

UNDER 18
ANTI-HARASSMENT

INSTRUCTION FOR COMPLETING
ANTI-HARASSMENT/STALKING PROTECTION ORDERS
UNDER 18

The filing fee is \$56.00 cash. If the Petitioner feels that they cannot afford the filing fee, they can apply to have the filing fee waived using a GR34 form. Once the paperwork is complete, all paperwork must be taken to Courtroom 202 between the hours of 9:00-12:00 and/or 1:30 - 4:00, Monday, Wednesday and Friday; Tuesday and Thursday 1:30 PM to 4:00 PM.

ALL PAPERWORK MUST BE COMPLETED IN BLUE OR BLACK INK
DO NOT WRITE ON THE BACK OF ANY DOCUMENT

Law Enforcement Information

--Complete one(1)per Respondent.

Confidential Information Form(INFO)

--Complete both pages.

Petition For An Order For Protection

(From Civil Harassment/Stalking)

--Complete all seven(7) pages.

Temporary Protection Order

--Complete (3) pages.

Return of Service

--Complete the heading portion only.(Name of Petitioner and Respondent).

Guardian ad Litem for the Respondent minor.

--Motion and Declaration For Appointing Guardian ad Litem

--Order Appointing Guardian ad Litem

LAW ENFORCEMENT INFORMATION

Do NOT serve or show this sheet to the restrained person!
 Do NOT FILE in the court file. Give this form to law enforcement.

Type or print clearly! Law enforcement needs this form to serve the restrained person and enforce the order if it is violated. They also need it to make sure other courts and law enforcement agencies know about your order. Please fill in as much information as you can. If any information changes, please fill out another copy and give it to the court.

Court:	Case Number:	
<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Sexual Assault	<input type="checkbox"/> Dissolution/Separation/Invalidity/Paternity/Parenting Plan
<input type="checkbox"/> Unlawful Harassment	<input type="checkbox"/> Stalking	<input type="checkbox"/> Vulnerable Adult

Restrained Person's Information

(This is the person that you want the court to restrain.)

Name:				Date of Birth (if DOB unknown give age range)			
First	Middle	Last					
Nickname/Alias/AKA ("Also known as")				Relationship to Protected Person			
Sex	Race	Height	Weight	Hair Color	Eye Color	Skin Tone	Build
Phone(s) w/Area Code (voice):				Need Interpreter? <input type="checkbox"/> No <input type="checkbox"/> Yes Language:			

Where can the restrained person be served? <i>List all known contact information.</i>	Last Known Address. Street:		State:	Zip:	
	City:				
	Cell number (text):				
	Email:				
	Social Media Account/s & User Name/s:				
Employer	Employer's Address			WORK Hours: Phone: ()	
Vehicle Make and Model	Vehicle License Number	Vehicle Color	Vehicle Year	Drivers License or ID number	State

Does the restrained person have a disability, brain injury, or impairment requiring special assistance when law enforcement serves the order? No Yes. If yes, describe (continue on back, if needed):

Hazard Information Restrained Person's History Includes:
 Involuntary/Voluntary Commitment Suicide Attempt or Threats (How recent? _____) Threats to "suicide by cop"
 Assault Assault with Weapons Alcohol/Drug Abuse Other:

Concealed Pistol License: Yes No
Weapons: Handguns Rifles Knives Explosives Other:
Location of Weapons: Vehicle On Person Residence Describe in detail:

Current Status Is the restrained person a current or former cohabitant as an intimate partner? Yes No
 Are you and the restrained person living together now? Yes No
 Does the restrained person know they may be moved out of the home? Yes No N/A
 Does the restrained person know you are trying to get this order? Yes No
 Is the restrained person likely to react violently when served? Yes No

Protected Person's Information
(This is the person you want the court to protect.)

Name: First Middle Last

Date of Birth	Sex	Race	Height	Weight	Eye Color	Hair Color	Skin Tone	Build
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If your information **is not confidential**, you must enter your address and phone number(s) below.

Current Address Street: City:	State:	Zip:	Phone(s) w/Area Code
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Email address: Need interpreter? [] No [] Yes
If yes, language:

If your information **is confidential**, you must provide the name, address, and phone number of someone willing to be your "contact."

Contact Name	Contact Address	Contact Phone
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If you filed for someone else, list your name, phone number, and address:

Minor's Information

For relationship, use terms such as child, grandchild, stepchild, nephew, or none.

