KITSAP COUNTY DISTRICT COURT
STATE OF WASHINGTON

STATE OF WASHINGTON,

Plaintiff,

v.

_____,

Defendant.

NO. _____

PROTECTED PERSON'S MOTION TO MODIFY OR CANCEL NO CONTACT ORDER

___ **AMENDED**

1. BASIS

On (*date*) _____, the Court signed a No Contact Order in this case against the defendant.

2. MOTION

I, (*name*) _____, am the protected person in the No Contact Order. I request that the Court enter an order to –

___ **Modify**. Modify (change) the No Contact Order. I understand that if the Court grants my motion to modify, the Court will issue a new No Contact Order that will replace the order I want to modify.

___ **Cancel**. Cancel the No Contact Order. I understand that if the Court grants my motion to cancel, there will not be an order in this case prohibiting the defendant from having contact with me.

3. DECLARATION IN SUPPORT OF MOTION

I make the following declaration in support of this motion. The Court should grant my motion because –

_____

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct, and that I am the person whose name I typed (or wrote) below.

SIGNED at (*city*) _____, (*state*) _____ on (*date*) _____.

/s/ Signed Electronically
_____

[Note – By typing your name, you intend to sign electronically and agree your electronic signature is the same as a handwritten signature for the purpose of validity, enforceability, and admissibility.]