**Court of Washington, County of**

|  |  |
| --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_Petitioner DOBvs.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_Respondent DOB | No. **Restrained Person’s Notice of Hearing to Decide Adequate Cause** (NTHG)(Clerk’s Action Required: 4) |

**Restrained Person’s Notice of Hearing to Decide Adequate Cause**

***To the Court Clerk and to the Protected Person (or Petitioner on behalf of Protected Person):***

**1.** I have asked the court to decide if there is adequate cause to have a full hearing on my *Motion to Modify or Terminate Protection Order*.

**2.** The court will deny my motion unless the court finds there is adequate cause to have a full hearing. If the court finds adequate cause, the court will schedule a full hearing.

**3.** You can file opposing declaration/s with the court clerk and serve a copy on me before the hearing date.

**4.** A hearing to decide adequate cause will be held on

 Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_a.m./p.m.

**5**. **How to attend**

The adequate cause hearing will be held:

|  |  |
| --- | --- |
|  | **In person**Judge/Commissioner: Courtroom: Address:  |
|  | **Online** (*audio and video*) App: [ ] Log-in: [ ] You must get permission from the court at least 3 court days before your hearing to participate online (audio and video). To make this request, contact:  |
|  | **By Phone** (*audio only*) [ ] Call-in number [ ] You must get permission from the court at least 3 court days before your hearing to participate by phone only (without video). To make this request, contact:  |
| *Icon* | **If you have trouble connecting online or by phone** (instructions, who to contact)   |
|  | **Ask for an interpreter, if needed.**Contact:   |  | **Ask for disability accommodation, if needed.** Contact:   |
| Ask for an interpreter or accommodation as soon as you can. Do not wait until the hearing! |

*Restrained person or lawyer signs here Print name (if lawyer, also list WSBA #) Date*

|  |  |
| --- | --- |
| I agree to accept legal papers for this case at: *address*  *city state zip****(Optional)*** *email:*   | **Notice to party**: List any address where you agree to accept legal documents. Any time this address changes while this action is pending, notify the opposing parties in writing and file an updated Law Enforcement and Confidential Information (PO 003R) with the court clerk. |