

Name of Lawyer: _____

Lawyer's Address: _____

Lawyer's Telephone: _____

Lawyer's Email: _____

Lawyer's Bar Number: _____

Lawyer for ☐ Victim or ☐ Defendant

**SUPERIOR COURT OF ARIZONA
MOHAVE COUNTY**

Plaintiff

Case Number: _____

Defendant

**MOTION TO DISMISS ORDER FOR
LIFETIME NO-CONTACT INJUNCTION
(A.R.S. § 13-719)**

I am ☐ the victim or victim representative, ☐ the defendant, or ☐ lawyer.

I request that the court dismiss the order for lifetime no-contact injunction for victim, _____
_____ against defendant, _____, in the above-entitled matter that prohibits
the defendant from contacting the victim during the defendant's life.

1. BASIS OF REQUEST

If you are the defendant:

☐ I was not convicted of a dangerous felony offense as defined in A.R.S. § 13-105; **AND**

☐ I was not convicted of a "serious offense" or "violent or aggravated felony" as defined in
A.R.S. § 13-706; **AND**

☐ I was not convicted of a felony offense included in Title 13, Chapter 14 or 35.1.

OR

☐ The victim has died;

☐ The conviction has been dismissed, expunged, or overturned or I have been pardoned.

Case Number: _____

If you are the victim:

[] I am voluntarily requesting that the court dismiss the order for lifetime injunction against the defendant.

DATED this _____ day of _____, _____.

Signature

Printed Name