**Court of Washington, County/City of**

***华盛顿州 县/市法院***

|  |  |
| --- | --- |
| ,  **Plaintiff**  ***原告***  **vs**.  ***诉***  .  **Defendant** (First, Middle, Last Name, DOB)  ***被告****（名字、中间名、姓氏、出生日期）* | **No:**  ***编号：***  **Notice of Hearing (for Protected Person’s Motion to Modify/Rescind No-Contact Order)**  ***听证会通知（受保护人修改/撤销禁止接触令的请求）***  (**NTHG**)  ***(NTHG)***  (Optional Use)  *（可选用途）*  (Clerk's Action Required)  *（书记员需要采取的行动）* |

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

***听证会通知（受保护人修改/撤销禁止接触令的请求）***

**To**: Defendant, Prosecuting Attorney, Defense Attorney,

***收件人：****被告、检察官、辩护律师、*

Other:

*其他：*

A motion has been filed for an order to [ ] modify (replace) [ ] rescind the *No-Contact Order* signed on *(date)*

*已提交请求，要求下令[-]修改（取代）[-]撤销于以下日期签署的禁止接触令（日期）*

The court will hear this matter on *(date)* , at *(time)* a.m./p.m.

*法院将于以下日期审理此案（日期）* *，（时间）*   *上午/下午*

at: in

*于：*  *于*

*court’s address room or department*

*法院地址* *房间或部门*

*docket/calendar or judge/commissioner’s name*

*案卷/日历或法官/助理法官姓名*

to determine whether the requested relief should be granted.

*以决定是否批准所请求的救济。*

Dated:

*日期：* Signature

*签名*

Type or Print Name

*键入或工整填写姓名*