUNTY OF MCKINLEY
ELEVENTH JUDICIAL DISTRICT COURT

_____Petitioner
v. No. D-1113- DV _____
_____Respondent

**APPLICATION TO MODIFY, TERMINATE OR RENEW
THE ORDER OF PROTECTION FROM DOMESTIC ABUSE**

Petitioner Respondent asks the court:

(check and complete applicable alternatives)

- to modify the protection order as follows: _____
_____.
- to terminate the protection order because: _____
_____.
- to renew and extend the protection order for an additional _____ (days)
(months) because: _____
_____.

The other party:

- objects to the renewal, modification or termination of the protection order.
- agrees to the renewal, modification or termination of the protection order.
- has not told me whether (he) (she) objects or agrees to the renewal, modification or termination of the protection order.

VERIFICATION

STATE OF NEW MEXICO
COUNTY OF SAN JUAN
TRIBE OR PUEBLO _____

The petitioner respondent was sworn and state: I, the Petitioner/Respondent, being duly sworn upon my oath, depose and state that I am the Petitioner/Respondent in the above-entitled cause and I have read this application to modify, terminate or renew the order of protection from domestic abuse. I state that the contents thereof are true and correct to the best of my information and belief.

Date

*Signature of party filing
this application*

Signed and sworn before me on this _____ day of _____, _____.

Notary public/Deputy Clerk

My commission expires/Title: _____

CERTIFICATE OF SERVICE

I hereby certify that on this _____ day of _____, _____ this application was mailed by United States mail, postage prepaid, and addressed to:

Name: _____

Address: _____

City, State and zip code: _____

faxed by _____ (*name of person who faxed document*) to _____ (*name of recipient*) at _____ and _____ (*telephone number*). The transmission was reported as complete and without error. The time and date of the transmission was _____ (a.m.)(p.m.) on _____ (*date*).

OR

emailed by _____ (*name of person who transmitted*) to _____ (*name of recipient*) at _____ (*electronic mail address of recipient*) who agreed to service in this manner. The transmission was successful. The time and date of the transmission was _____ (a.m.)(p.m.) on _____ (*date*).

Signature of attorney

Date of signature

If this notice was served by a person other than an attorney, the following must also be completed and filed with the court.

AFFIDAVIT OF SERVICE

I declare under penalty of perjury that a copy of this application was served by [mail] [fax] [electronic transmission] as described above on this _____ day of _____, _____.

Signature of person who made service

Subscribed and sworn to before me this _____ day of _____, _____.

Judge, notary or other officer authorized to administer oaths

My commission expires/Title