1 Name: First Middle Last

Birth Date	Sex	Race	Resides With
Relationship to Protected Person:		Relationship to Restrained Person:	

2 Name: First Middle Last

Birth Date	Sex	Race	Resides With
Relationship to Protected Person:		Relationship to Restrained Person:	

3 Name: First Middle Last

Birth Date	Sex	Race	Resides With
Relationship to Protected Person:		Relationship to Restrained Person:	

4 Name: First Middle Last

Birth Date	Sex	Race	Resides With
Relationship to Protected Person:		Relationship to Restrained Person:	

Victim's Household Members or Adult Children Protected

Name:	birth date:
Name:	birth date:
Name:	birth date:
Name:	birth date:

**Confidential
Information (CIF)**

**Clerk: Do not file in
a public access file**

Superior Court of Washington,

County: _____

Case No.: _____

Important! Only court staff and some state agencies may see this form. The other party and their lawyer may **not** see this form unless a court order allows it. State agencies may disclose the information in this form according to their own rules.

1. Who is completing this form? (Name): _____
2. Is there a current restraining or protection order involving the parties or children? No Yes. If yes, who does the order protect? (Name/s): _____
3. Does your address information need to be confidential to protect your or your children's health, safety, or liberty? (Check one): Yes No
If yes, explain why? _____
4. **Your Information** - This person is a (check one): Petitioner Respondent
Interpreter needed? No Yes, language: _____

Full name (first, middle, last):		Date of birth (MM/DD/YYYY):	Sex:
Driver's license/Identicard (No., state):	Race:	Relationship to children in this case:	
Mailing address (This address will not be kept private.) (street address or P.O. box, city, state zip):			
Email:		Phone:	

If your case is only about a protection order, skip to section 5.

Home address (check one): <input type="checkbox"/> same as mailing address <input type="checkbox"/> listed below (street, city, state, zip):	
Social Sec. No:	Employer's phone:
Employer's name:	
Employer's address:	

5. **Other Party's Information** - This person is a (check one): Petitioner Respondent
Interpreter needed? No Yes, language: _____

Full name (first, middle, last):		Date of birth (MM/DD/YYYY):	Sex:
Driver's license/Identicard (No., state):	Race:	Relationship to children in this case:	

Mailing address (This address will not be kept private.) (street address or PO box, city, state zip):

Email: _____ Phone: _____

If your case is **only** about a protection order, **skip to section 6.**

Home address (check one): same as mailing address listed below (street, city, state, zip):

Social Sec. No: _____

Employer's name: _____ Employer's phone: _____

Employer's address: _____

➤ **Skip sections 6-9 if your case does not involve children. Sign at the end.**

6. Children's Information (You do not have to fill out the children's Social Security numbers if your case is only about a protection order.)

Child's full name (first, middle, last)	Date of birth (MM/DD/YYYY)	Race	Sex	Soc. Sec. No.	Current location: lives with
1.					<input type="checkbox"/> You <input type="checkbox"/> other party: _____
2.					<input type="checkbox"/> You <input type="checkbox"/> other party: _____
3.					<input type="checkbox"/> You <input type="checkbox"/> other party: _____
4.					<input type="checkbox"/> You <input type="checkbox"/> other party: _____

7. Have the children lived with anyone other than you or the other party during the last 5 years? (Check one): No Yes If yes, fill out below:

Children lived with (name)	That person's current address
1.	
2.	

8. Do other people (not parents) have custody or visitation rights to the children? (Check one): No Yes If yes, fill out below:

Person with rights (name)	That person's current address
1.	
2.	

9. If you are asking for custody and are not the parent, list all other adults living in your home:

1. (Name):	Date of birth (MM/DD/YYYY):
2. (Name):	Date of birth (MM/DD/YYYY):

I declare under penalty of perjury under Washington State law that the information on this form about me is true. The information about the other party is the best information I have or is unavailable because (explain): _____

Check here if you need more space to list other Petitioners, Respondents, or children. Put that information on the *Attachment to Confidential Information*, form FL All Family 002, and attach it to this form.

Signed at (*city and state*): _____ Date: _____

▶ _____ Print name here

Superior Court of Washington For County of Spokane	

Minor to be protected,	

Petitioner,	
vs.	

Minor Respondent.	

No. _____

**Petition for an Order for Protection
Respondent Under Age 18**
 Harassment (PTAH18) and/or
 Stalking (PTSTK18)

➤ **Information about appointment of a guardian ad litem for respondent:**

Harassment:

- If the minor respondent is not an emancipated minor, a guardian ad litem must be appointed to represent the respondent in this action under RCW 4.08.050.
- The court may order the petitioner to pay guardian ad litem fees.

