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7 **IN THE SOUTH BEND MUNICIPAL COURT OF WASHINGTON**

8 CITY OF SOUTH BEND,

9 Plaintiff,

10 vs.

11 _____,

12 Defendant.

No. _____

13 **PROTECTED PERSON'S REQUEST TO
14 REMOVE OR MODIFY A DOMESTIC
15 VIOLENCE NO CONTACT ORDER**

16 I, _____ and the person protected by a Sexual
17 Assault or Domestic Violence Protection Order entered against above Defendant. I
18 request that the Court [] modify or [] rescind/remove the Domestic Violence No-
19 Contact Order because:

20 _____
21 _____
22 _____
23 _____
24 _____
25 _____
26 _____
27 _____
28 _____

29 **PROTECTED PERSON'S REQUEST
30 TO REMOVE OR MODIFY A DOMESTIC
VIOLENCE NO CONTACT ORDER**

I have also attached the original letter provided to me by Crisis Support Network (CSN) which demonstrates that I have completed the Pacific County Domestic Violence Outreach course. I have also provided a copy of this Petition and the Note for Motion to the Prosecuting Authority with at least five-days of notice (excluding weekends and holidays). I also understand the consequences of my request and am doing so without threat from any person, including the Defendant named herein.

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

Signed at _____ in _____ on _____.
(city) (state) (date)

Signature of Protected Person

Type or Print Name