

_____ Court of Washington, County/City of _____

Plaintiff

vs.

Defendant (First, Middle, Last Name, DOB)

No: _____

Notice of Hearing (for Protected Person's Motion to Modify/Rescind No-Contact Order)

(NTHG)

(Optional Use)

(Clerk's Action Required)

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: _____ in _____
court's address *room or department*

docket/calendar or judge/commissioner's name

to determine whether the requested relief should be granted.

Dated: _____

Signature

Type or Print Name