

INSTRUCTIONS FOR REQUESTING REMOVAL OR MODIFICATION OF A NO-CONTACT ORDER

These instructions are intended to provide you with an overview of the procedures and process for the modification or removal of a no-contact order. You should also consult the Criminal Rules for Courts of Limited Jurisdiction (CrRLJ) and RCW 10.99 which govern the court and criminal processes.

I. WHO MAY MAKE THE REQUEST?

Any protected person named in a No-Contact Order pursuant to RCW 10.99 issued in Airway Heights Municipal Court may request the court by written motion to remove or modify an existing No-Contact Order.

II. HOW TO MAKE A MOTION TO REMOVE/MODIFY A NO-CONTACT ORDER? (OR MOTION TO REINSTATE A PREVIOUSLY REMOVED ORDER).

Forms are available at the Airway Heights Municipal Court at no cost to the protected person. Forms may be requested in person or by mail.

In person: 13120 W. 13th Ave. 2nd Floor By mail: 1208 S. Lundstrom Street
Airway Heights, WA 99001 Airway Heights WA 99001

Forms are also available online at <http://www.cawh.org/departments/municipal-court>

The Municipal Court Office Hours are Monday – Friday 8:30 AM to 4:30 PM and is closed most major holidays.

Once you have filed your Motion with the Court the Court Clerk will:

1. Set the date and time for first available hearing, allowing proper time for notice to all parties.
2. Provide you with a copy of the Notice of Hearing with the hearing date and a copy of the Motion.
3. Forward a copy of the Motion and Notice of Hearing to the City Prosecutor and Public Defender or Defense attorney.

III. SOME FACTORS THE JUDGE WILL CONSIDER

1. Whether the victim has had a chance to make alternate plans for safety
2. The status and nature of criminal proceedings against the defendant
3. The defendant's compliance with court instructions and/or sentence
4. Other risk factors

The protected person is **STRONGLY ENCOURAGED** to contact a victim's advocate PRIOR TO THE HEARING.

RESOURCES FOR VICTIMS

PROSECUTING ATTORNEY

Woody Horn
(509) 919-2991
whorn@cawh.org

KALISPELL TRIBE VICTIM ADVOCATE

100 N. Hayford Road
Airway Heights, WA 99001
(509)789-7671

AIRWAY HEIGHTS MUNICIPAL COURT

13120 w. 13TH Ave. 2nd Floor
Airway Heights, WA 99001
(509)244-244-2773

IMPORTANT

- Be sure to update your contact address and phone number with the court clerk
- Read carefully any documents sent to you by the court.
- If you do not appear for a scheduled hearing your motion will be denied.

DOMESTIC VIOLENCE VICTIM RESOURCES

Kalispel Tribe Victim Assistance 509-789-7671

Airway Heights Municipal Court DV Victim Advocates

Pam Depriest

Emergency/Crisis Resources		(inpatient services)	
YWCA Abuse 24 Hour Help Line	326-2255	Breakthrough Recovery	927-6838
Alternatives to Domestic Violence	789-9597	Daybreak	927-1688
CPS	363-3500	(adolescents)	
Emergency Asst (VOA)	838-4428	Deaconess Chemical Dependency Program	458-7000
SAFE – Salvation Army Family Emergency Center		HOPE for COAP	744-9238
	325-6821	Hope Partners	835-3599
Lutheran Community Services NW	624-RAPE (7273)	Opioid Treatment Program	324-1420
Vanessa Behan Crisis Nursery	535-3155	ALANON	456-2125
EWU Victims Advocate (students)	359-7924	Narcotics Anonymous	325-5045
ARMS	484-0600	Tobacco Quitline	1-800-784-8669
		Washington Recovery Help Line	1-866-789-1511
Shelters		Grief & Loss	
Alternatives to Domestic Violence	326-1190	Hospice	456-0438
(Women & Children)		Forget Me Not Program	474-3131
HOPE House	455-2886	Compassionate Friends	927-3911
(Women)			
Anna Ogden Hall	327-7737	Health/Dental	
(Women & Children)		DSHS	1-877-501-2233
Crosswalk	838-6596	Spokane AIDS Network	455-8993
(Adolescents)		Chas Clinic	444-8200
Salvation Army	325-6821	Christ Clinic	325-0393
St. Margaret's	624-9788	Hospice of Spokane	456-0438
(Women)		Planned Parenthood	866-904-7721
Union Gospel Mission	535-8510	Poison Control	800-222-1222
(Men's Shelter/Women's Shelter)		Spokane County Health District	324-1500
YWCA Safe Shelter	326-2255	Teen Aid & Pregnancy Health	482-2868
Family Promise	723-HOME	Life Services	327-0701
UGM Crisis Shelter	535-8510	ABCD Dental (SRHD)	324-1478
Catholic Charities	624-7821	CHAS	835-1203
Truth Ministries	456-2576	EWU Dental Clinic	828-1300
Freida's Healing Center	353-2123	Spokane Community Dental	482-4332
Legal Advice/AID -- (free/discount)		Hospitals	
Northwest Justice Project	1-888-201-1014	Child Psych Program	474-2112
www.nwjustice.org		Deaconess	473-5800
Legal Aid	244-8487	Deaconess Emergency Room	458-7100
YWCA Legal Office	789-9297	Holy Family	472-0111
Center for Justice	835-5211	ER	482-2460
Attorney General's Office	800-551-4636	Sacred Heart Emergency Room	474-3344
Spokane Country Court Facilitator	477-7612	Shriners Children's Hospital	455-7844
Volunteer Lawyers	324-0144	Valley General	924-6650
Washingtonlawhelp.org			
Legal Advocacy Program	835-4540 or 835-4546	Housing (residential/temporary)	
		Alternatives to Domestic Violence	326-2255
Alcohol/Drug Services		CUB House (Community Detox service)	477-4631
Alcohol/Drug Network (CHIPS)	324-1420	Excelsior Youth Center. (children)	328-7041
(Health Building)		House of Charity	624-7821
American Behavior Health Service	232-5766		

