**Court of Washington, County of**

***华盛顿州 县法院***

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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Petitioner*呈请人* vs. *诉*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Respondent DOB*被告人*  *出生日期* | **No**. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***编号*****Motion to Terminate Extreme Risk Protection Order - RCW 7.105.505(1) (MT)*****极端风险保护令终止请求——RCW 7.105.505(1) (MT)*****(*Only 1 motion to terminate can be filed during each 12-month period that the order is in effect.)******（在命令生效的每12个月期间，只能提出一次终止请求。）*** |

**Motion to Terminate Extreme Risk Protection Order**

***极端风险保护令终止请求***

**1.** The *Extreme Risk Protection Order* dated: will expire on
(*date*):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. **I have not filed any other motion to terminate the current order during its 12-month effective period**.

 *以下日期下达的极端风险保护令：*  *将于以下日期
到期（日期）：*  *。****在12个月的有效期内，我没有提出任何其他请求来终止目前的命令。***

**2.** I am the Respondent and I want to **terminate** the *Extreme Risk Protection Order* because:

 *我是被告，我想****终止****极端风险保护令，因为：*

[ ] I do not pose a significant danger of causing personal injury to self or others by: having in my custody or control, accessing, purchasing, possessing, receiving, or attempting to purchase or receive, a firearm. *(See RCW 7.105.505(3).)* I understand the court may consider any relevant evidence, including evidence of the considerations listed in RCW 7.105.215(3)*. (See RCW 7.105.505(3).*

 *我没有因其保管或控制、获取、购买、拥有、接收或试图购买或接收枪支而对自己或他人造成重大人身伤害危险。（参阅RCW 7.105.505(3)。）我了解，法院可能会考虑任何相关证据，包括RCW 7.105.215(3)中列出的考虑因素的证据。（参阅RCW 7.105.505(3)。*

[ ] There has been a material change in relevant circumstances since the issuance of the *Extreme Risk Protection Order* dated .Those circumstances are as follows:

 *自极端风险保护令于以下日期下达以来，相关情况发生了重大变化*  *。这些情况如下：*

***NOTE:******You may attach additional pages of written material if needed. If you reference other cases, please give the case number/s and name/s of the court/s, if available.***

***注意：如果需要，您可以加页附上书面材料。如果您提及其他案件，请提供案件编号和法院名称（如果有）。***

I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

*本人特此证明，以上陈述属实且正确；若有不实之词，愿依照华盛顿州法律接受伪证罪处罚。*

Dated: at , Washington

*日期：*  *地点*  *，华盛顿*

 Signature of Respondent

 *被告人签名*

 Printed name of Respondent

 *被告人姓名（请工整填写）*

**This document must be served on the other party, and a Proof of Service must be filed with the court clerk at or before the hearing.**

***该文件必须送达另一方当事人，送达证明必须在听证会时或之前送交法庭书记员存档。***