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Judge
Jennifer Johnson Grant

Administrator
Pamela McConville

Probation
Nancy Thompson

MUNICIPAL COURT

AFFIDAVIT IN SUPPORT OF MOTION TO CANCEL A NO CONTACT ORDER

THE UNDERSIGNED, under penalty of perjury of the laws of the State of Washington, states as follows: **I am the alleged victim and make this statement in support of canceling a No Contact Order.**

The full name of the **alleged victim**

The **victim's** current address (please include city, state and zip)

The **victim's** current telephone number (please include area code)

The full name of the **defendant**

The **defendant's** current address (please include city, state and zip)

The **defendant's** current phone number (please include area code)

Lake Forest Park Municipal Court **case number**

I believe the Court should cancel the No Contact Order based on the following information:

I understand the No Contact Order (NCO) will remain valid and outstanding until canceled by the Judge, and I must appear at the hearing. I also understand if the judge cancels the NCO, I may contact the police or court at any time to have the NCO re-issued.

Date _____

Signature _____

Name of Victim Advocate _____ Judge _____