



**IN THE TULALIP TRIBAL COURT  
TULALIP INDIAN RESERVATION  
TULALIP, WASHINGTON**

**Please print clearly using blue or black ink.**

In re the protection of:

Case No. \_\_\_\_\_

\_\_\_\_\_  
Petitioner Name

\_\_\_\_\_  
DOB

**MOTION TO MODIFY/TERMINATE  
PROTECTION ORDER; NOTICE OF  
MOTION HEARING**

v.

\_\_\_\_\_  
Name

\_\_\_\_\_  
DOB

\_\_\_\_\_  
Respondent.

Hearing on: \_\_\_\_\_

at \_\_\_\_\_ / In Person

COMES NOW the above-named  Petitioner/Protected Person

Respondent/Restrained Person and states the following: *(check all that apply)*

**1. Protection Order to be modified or terminated**

On \_\_\_\_\_ this Court entered an order of protection that expires on:  
\_\_\_\_\_.

**2. Request to modify or terminate**

I would like the Protection Order to be terminated (ended).

I would like the Protection to be modified to state:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. Reason for request**

I would like the order modified or terminated because: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_




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Additional Pages are attached.

#### **4. Supporting Documents**

In support of my request, I have attached the following documents:

- Compliance forms
- Treatment records
- Court documents
- Affidavits/Declarations from witnesses
- Other: \_\_\_\_\_

**Important!** By attaching these documents, you are waiving any applicable privacy rights under tribal, state, and federal law.

#### **5. Request for Hearing**

I understand that the Protection Order cannot be modified or terminated without a hearing and request that a hearing be scheduled on this motion.

### **Signature and Declaration**

I certify under penalty of perjury under the laws of the Tulalip Tribes and the State of Washington that all the information provided in this motion and any attachments is true and



correct. My signature constitutes a certificate that I have read the pleadings, motions, and legal memoranda and that, to the best of my knowledge, information, and good faith belief, there exist grounds to support it.

Signed at (*City and State*): \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
*Sign here*

\_\_\_\_\_  
*Print name*

If presented by an attorney:

\_\_\_\_\_  
*Attorney Signature*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*WSBA/Tulalip Tribal Bar No.*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*City, State ZIP*

\_\_\_\_\_  
*Phone*

\_\_\_\_\_  
*Email*

***Important!*** This document and all attachments must be served on the other party.



**DECLARATION OF SERVICE**

The Petitioner’s address is confidential and I request the Court Clerk to deliver copies of these documents to the Petitioner on my behalf.

I \_\_\_\_\_ certify that I am over the age of 18 and served the following documents on the  Petitioner  Respondent in this matter:

Motion to Modify or Terminate Protection Order; Notice of Hearing

Attachments

On \_\_\_\_\_ these documents were sent by first class mail to the following address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Signed at (*City and State*): \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
*Sign here*

\_\_\_\_\_  
*Print name*