Stalking:

- If the respondent is 16 or 17 years of age, appointment of a guardian ad litem is not required. However, the court may still appoint one in certain circumstances.
- If the respondent is 15 years of age or younger and is not an emancipated minor, a guardian ad litem must be appointed to represent him or her in this action under RCW 4.08.050.
- The court will not order the petitioner to pay guardian ad litem fees.

➤ **This is a Petition for an Order for Protection against Harassment and/or Stalking, as checked in the caption.**

I believe:

- I am a victim of stalking.
- _____ (name) is a victim of stalking and is a minor.

The respondent has been

- stalking the victim either in person or cyber stalking, and
- repeatedly contacting, attempting to contact, or monitoring the victim for no lawful purpose and the respondent's actions caused the victim to feel intimidated, frightened, or threatened.

_____ (name) is a victim of unlawful harassment and is a minor.

The respondent's actions toward the victim have seriously alarmed, annoyed, or harassed the victim or are detrimental to the victim and they serve no legitimate or lawful purpose. The respondent's actions have caused the victim substantial emotional distress or caused me to fear for the well-being of the victim.

How do the victim and respondent know each other? _____

I have given a detailed explanation below.

1. Who is the petitioner

My name is (please print) _____. I am the petitioner.

I am age 16 or 17 years of age and I am petitioning on my own behalf.

I am a parent or guardian of a minor and I am petitioning on behalf of that minor.

I am not the parent or guardian, but I am petitioning on behalf of a minor who lives with me and the respondent is not a parent of that minor.

2. Information about the respondent

The respondent's name is listed in the caption. The respondent is

16 or 17 years of age

15 or under

Under 18; but I do not know the exact age.

You only need to complete the following if you are requesting a harassment protection order:

Respondent has been adjudicated of the following offense against my child:

Offense: _____

Case Name: _____ Case Number: _____

Court/County: _____

Respondent is under investigation or has been investigated for the following alleged offense(s) against my child:

Alleged offense(s): _____

Investigating agency: _____

3. Where do the parties live?

Petitioner lives in _____ County.

Did the petitioner leave their residence because of stalking conduct and that is the county of their new residence?

Yes No

The minor named in the caption lives in _____ County.

Respondent lives in _____ County.

8. Has the respondent used, displayed, or threatened to use a firearm or other dangerous weapon in a felony? Please describe:

9. Is the respondent ineligible to possess a firearm under the provisions of RCW 9.41.040? Please describe:

10. Does possession of a firearm or other dangerous weapon by the respondent present a serious and imminent threat to public health or safety, or to the health or safety of the victim? Please describe:

11. Do you have any evidence of the harassment or stalking conduct other than testimony?

No

Yes. I have attached the following evidence:

Copy of letter(s)

Copy of text messages

Copy of email messages

Copy of social media messages

Police report

Declaration or Affidavit from the following witness(es): _____

Other (describe): _____

12. Are there other court cases, civil protection orders, or criminal no-contact orders involving the minor to be protected and the minor respondent?

<u>Case Number</u>	<u>Court Name (Superior/District/Municipal)</u>	<u>Case Title or Parties</u>
(a) _____	_____	_____
(b) _____	_____	_____
(c) _____	_____	_____

➤ **Requests**

13. I ask the Court for an order approving the following requests for protection:

I Request an **Order for Protection** - following a hearing that will:

<input type="checkbox"/> No Contact: Restrain the respondent from making any attempts to contact or having any contact, including nonphysical contact, with the minor to be protected directly, indirectly, or through third parties regardless of whether those third parties know of the order, except for mailing of court documents.
<input type="checkbox"/> Surveillance: Prohibit or restrain the respondent from making any attempt to keep, or from keeping the minor to be protected under surveillance, including electronic surveillance.
<input type="checkbox"/> Exclude from places: Exclude the respondent from the <input type="checkbox"/> residence <input type="checkbox"/> workplace <input type="checkbox"/> school <input type="checkbox"/> daycare of the minor to be protected.
<input type="checkbox"/> Stay Away: Prohibit or restrain the respondent from entering or being within, or from knowingly coming within, or knowingly remaining within _____ (distance) of the <input type="checkbox"/> residence <input type="checkbox"/> workplace <input type="checkbox"/> school <input type="checkbox"/> daycare of the minor to be protected. <input type="checkbox"/> other: _____.
<input type="checkbox"/> School Attendance: Restrain respondent from attending _____ (address) school at _____ attended by the minor to be protected and order respondent to transfer to a different school.
<input type="checkbox"/> Other:
<input type="checkbox"/> Evaluation: Order the respondent to have a <input type="checkbox"/> mental health <input type="checkbox"/> chemical dependency evaluation <input type="checkbox"/> other: _____.
<input type="checkbox"/> Pay Fees and Costs: Require the respondent to pay fees and costs of this action, which may include administrative court costs, service fees, and petitioner's costs, including attorneys' fees.
<input type="checkbox"/> Surrender Firearms: Require the respondent to immediately surrender all firearms, other dangerous weapons, and any concealed pistol licenses and prohibit the respondent from accessing, obtaining, or possessing a firearm, other dangerous weapon, or concealed pistol licenses.
<input type="checkbox"/> Duration: Remain effective longer than one year because respondent is likely to resume acts of unlawful harassment or stalking conduct against the minor to be protected if the order expires in a year.

