

**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