

_____ Court of Washington, County/City of _____

Plaintiff

vs.

Defendant (First, Middle, Last Name, DOB)

No. _____

**Protected Person's Motion to Modify or
Cancel Domestic Violence No-Contact
Order**

(MT)

(Clerk's Action Required)

**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