Emergency Temporary Protection (up to 14 days) Until the Court Hearing:

An emergency exists as described below. I request that a **Temporary Protection Order** granting the relief I requested above for a no-contact, surveillance, exclude from places, stay away, or school attendance order be issued immediately, without prior notice to the respondent, to be effective until the hearing.

I also request a temporary surrender and prohibition of all firearms, other dangerous weapons, and concealed pistol licenses without notice to the other party because irreparable injury could result if an order is not issued until the hearing.

What irreparable harm would result if an order is not issued immediately, without prior notice to the respondent?

I declare under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Dated: _____ at _____, Washington.

Petitioner or person filing on behalf of petitioner

Print or type name

I agree to receive legal documents at this address:

This address is not my home address because my family, household, or I would be at risk of abuse by respondent if I disclosed my home address.

**Superior Court of Washington
For County of Spokane**

Minor (Protected person),

Petitioner,

vs.

Respondent.

No.

**Temporary Protection Order and
Notice of Hearing – Respondent
Under Age 18 – Harassment
(TORAH18)**

(Clerk's action required)

Next Hearing Date and Time:

**At: Spokane County Juvenile Court
902 North Adams
Spokane, WA. 99260**

Warning to the Respondent: Willful disobedience of the terms of this order may be contempt of court and may subject you to detention under RCW 7.21.030(4).
RCW 10.14.120

_____ (Name) is a responsible and proper person to be appointed and is appointed guardian ad litem of Respondent in this proceeding.

Based upon the petition, testimony, and case record, the court is satisfied that there is reasonable proof that the Respondent committed unlawful harassment as defined in RCW 10.14.020 and .080, and that great or irreparable harm or injury will result to the protected minors if this order is not granted. After considering the facts of the case, the severity of the alleged offense, any continuing physical danger or emotional distress to the minors to be protected, and the expense, difficulty, and educational disruption that would be caused by a transfer of the Respondent to another school. **It is therefore ordered that:**

No Contact: Respondent is **restrained** from making any attempts to contact the protected person.

Surveillance: Respondent is **restrained** from making any attempts to keep under surveillance the protected person.

Stay Away: Respondent is **restrained** from entering or being within _____
(distance) of the protected person's residence work place other:

The address is confidential. Petitioner waives confidentiality of the protected person's address which is:

School Transfer: Respondent is **restrained** from attending _____ school
at _____ (address)
attended by the protected person and shall transfer to a different school.

Other: _____

Surrender and Prohibition of Weapons Order

The court finds that:

- Irreparable injury could result if the order to surrender weapons is not issued.
- Respondent's possession of a firearm or other dangerous weapon presents a serious and imminent threat to public health or safety or the health or safety of any individual.
- Irreparable injury could result if the Respondent is allowed to access, obtain, or possess any firearms or other dangerous weapons, or obtaining or possessing a concealed pistol license.

The Respondent must comply with the **Order to Surrender Weapons (and Prohibit Weapons, if checked below) Issued Without Notice** filed separately which states:

Respondent shall immediately surrender all firearms, other dangerous weapons, and any concealed pistol licenses.

- Respondent is prohibited from accessing, obtaining, or possessing any firearms or other dangerous weapons, or obtaining or possessing a concealed pistol license.

(Note: Also use form number All Cases 02-030.)

