

Instructions to request a no contact order be lifted:

1. Print and complete the below Application to Lift a No Contact Order
  - a. If you need assistance filling this out, please contact our Victim Witness Coordinator at (319) 526-8590
2. E-file the completed form with the Clerk of Court
  - a. DO NOT FILE this page with the below application.
  - b. Instructions on how to e-file:  
<https://www.iowacourts.gov/efile/efile-instructions/>
  - c. Please contact the Clerk of Court for assistance on e-filing the application at:  
South Lee County case: (319) 524-2433  
North Lee County case: (319) 372-4553

IN THE IOWA DISTRICT COURT OF THE STATE OF IOWA  
IN AND FOR LEE COUNTY

STATE OF IOWA

Plaintiff,

v.

Case No. \_\_\_\_\_

VICTIM'S APPLICATION TO  
LIFT NO CONTACT ORDER

\_\_\_\_\_,  
Defendant.

This is request to: (check one box)

- Terminate a protective order issued in a criminal case  
 To modify a protective order issued in a criminal case

If modification is requested, I request that the order be modified in the following manner:

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

The protective order issued in this case is an order of the Iowa District Court. That Order may remain in full force and effect even if both parties desire that it be terminated. In order to permit the Court to make an informed decision as to whether or not to lift or modify the protective order, please complete the following form. Please understand that the protective order will remain in full force until such time as a Judge orders it removed or modified.

Defendant's Name: \_\_\_\_\_

Defendant's Current Address: \_\_\_\_\_

Your Name: \_\_\_\_\_

Your Current Address: \_\_\_\_\_

Your Work/Business Address: \_\_\_\_\_

Your Telephone Number(s): \_\_\_\_\_

Your Height: \_\_\_\_\_ Your Weight: \_\_\_\_\_ Your DOB: \_\_\_\_\_

**PLEASE ANSWER ALL QUESTIONS THAT APPLY TO YOU**

1. Date of Incident: \_\_\_\_\_ Time: \_\_\_\_\_  
Location: \_\_\_\_\_

2. Please describe, in detail, exactly what happened. (For example: If there was an argument, how did it start? If you were hit, how many times and where? Were you pushed, grabbed, slapped, or choked? Were any weapons used?)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Why do you want the no contact order lifted or modified?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Were either of you drinking or using drugs at the time?  Yes  No  
If yes, who? \_\_\_\_\_ What was used and how much? \_\_\_\_\_  
\_\_\_\_\_

5. Did the Defendant sexually assault you in any way?  Yes  No  
If yes, please explain what happened? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Did you hit the Defendant or use any other type of physical violence?  Yes  No  
If yes, at what stage of the incident and why? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Was there anyone else present during this incident? (including your children)  Yes  No  
If yes, please list them below:

NAME	ADDRESS	CITY/STATE	PHONE	AGE

8. Was anyone else hurt or injured during this incident?  Yes  No  
 If yes, who and what happened to them: \_\_\_\_\_  
 \_\_\_\_\_

9. Did you have visible injuries? (bruises or marks)  Yes  No  
 Any that appeared later that the police did not see?  Yes  No  
 If yes, please describe them: \_\_\_\_\_  
 \_\_\_\_\_

10. Were photos taken of your injuries by anyone other than the police?  Yes  No  
 If yes, please list by whom:

NAME	ADDRESS	CITY/STATE	PHONE	DATE TAKEN

11. Did you seek medical treatment for your injuries?  Yes  No  
 If yes, when: \_\_\_\_\_  
 \_\_\_\_\_

12. Did you show or tell anyone else about your injuries?  Yes  No  
 If yes, list those people below:

NAME	ADDRESS	CITY/STATE	PHONE	AGE

13. Was any of your property damaged during this incident?  Yes  No  
 If yes, what was damaged: \_\_\_\_\_  
 \_\_\_\_\_

14. Do you need restitution for any expenses incurred?  Yes  No  
 If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_

15. What is your current relationship with the Defendant?  
 Married  Divorced  Living Together  Separated  None at This Time  
 How long were you together? From \_\_\_\_\_ to \_\_\_\_\_

16. Are there any divorce or child custody proceedings pending or threatened?  Yes  No  
 If yes, where: \_\_\_\_\_ When: \_\_\_\_\_  
 Name of your attorney: \_\_\_\_\_  
 Name of Defendant's attorney: \_\_\_\_\_

17. Are there any other lawsuits or court proceedings involving you, Defendant, or family members?  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

18. Has the Defendant threatened you in any way?  Yes  No

If yes, what did the Defendant say or do to threaten you: \_\_\_\_\_

\_\_\_\_\_

19. Are you afraid of the Defendant?  Yes  No

20. Has the Defendant ever been violent with you in the past? (Pushing, slapping, sexually assaulting, throwing objects at you, etc.)  Yes  No

If yes, please describe:

DATE	LOCATION	TYPE OF VIOLENCE	INJURIES	WAS A POLICE REPORT TAKEN
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Were you injured:  Yes  No

Were there witnesses:  Yes  No

If yes, list name and addresses: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_