**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