Washington Crime Information Center (WACIC) Data Entry

It is further ordered that the clerk of court shall forward a copy of this order, and any order to surrender and prohibit weapons, on or before the next judicial day to:

_____ County Sheriff's Office
 _____ Police Department **where Petitioner lives**
which shall enter it into WACIC.

Service

The clerk of the court shall also electronically forward a copy of this order, and any order to surrender and prohibit weapons, on or before the next judicial day to:

_____ County Sheriff's Office _____ Police Department **where Respondent lives** which shall personally serve the Respondent with a copy of this order and shall promptly complete and return to this court proof of service.

Or (Only if surrender of weapons not ordered) Petitioner has made private arrangements for service of this order. **If Respondent is age 14 or older, serve Respondent. If Respondent is under age 14, serve Respondent and Respondent's guardian.**

The Respondent is directed to appear and show cause why the court should not enter an order for protection effective for one year or more and order the relief requested by the petitioner or other relief as the court deems proper, which may include payment of costs.

Failure to appear at the hearing or to otherwise respond will result in the court issuing an order for protection pursuant to Chapter 10.14 RCW effective for a minimum of one year from the date of the hearing. The next hearing date and time is shown below the caption on page one.

A copy of this Temporary Protection Order and Notice of Hearing has been filed with the clerk of the court.

This Temporary Order for Protection is effective until the next hearing date and time shown below the caption on page (1) one.

Dated _____ at _____ a.m./p.m.

Judge/Court Commissioner

I acknowledge receipt of a copy of this Order:

Signature of Respondent/Lawyer WSBA No.

Print Name

Date

Signature of Petitioner/Lawyer WSBA No.

Print Name

Date

Petitioner or Petitioner's lawyer must complete a Law Enforcement Information Sheet (LEIS) and include addresses for the Respondent and the Respondent's guardian.

(Copy Receipt)

(Clerk's Date Stamp)

<p style="text-align: center;">SUPERIOR COURT OF WASHINGTON COUNTY OF SPOKANE</p> <p>_____</p> <p>Petitioner: _____</p> <p>vs.</p> <p>Respondent: _____</p>	<p>CASE NO. _____</p> <p>MOTION/ DECLARATION APPOINTING GUARDIAN AD LITEM – RESPONDENT UNDER AGE 18 – HARASSMENT</p>
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The petitioner moves the Court for an order providing:

1. For appointment of a guardian ad Litem for the respondent,
_____, as required by RCW 4.08.050 regarding minors.
2. That this appointment terminate upon conclusion of this lawsuit when
_____, respondent, reaches the age of majority, or upon further
order of the Court.

This motion is based upon the case record to date and the following declaration.

Dated this _____ day of 20_____.

Signature of Party

Print Name

II. DECLARATION

Petitioner declares as follows:

2.1 Declarant is the petitioner in this matter makes this declaration in that capacity.

2.2 It appears that the respondent is a minor and a Guardian ad Litem must be appointed pursuant to RCW 4.08.050. That Guardian ad Litem is related to the respondent in the following manner, to wit: _____

I declare under penalty of perjury under the laws of the State of Washington that the statement above is true and correct.

Signed at Spokane, Washington, on _____.

Signature

Print name

(Copy Receipt)

(Clerk's Date Stamp)

<p style="text-align: center;">SUPERIOR COURT OF WASHINGTON COUNTY OF SPOKANE</p> <p>_____</p> <p>Petitioner: _____</p> <p>vs.</p> <p>Respondent: _____</p>	<p>CASE NO. _____</p> <p>ORDER APPOINTING GUARDIAN AD LITEM – RESPONDENT UNDER AGE 18 - HARASSMENT</p>
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The petitioner has filed a motion for order appointing a Guardian ad Litem. It appears that good cause exists to appoint a Guardian ad Litem for certain limited purposes, therefore,

IT IS ORDERED:

1. APPOINTMENT OF GUARDIAN AD LITEM

That _____ is appointed Guardian ad Litem for the respondent, _____, as required by RCW 4.08.050 regarding minors.

2. TERMINATION OF APPOINTMENT

That this appointment shall terminate upon conclusion of this lawsuit, _____ 's (respondent) reaching the age of majority, or upon further order of the court, whichever occurs first.

3. OTHER PROVISIONS

The undersigned Guardian ad Litem agrees to this appointment, understands the nature of this action and accepts the following responsibilities:

- (a) To protect the interests of the minor respondent throughout the course of this action; and
- (b) To explain to the minor respondent the substance of the petition, all documents and correspondence regarding this action; and
- (c) To comply with all court orders and to attend all meetings and court hearing that are scheduled in this action with the minor respondent.

DATED: _____

JUDGE/COURT COMMISSIONER

Presented by:

Petitioner

Guardian ad Litem

Respondent