**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