

Instructions: You *must* fill out this form completely, legibly, and accurately. Failure to fill in your name, accurate case numbers, birthdate, contact information, complete the *Declaration* section, and/or properly sign the document in the *multiple* 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 Washington	
CITY OF SPOKANE, Plaintiff, vs Defendant, DOB	Case No. MOTION TO RECALL NO CONTACT ORDER DEFENDANT

MOTION

COMES NOW, the Defendant in above-captioned matter and moves the Court for an order recalling all No Contact Orders previously entered in the above-captioned matter, which in any way limit the Defendant's contact with the following Protected Party:

Protected Party Name

➤ _____ Date
Signature of Moving Party/Defendant

DECLARATION

COMES NOW the declarant, who is the Defendant in the above-captioned matter, and makes the following declaration in support of the declarant's Motion to Modify No Contact Order: (Clearly state why you believe the recall of the NCO is appropriate)

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signed at _____ on _____
City State Date

➤ _____
Signature of Declarant/Defendant

Contact Information: (Required for you to be notified of hearing date)

Street Address Telephone E-mail address

City State Zip

By typing my name in a signature field, 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.

MOTION TO RECALL NCO - DEFENDANT