(All phone numbers have an area code of 509 unless otherwise noted)

DOMESTIC VIOLENCE VICTIM RESOURCES
Kalispel Tribe Victim Assistance 509-789-7671
Airway Heights Municipal Court DV Victim Advocates
Pam Depriest

Maryam's House of Transition 747-9222
Ogden Hall (women/children) 327-7737
SNAP 456-7106
Spokane Housing Authority 328-2953
Transitional Living Center 325-2959
Volunteers of America (adults) 624-2378
UGM Crisis Shelter 535-0486

Lutheran Community Services (sexual assault) 747-8224

Parent/Child/Family Counseling & Resources

Casey Family Partners 473-4810
Family Reconciliation Services 323-7300
Institute for Family Development 328-3802
Odyssey Youth Group (sexual orientation) 325-3637
SCAN (Support, Care & Networking) 458-7445
Silk and Associates 484-1227
St Joseph's 483-6495
WARM (Janet Mackey - Adoption) 206-767-9510
Women's Drop in Center (Support Groups) 455-4249
YFA Connections 532-2000

Senior Resources

Catholic Charities 358-4250
Elder Services 458-7450
Home/Community Services 323-9400
Meals on Wheels 456-6597

Childcare

Help paying for child care 1-800-446-1114
Help finding child care www.childcarenet.org/families
Child Daycare Assistance for Working Parents 1-877-501-2233
Child care Resource & Referral 484-0048
Headstart/ECEAP 533-8500
Car Seat Program 474-7570
Car Seat Inspection 474-2851

Airway Heights Municipal Court of Washington, City of Airway Heights

<u>City of Airway Heights</u> Plaintiff vs. <u>Defendant (First, Middle, Last Name, DOB)</u>	No.: _____ LEA: _____ Rpt. No.: _____ Protected Person's Motion to Modify/Rescind Domestic Violence No-Contact Order (MT) (Clerk's Action Required)
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Protected Person's Motion to Modify/Rescind Domestic Violence No-Contact Order

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:**

I have done the following things to address my personal safety and public safety:

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

Airway Heights Municipal Court of Washington, City of Airway Heights

<u>City of Airway Heights</u> Plaintiff vs. <u>Defendant (First, Middle, Last Name, DOB)</u>	No: _____ LEA: _____ Rpt.No: _____ Notice of Hearing (for Protected Person's Motion to Modify/Rescind No-Contact Order) (NTHG) (Optional Use) (Clerk's Action Required)
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Notice of Hearing (for Protected Person's Motion to Modify/Rescind a No-Contact Order)

To: Defendant, Prosecuting Attorney, Defense Attorney,
Other: _____

A motion has been filed for an order to [] modify (replace) [] rescind the *No-Contact Order* signed on (date) _____

The court will hear this matter on (date) _____, at (time) _____ a.m./p.m.

at: 13120 N. 13th St, Airway Heights, WA 99001 on 2nd floor
court's address *room or department*

Judge Angelle Gerl
docket/calendar or judge/commissioner's name

to determine whether the requested relief should be granted.

Dated: _____

Signature

Type or Print Name