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 Washington	
CITY OF SPOKANE,	Case No.
Plaintiff, vs	MOTION FOR RECALL OF NO CONTACT ORDER BY
	PROTECTED PARTY
Defendant,	
DOB	
COMES NOW, the Protected Party identified above 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 ability to have contact with the Protected Party.	
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 Recall No Contact Order (Clearly state why you believe the NCO recall is appropriate)	
I declare under penalty of perjury under the law the foregoing is true and correct.	s of the State of Washington that
Signed at City State	on Date
Signature of Declarant/Protected Party (your typed name repres	
Contact Information: (Required for notification of hearing address of friend or relative if new Protected Party:	ng date – Will be available to Defendant – Use
Street Address	
City	ate Zip

MOTION TO RECALL NCO - PROTECTED PARTY

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