

WEST KLICKITAT COUNTY DISTRICT COURT

PROCEDURES FOR:

MODIFYING / EXTINGUISHING A NO CONTACT ORDER

STEP 1:

- **Call the Klickitat County Adult Probation Office** at (509) 773-3776 or (509) 493-6076 any time between the hours of 9:00 AM and 5:00 PM.
- **Identify yourself**, provide the **name of the person** against whom the No Contact Order has been filed, and, if you know it, **the court case number**.
- **Request an appointment** with the domestic violence team. An appointment will be set in a timely manner.

STEP 2:

- **You must appear** at your appointment to speak personally with the domestic violence team.
- **The domestic violence team will talk with you regarding safety issues & community resources**. A Screening Report will be completed & sent to the court.

STEP 3:

- **Take your copy of the "Request for Hearing" form to West Klickitat County Court.**
- **A hearing date will be set** by the court clerk.
- **You must appear** for the hearing in order for the court to consider your request to dismiss or modify the No Contact Order.

West District Court of Washington, County of Klickitat

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| <hr/> Plaintiff vs. <hr/> Defendant (First, Middle, Last Name, DOB) | No. Protected Person's Motion to Modify/Rescind Domestic Violence No- Contact Order (MT) (Clerk's Action Required) |
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**Protected Person's Motion to Modify/Rescind
Domestic Violence No-Contact Order**

I, (name) _____, am the person protected in a Domestic Violence No-Contact Order that the court issued against the defendant. I request that the court enter an order to [] modify (replace) [] rescind the Domestic Violence No-Contact Order signed on (date) _____.

The court should modify/rescind the order referenced above **because:**

I have done the following things to address my personal safety and public safety:

The court should modify the terms and conditions of the order referenced above, **as follows:**

I understand that if the court grants my motion to modify, the court will issue a new Domestic Violence No-Contact Order that will replace the order I want to modify.

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

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

Signature of Protected Person

Type or Print Name