

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 MODIFY
NO CONTACT ORDER BY**

PROTECTED PARTY

MOTION

COMES NOW, the Protected Party identified above and moves the Court for an order modifying all No Contact Orders previously entered in the above-captioned matter, which in any way limit the Defendant's ability to have contact with the Protected Party.



Signature of Protected Party (your typed name represents your signature)

Date

DECLARATION

COMES NOW the declarant, who is the Protected Party in the above-captioned matter, and makes the following declaration in support of the declarant's Motion to Modify No Contact Order (Clearly state modification(s) requested and why you believe the modification(s) are appropriate)

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

Signed at

City

State

on

Date



Signature of Declarant/Protected Party (your typed name represents your signature)

Contact Information: (Required for notification of hearing date – Will be available to Defendant – Use address of friend or relative if necessary)

Protected Party:

Street Address

City

State

Zip

MOTION TO MODIFY NCO – PROTECTED PARTY

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Rev. 2017-08-04