

SEDRO-WOOLLEY MUNICIPAL COURT

State of Washington)
 City of Sedro-Woolley)
 Plaintiff)
 v.)
 _____)
 Defendant)

No. _____

MOTION, AFFIDAVIT and ORDER TO MODIFY NO-CONTACT ORDER

MOTION

COMES NOW the below named petitioner and petitions the Court to modify or cancel the No-Contact Order entered herein.

Petitioner's Signature

State of Washington)
 County of Skagit) ss.
 City of Sedro-Woolley)

AFFIDAVIT

- I am the petitioner above-named, and the victim of an alleged crime
- An order has been entered herein protecting me from the defendant.
- I do not want the order to remain in effect as it is now issued, and instead wish the order to be
 - Cancelled Modified as follows: _____
 - To allow telephone contact
- I want the defendant to be able to live at: (address) _____
 - I am living at a different address I want the defendant to be able to live with me
- I am not in fear for my safety other: _____
- I have an alternate safety plan. IF I AM IN DANGER I WILL: _____

I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. I agree to hold harmless the above-named governmental unit and all its agents and employees from all damages that may result because the defendant is released from the No-Contact Order.

Dated: _____

Petitioner's Signature

Consents to Opposes said motion Other _____

 City Prosecuting Attorney Bar #

ORDER

Based on the records and files herein, the foregoing affidavit and the response of the City Prosecuting Attorney, the No-Contact Order heretofore entered in this case is: **not modified** and shall remain in effect as heretofore entered; **Cancelled** Modified as follows: _____

This order **DOES NOT DISMISS THIS CASE**, and the defendant is **still required to appear in court** to respond to the criminal charge pending in this case.

DATED: _____

cc: Victim _____ SWPD _____

Defendant _____

Judge/Commissioner

Form 512 (526A) NCOCAN2 (Rev 11/99)

CITY OF SEDRO-WOOLLEY)
Plaintiff)
)
 vs.)
)
)
 _____)

VICTIM'S STATEMENT

Citation # _____
 Date of Violation _____
 Violation: _____

STATEMENT

(Check each box to indicate you have read and agree with the statement)

- I have been told that I am a victim of Domestic Violence.
- I have been informed that I have the right to have this matter resolved in a criminal trial.
- I have read the information brochure supplied to me by the City Attorney and/or the Municipal Court and understand what my rights are.
- I request the City Attorney to: Dismiss the charge(s) Other

- I make this request for the following reason:

- I make this request freely and voluntarily, without any threats made by any law enforcement officer prosecutor, or the one who is charged with the crime against me or any other person. I am not in fear for my safety and I do not feel threatened by the defendant.

Dated: _____

Victim please print

Victims Signature

Address

Filed with the Sedro-Woolley Municipal Court on _____. Rcv'd by: _____