IN THE DISTRICT COURT OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_ COUNTY, KANSAS

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Plaintiff

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

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

**MOTION TO EXTEND FINAL PROTECTION FROM ABUSE ORDER**

**FOR ONE ADDITIONAL YEAR OR UP TO LIFE**

(K.S.A. 60-3107(e)(2))

1. Plaintiff asks the court to extend the protection from abuse order entered on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_. Plaintiff requests an extension of the protection from abuse order for at least one additional year or up to the lifetime of the defendant under K.S.A. 60-3107(e)(2).
2. Plaintiff asks the court to extend the protection from abuse order because:

the defendant has violated a valid protection order.

the defendant has been convicted of a person felony or a conspiracy, criminal solicitation or attempt thereof, under the laws of Kansas or the laws of another jurisdiction which are substantially similar to such person felony, committed against the plaintiff or a member of the plaintiff’s household.

3. State the facts supporting the allegation(s) in paragraph 2:

(Attach additional pages as needed.)

1. Defendant can be served at: (please provide all available addresses)

HOME: street       city

state       zip code        phone number

times when defendant is usually there

WORK: street        city

state       zip code        phone number

times when defendant is usually there

OTHER: street        city

state       zip code        phone number

times when defendant is usually there

1. If the defendant is known to be a minor, a Minor Defendant Addendum is attached.
2. The court should set a date and time for hearing on this matter and issue a notice of hearing to the defendant.

**VERIFICATION**

I verify under penalty of perjury under the laws of the state of Kansas that the foregoing is true and correct. Executed on \_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_.

*Plaintiff’s Signature*

Plaintiff’s Name:

*(Do NOT write the address or telephone number below if your location is confidential. The Defendant will see this document.)*

Address 1:

Address 2:

City, State, Zip:

Telephone Number:

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOTE: DO NOT DISCLOSE THE PLAINTIFF’S ADDRESS IF SUCH LOCATION MUST REMAIN CONFIDENTIAL FOR THE PROTECTION OF THE PLAINTIFF, PLAINTIFF'S CHILD(REN) OR THE MINOR CHILD(REN) RESIDING WITH THE PLAINTIFF.**