

_____ Court of Washington, County/City of _____

Plaintiff

vs.

Defendant (First, Middle, Last Name, DOB)

No.: _____

Order re Motion to Modify/ Rescind
No-Contact Order

Denied (ORDYMT)

Granted (ORGMT)

(Clerk's action required)

The court received (*name of protected person*) _____'s
motion to modify rescind the No-Contact Order signed on (*date*) _____

Based upon the motion, declarations, and testimony, if any, and the relevant court records, the
court:

denies the motion.

grants the motion, and

replaces the order referenced above with a new No-Contact Order, filed separately.

rescinds the No-Contact Order referenced above.

The clerk of court shall forward a copy of this order that rescinds on or before the next judicial
day to: _____ County Sheriff's Office/
Police Department **where the case is filed** which shall enter it in a computer-based criminal
intelligence system available in this state used by law enforcement to list outstanding warrants.

Dated: _____

Judge/Pro Tem/Court Commissioner

I acknowledge receipt of a copy of this Order:

I acknowledge receipt of a copy of this Order:

Protected Person

Defendant

Type or Print Name

Type or Print Name