

Superior Court of Washington For Spokane County _____ State of Washington _____ Plaintiff vs. _____ Defendant (First, Middle, Last Name, DOB)

No. _____

**Protected Person's Motion to
 Modify/Rescind Domestic Violence No-
 Contact Order**
 (MT)
 (Clerk's Action Required)

I, _____ (name), am the person protected in a Domestic Violence No-Contact Order that the court issued against the defendant. I request that the court enter an order to modify (replace) rescind the Domestic Violence No-Contact Order signed on _____ (date).

The court should modify/rescind the order referenced above **because:**

The court should modify the terms and conditions of the order referenced above, **as follows:**

I understand that if the court grants my motion to modify, the court will issue a new Domestic Violence No-Contact Order that will replace the order I want to modify. I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Signed at _____ (city) in _____ (state) on _____ (date).

 Signature of Protected Person

 Type or Print Name