

-----FOR LPOR USE ONLY-----

PNO# \_\_\_\_\_

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

Initials: \_\_\_\_\_ Verified by: \_\_\_\_\_

### LOUISIANA UNIFORM ABUSE PREVENTION ORDER

COURT NAME AND PARISH/CITY: \_\_\_\_\_

DOCKET No.: \_\_\_\_\_ DIV.: \_\_\_\_\_

FILED: \_\_\_\_\_ CLERK: \_\_\_\_\_

#### ORDER TO MODIFY DISSOLVE

**A PRIOR LOUISIANA UNIFORM ABUSE PREVENTION ORDER, pursuant to:**  
La. R. S. 46:2131 et seq., La. R.S. 46:2151, La. Ch. C. Article 1564 et seq., La. R. S. 46:2171 et seq.,  
La. R. S. 46:2181 et seq., La. R.S. 9:372, La. R.S. 9:361 et seq. or La. C.C.P. Article 3601 et seq.

Court Approved Consent Agreement

PETITIONER'S NAME: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex:  F  M Race: \_\_\_\_\_  
*First Maiden/Middle Last*  
*month/year/date*

Protected person is:  Petitioner  Other(s) *List other(s) name & date of birth:*

**V.**

DEFENDANT'S NAME: \_\_\_\_\_

Parent/Guardian name if defendant is a minor: \_\_\_\_\_

Alias: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex:  F  M Race: \_\_\_\_\_  
*month/year/date*

Address: \_\_\_\_\_  
*No. & Street Apt. No. City State Zip Code*

Social Security #: \_\_\_\_\_ Dr. Lic. # \_\_\_\_\_ State \_\_\_\_\_ Exp. \_\_\_\_\_ (date)

#### IT IS ORDERED THAT THE DEFENDANT BE SERVED WITH A COPY OF THIS ORDER.

IT IS HEREBY ORDERED, ADJUDGED, and DECREED that the Louisiana Uniform Abuse Prevention Order issued on \_\_\_\_\_ (month/day/year) in the above-captioned and numbered matter in the form of

a Protective Order pursuant to:  La. R.S. 46:2131 et seq.  La. R.S. 46:2151  
 La. Ch. C. Article 1564 et seq.  La. R.S. 46:2171 et seq.  La. R.S. 46:2181 et seq.

#### OR

A  Temporary Restraining Order  Preliminary Injunction  Permanent Injunction  
pursuant to:  La. R.S. 9:372  La. R.S. 9:361 et seq.  La. C.C.P. Article 3601 et seq.

is **modified** on this date as indicated on the attached Louisiana Uniform Abuse Prevention Order form.

#### OR

is **dissolved**.

THE DEFENDANT IS ORDERED TO pay all court costs.

Date of Order  _____ <i>month/day/year</i>	SIGNATURE OF JUDGE  _____ PRINT OR STAMP JUDGE'S NAME
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\_\_\_\_\_  
PETITIONER

\_\_\_\_\_  
DEFENDANT

DEFENDANT WAS SERVED AT CLOSE OF HEARING.  
Date \_\_\_\_\_ Clerk \_\_\_\_\_

FAXED OR ELECTRONICALLY TRANSMITTED TO LOUISIANA PROTECTIVE ORDER REGISTRY  
Date \_\_\_\_\_ Clerk \_\_\_\_\_

**Copies to:** 1) Court file 2) Petitioner/protected person(s) 3) Defendant 4) Chief Law Enforcement Official of the parish where the protected person resides 5) Louisiana Protective Order Registry.