

**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

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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