

District Court of Washington  
For Jefferson County

No.

\_\_\_\_\_  
Plaintiff

vs.

\_\_\_\_\_  
Defendant (First, Middle, Last Name, DOB)

**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 *I must provide the Court with a copy of the police report* and that the Court will consider my statements in deciding whether to grant me a hearing. In addition the Court will consider the facts and circumstances of the case before the Court, and will determine whether the defendant is doing everything the court ordered, as well as how much time has elapsed since the entry of the order. I understand that I will be notified by mail of the court's decision, and have *attached a stamped self-addressed envelope*.

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