Instructions: You <u>must</u> fill out this form completely, legibly, and accurately. Failure to fill in your name, accurate case numbers, birthdate, contact information, complete the <u>Declaration</u> section, and/or properly sign the document in the <u>multiple</u> areas required may cause this document to be rejected for filing with the Court and to be returned to you. **Please Note:** The terms "case number", "cause number", "notice number", "ticket number", and "citation number" may be used interchangeably to refer to the court number assigned to your case.

Spokane Municipal Court County of Spokane, State of Wash		
CITY OF SPOKANE,	Case No.	
Plaintiff,	MOTION .	TO MODIFY
vs	NO CONT	ACT ORDER BY
Defendant		
Defendant, DOB	PROTECT	TED PARTY
БОВ		
COMES NOW, the Protected F modifying all No Contact Orders prevany way limit the Defendant's ability to	riously entered in the	•
<u>></u>		Data
Signature of Protected Party	DECLARATION	Date
		ted Party in the above-captioned
matter, and makes the following decla Contact Order (Clearly state modification(s) requ	• •	-
I declare under penalty of perjury under is true and correct.	r the laws of the State	e of Washington that the foregoing
Signed at		on _
City	State	Date
Signature of Declarant/Protected Party		
Contact Information: (Required for notific of friend or relative		II be available to Defendant – Use address
Protected Party:	ii necessary)	
Street Address		
City	State	Zip

By typing my name in a signature field and clicking "Submit", I agree that my typed name will be the electronic representation of my signature for all purposes, including legally binding agreements, declarations of fact under penalty of perjury, and acknowledgment of receipt of information and/or documents, just the same as a pen and paper signature.

Page 1 of 1 Rev. 2017-08-04