

SPOKANE COUNTY DISTRICT COURT
STATE OF WASHINGTON

STATE OF WASHINGTON,

v.

Defendant

DOB

Case Number Report Number

**Protected Person's MOTION to MODIFY or
RECALL/Remove the DV No Contact Order**

HEARING DATE, TIME & LOCATION:

_____ at _____.

Public Safety Building 2nd Floor
1100 W. Mallon, Spokane WA 99210-2352

(Clerk's Action Required – mail copy to Defendant, email Defense
counsel, State, Advocates)

I, _____ (name), am the person protected in a DV No Contact
Order that the court issued against the Defendant in this case. I request that the court enter an
order to (check one):

MODIFY (change/replace) or

RECALL (rescind/remove)

the DV No Contact Order currently in place in this case for the following reasons **because** (be
specific) Use page2 if additional space needed:

If you are requesting the court **MODIFY** the terms and conditions of the order referenced state
what provisions of the order you want modified/changed (be specific) Use page2 if additional
space needed:

I understand the NCO remains in place unless the court grant's my motion.

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

This page is for additional information that you may want to add that wouldn't fit above: