

Superior Court of Washington, County of King

State of Washington,  
**Plaintiff**  
vs.  
Defendant (First, Middle, Last Name, DOB)

No: \_\_\_\_\_  
**Notice of Hearing (for Protected Person's Motion to Modify/Rescind No-Contact Order)**  
**(NTHG)**  
(Optional Use)  
(Clerk's Action Required)

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**Notice of Hearing (for Protected Person's Motion to Modify/Rescind a No-Contact Order)**

To: Defendant, Prosecuting Attorney, Defense Attorney,  
Other: \_\_\_\_\_

A motion has been filed for an order to [ ] modify (replace) [ ] rescind the *No-Contact Order* signed on (date) \_\_\_\_\_

The court will hear this matter on (date) \_\_\_\_\_, at (time) \_\_\_\_\_ a.m./p.m.  
at: \_\_\_\_\_ in \_\_\_\_\_  
*court's address* *room or department*

\_\_\_\_\_ *docket/calendar or judge/commissioner's name*  
to determine whether the requested relief should be granted.

Dated: \_\_\_\_\_  
\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Type or Print Name