

**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