

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

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

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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 13<sup>th</sup> 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.  
\_\_\_\_\_  
Defendant (First, Middle, Last Name, DOB)

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

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

JAIL

ALCOHOL and/or DRUG TREATMENT

FINES

CASE DISMISSED

Why?

Lined area for explaining the reasons.

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)