

IN THE MUNICIPAL COURT OF THE STATE OF WASHINGTON
IN AND FOR THE CITY OF AIRWAY HEIGHTS

INSTRUCTIONS – PROTECTED PERSON’S MOTION TO MODIFY/RESCIND
DOMESTIC VIOLENCE NO-CONTACT ORDER

TO REQUEST A HEARING

- 1 - Fill out “Notice of Hearing”, “Protected Person’s Motion to Modify/Rescind Domestic Violence No-Contact Order”, “Order re: Motion to Modify/Rescind”, and “Input Statement”.
- 2 - File the original forms with the Municipal Court. They will schedule your court date. Cut-off is 14 days prior to the Thursday docket.
- 3 - Serve a copy of all the forms on the Prosecuting Attorney.
- 4 - Serve a copy of all the forms on the Defendant’s Attorney.
- 5 – Serve a copy of all the forms on the Defendant.

PRIOR TO YOUR HEARING

- 1 - Obtain a “Safety Plan” from YWCA and file with Prosecuting Attorney.

RESOURCES

Prosecuting Attorney
Donald Colistro
5108 S. Felts Lane
Spokane Valley, Washington 99206
509-928-8822

YWCA, Spokane
930 North Monroe Street
Spokane, Washington 99201
509-326-1190

Airway Heights Municipal Court
13120 West 13th Avenue
Airway Heights, Washington 99001
509-244-2773

Municipal Court of Washington
For City of Airway Heights

No. _____

CITY OF AIRWAY HEIGHTS,
Plaintiff
vs.
Defendant (First, Middle, Last Name, DOB)

Notice of Hearing
(NTHG)
(Optional Use)
(Clerk's Action Required)

To: _____, Protected Person, and:
Defendant, Prosecuting Attorney, Defense Attorney,
Other: _____

The Protected Person filed a motion for an order to modify (replace) rescind the Domestic
Violence No-Contact Order signed on _____ (date).

The court will hear argument on this matter on _____ (date), at
_____ a.m./p.m. at _____
_____ (location) to determine whether the requested relief
should be granted.

Dated: _____

County Clerk:

By: _____
Deputy Clerk

Municipal Court of Washington
For City of Airway Heights

No.

CITY OF AIRWAY HEIGHTS,
Plaintiff
vs.

Protected Person's Motion to
Modify/Rescind Domestic Violence
No-Contact Order
(MT)
(Clerk's Action Required)

Defendant (First, Middle, Last Name, DOB)

I, _____ (name), am the person protected in a Domestic Violence
No-Contact Order that the court issued against the defendant. I request that the court enter an
order to modify (replace) rescind the Domestic Violence No-Contact Order signed on
_____ (date).

The court should modify/rescind the order referenced above because:

The court should modify the terms and conditions of the order referenced above, as follows:

I understand that if the court grants my motion to modify, the court will issue a new Domestic
Violence No-Contact Order that will replace the order I want to modify.

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

Municipal Court of Washington
For City of Airway Heights

CITY OF AIRWAY HEIGHTS,
Plaintiff
vs.
Defendant (First, Middle, Last Name, DOB)

No.
Order re Motion to Modify/
Rescind Domestic Violence No-
Contact Order
 Denied (ORDYMT)
 Granted (ORGMT)
(Clerk's action required)

The court received _____ (name of protected person)'s motion for an
order to modify (replace) rescind the Domestic Violence No-Contact Order signed on
_____ (date).

Based upon the motion, declarations, and testimony, if any, and the relevant court records, the
court:

- denies the motion.
 - grants the motion, and
 - replaces the order referenced above with a new Domestic Violence No-Contact Order,
filed separately.
 - Or,
 - rescinds the Domestic Violence No-Contact Order referenced above.
- The clerk of court shall forward a copy of this order that rescinds on or before the next
judicial day to: _____ County Sheriff's Office
 _____ Police Department where the case is filed
which shall enter it in a computer-based criminal intelligence system available in this state
used by law enforcement to list outstanding warrants.

Dated: _____

Judge/Pro Tem/Court Commissioner

I acknowledge receipt of a copy of this Order:

I acknowledge receipt of a copy of this Order:

Protected Person

Defendant

Type or Print Name

Type or Print Name

Case #: _____

SPOKANE REGIONAL DOMESTIC VIOLENCE UNIT
INPUT STATEMENT

DEFENDANT'S NAME: _____

YOUR NAME: _____

ADDRESS: _____

PHONE NUMBER: (H) _____ (C) _____

NAME OF CONTACT PERSON: _____

PHONE NUMBER OF CONTACT PERSON: _____

The Domestic Violence Unit will treat this case seriously. Your input is important. Please provide any information you think would be helpful. This input form is used to help prosecution it is not a guarantee what will happen in the case.

NO CONTACT ORDERS:

A No Contact Order may have been issued on the case. A Judge has the authority to issue No Contact orders even if you are opposed to the issuance of this order. **ONLY THE JUDGE CAN REMOVE THE ORDER!!!!** Please contact your advocate if you have concerns about the No Contact Order. (509) 789-9297.

Please return this form to: Prosecuting Attorney
Donald Colistro
5108 S. Felts Lane
Spokane Valley, Washington 99206
509-928-8822

***OR DROP BOX AT AIRWAY HEIGHTS MUNICIPAL COURT

If there was a No Contact Order put in place, how do you feel about it? (circle one)

REMOVE THE ORDER

KEEP ORDER IN PLACE

Why? _____

How safe do you feel?

1 2 3 4 5
Not very safe Very Safe

Why? _____

Please describe what happened:

Lined area for describing the incident.

What would you like to see happen in this case? (circle any that apply)

- DOMESTIC VIOLENCE PERPETRATOR TREATMENT
ALCOHOL and/or DRUG TREATMENT
FINES
CASE DISMISSED
JAIL

Why? Lined area for explanation.

ONLY THE JUDGE CAN DISMISS CASES!!!!!! This form WILL NOT dismiss this case and it WILL NOT remove a No Contact order.

I declare under penalty of perjury that my above statement and acknowledgements are true and correct to the best of my knowledge.

(Print full name)

(Signature)

(Date)