

**SUPERIOR COURT OF WASHINGTON  
FOR JEFFERSON COUNTY**

NO.

STATE OF WASHINGTON \_\_\_\_\_

Plaintiff

vs.

\_\_\_\_\_

Defendant

**REQUEST TO MODIFY/ RESCIND 10-99  
NO CONTACT ORDER**  
(PTMD)  
(Clerk's Action Required)

My name is \_\_\_\_\_. I am the protected party in a 10-99 No Contact Order entered in the above matter.

I am asking the court to  modify  rescind the terms and conditions of the 10-99 No Contact Order. I understand that the Court has complete discretion in keeping the 10-99 No Contact Order in effect, even if I request it be modified or rescinded.

I have a safety plan in place that can be implemented in case of reoccurrence, a copy which is attached. I acknowledge that I have received and read information regarding services for victims of domestic violence.

The following is the basis upon which I am requesting that the 10-99 No Contact Order be modified or rescinded: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

I understand 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 has ordered, as well as how much time has lapsed since the entry of the Order. I understand that I will be notified by mail of the courts decision, and **have attached a stamped self-addressed** envelope. I further understand that if the Court sets a hearing my presence is necessary for my request to be considered.

I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

DATED \_\_\_\_\_

\_\_\_\_\_  
Protected Party

Request for hearing is

DENIED

GRANTED hearing set for \_\_\_\_\_, 20\_\_\_\_\_ at 8:30 a.m.

GRANTED - no hearing required.

Dated: \_\_\_\_\_

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JUDGE/COURT COMMISSIONER