

FILED

**SPOKANE COUNTY
DISTRICT COURT**

**SPOKANE COUNTY DISTRICT COURT
STATE OF WASHINGTON**

Case Number: _____

NOTICE OF APPEARANCE

Petitioner(s) (persons protected), (DOB) _____
vs.

Respondent (person restrained) (DOB) _____

Public Safety Building 2nd Floor
1100 W. Mallon, Spokane WA 99210-2352
Email: CivilProtectionOrder@spokanecounty.org

The undersigned Attorney appears on behalf of:

PETITIONER: _____

RESPONDENT: _____

Attorney Signature Attorney (Print or Type)

Bar No. _____

Attorney's Address Attorney's Phone Number

City, State, Zip Code

Date

DISTRICT/MUNICIPAL COURT COMPLIES WITH AMERICANS WITH DISABILITIES ACT (ADA). PERSONS WITH DISABILITIES THAT WOULD REQUIRE ACCOMMODATIONS SHOULD CALL THE COURT AT 509-477-3661, TDD AVAILABLE.