



## REQUEST FOR MUTUAL NO CONTACT ORDER

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**Name of Party Completing Form:**

**Date Submitted:**

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A party may file a Mutual No Contact Order as a supportive measure without proceeding with the formal process. The Mutual No Contact Order will be written as narrow as possible to reduce communication between the parties while not being punitive or disciplinary along with limiting the impact to education programs or activities for either party. A Mutual No Contact Order will have an expiration date. A party may commence the request by submitting their request to the Title IX Coordinator.

The Request should set forth:

- What are the names of the individuals involved in the request,
- How long are you requesting the Mutual No Contact Order for,
- What is/are the reason(s) for the request,
- What fact(s) support the request, and
- Any specific request involving shared classes, work places, etc.

Please be aware that the other party also has the right to ask for an extension, dismissal, or modification of a Mutual No Contact Order as well as appealing the issuance of the Mutual No Contact Order. Additionally, the determination of this request is not subject to the same grievance process as making a determination regarding responsibility under the Title IX policy.

Parties who choose to file a Request may use this form and submit it electronically to the Title IX Coordinator at [jessica.rhodes@marshall.edu](mailto:jessica.rhodes@marshall.edu).

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### **What are the names of the individuals involved in this Request:**

*Name of Person Requesting Mutual No Contact Order:*

*Name of Other Person Involved in Request:*

**Length of Mutual No Contact Order Request involves: [Select One]**

*4 months*

*6 months*

*1 year*



Title IX™

**What is/are the reason(s) for the request?**

*[Give specific, factual details. Attach additional sheets if necessary and indicate below how many additional pages will be attached to ensure complete receipt of your appeal.]*

**What fact(s) support the request?**

*[Give specific, factual details. Attach additional sheets if necessary and indicate below how many additional pages will be attached to ensure complete receipt of your appeal.]*



**If applicable, any specific request involving shared classes, work places, etc is/are being requested?**

*[Please be aware of the following examples: Some classes only have one section, so limiting proximity or group work for that class will be implemented. If a party works on campus and works at a register, then the parties may need to interact for the working party to provide services but no further interaction or a party may need to be in the space due to work obligations. Nevertheless, give specific details. Attach additional sheets if necessary and indicate below how many additional pages will be attached to ensure complete receipt of your appeal.]*

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Party Signature<sup>1</sup>

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<sup>1</sup> Signature may be electronic.