

District Court of Washington, County of Grant

STATE OF WASHINGTON Plaintiff vs.	No. Protected Person’s Motion to Modify or Cancel Domestic Violence No-Contact Order (MT) (Clerk's Action Required)
Defendant (First, Middle, Last Name, DOB)	

Protected Person’s Motion to Modify or Cancel 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 (change) [] cancel the Domestic Violence No-Contact Order signed on *(date)*_____.

The court should modify or cancel 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