

APPLICATION
PACKET
ORDER OF
PROTECTION
ANTI-
HARASSMENT

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:	First	Middle	Last	Date of Birth (if DOB unknown give age range)
Nickname/Alias/AKA ("Also known as")				Relationship to Protected Person

Sex	Race	Height	Weight	Hair Color	Eye Color	Skin Tone	Build
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Phone(s) w/Area Code (voice):	Need Interpreter? <input type="checkbox"/> No <input type="checkbox"/> Yes Language:
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Where can the restrained person be served? <i>List all known contact information.</i>	Last Known Address. Street:						
	City:			State:		Zip:	
	Cell number (text):						
	Email:						
	Social Media Account/s & User Name/s:						
Other:							

Employer	Employer's Address	WORK Hours: Phone: ()
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Vehicle Make and Model	Vehicle License Number	Vehicle Color	Vehicle Year	Drivers License or ID number	State
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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
If your information <i>is not confidential</i> , you must enter your address and phone number(s) below.								
Current Address Street: City:						Phone(s) w/Area Code		
						State:	Zip:	
Email address:						Need interpreter? [] No [] Yes If yes, language:		
If your information <i>is confidential</i> , you must provide the name, address, and phone number of someone willing to be your "contact."								
Contact Name			Contact Address				Contact Phone	
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:

1. Who is the petitioner?

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

I am 18 or older and I am petitioning on my own behalf.

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

I am the parent or guardian of child/ren under age 18 and I am petitioning on their behalf:

Children's Name/s (First, Middle Initial, Last)	Age

I am not the parent or guardian, but the child/ren live/s with me and I am petitioning on their behalf and the respondent is not a parent.

Children's Name/s (First, Middle Initial, Last)	Age

I am filing this petition on behalf of petitioner, (name) _____, a vulnerable adult as defined in RCW 74.34.020, who is a victim of stalking. I am an interested person as defined in RCW 74.34.020(10). My relationship to this petitioner is _____.

2. Is the respondent 18 years of age or older?

Yes No

(If no, use the Petition for Order for Protection Harassment/Stalking Respondent Under Age 18, instead of this petition.)

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

Children named above live in _____ County.

Respondent lives in _____ County.

4. Where did the Conduct take place?

The conduct took place in _____ County.

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

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

9. 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 a victim? Please describe:

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

No

Yes. I have attached the following evidence:

Copy of mail or written notes

Copy of text messages

Copy of email messages

Copy of social media messages

Police report

Declaration or Affidavit from the following witness: _____

Other (describe): _____

11. Has/have the **victim/s or the respondent** ever requested or obtained protection from the other person in a restraining order, civil protection order, or criminal no-contact order?

If yes, list the type of order, the name of the court, the approximate date of the order, and whether the request was granted:

12. Is there any other litigation between the victim/s and the respondent? This includes all matters - pending or past - such as parenting plans, landlord-tenant disputes, employment disputes, or property disputes. If yes, provide case number/s if known, type of case, and name of court:

➤ **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 or having any contact, including nonphysical contact, with the person/s 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 person/s 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"/> day care of the person/s 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"/> day care of the person/s to be protected. <input type="checkbox"/> other locations: _____.
<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 and 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 firearms, or other dangerous weapons, 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 persons 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, or stay away order be issued immediately, without prior notice to the respondent, 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

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.

**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 name:	Employer's phone:
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): <input type="checkbox"/> same as mailing address <input type="checkbox"/> 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: _____

 Petitioner/Respondent signs here Print name here

No Contact: Respondent is **restrained** from making any attempts to contact petitioner and any minors named in the above table.

Surveillance: Respondent is **restrained** from making any attempts to keep under surveillance petitioner and any minors named in the above table.

Stay-Away: Respondent is **restrained** from entering or being within _____ (distance) of petitioner's residence place of employment other:

The address is confidential Petitioner waives confidentiality of the address which is:

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.)

HOW TO ATTEND YOUR HEARING

Docket call and hearings will occur either in-person or by video through Zoom. (If you need to attend your hearing by phone only, you will need to file a motion and obtain an order allowing appearance by phone three days prior to your hearing date. You can do this in Courtroom 202.)

In Person: Monday / Thursday – Courtroom 202
1116 W. Broadway, Spokane, WA 99260

By Video (Zoom): (1) Either: (a) log on to: zoom.us or (b) download Zoom app; (2) select "join"; (3) enter Commissioner's ID

Commissioner ID

- | | |
|---|--|
| <input type="checkbox"/> Chavez: 461 683 7190 | <input type="checkbox"/> Stewart: 968 843 4881 |
| <input type="checkbox"/> Pelc: 523 109 8521 | <input type="checkbox"/> Swennumson: 409 955 7821 |
| <input type="checkbox"/> Rugel: 680 342 2980 | <input type="checkbox"/> High-Edward: 823 091 1413 |
| <input type="checkbox"/> Ressa: 382 218 4754 | <input type="checkbox"/> Stine: 785 953 3691 |

If your case is ready for a hearing, you will be given a hearing time and zoom information at docket call. Most hearings will occur in the afternoon.

WHO TO CONTACT IF YOU HAVE TECHNICAL DIFFICULTIES

If you experience technical difficulties during docket or during your hearing, please immediately contact: (509) 477-5702 ext. 0 or email: familylaw@spokanecounty.org and leave a message with your name and contact information, including phone number and email.

HOW TO REQUEST AN INTERPRETER OR ACCOMMODATIONS FOR A DISABILITY

To request an interpreter contact: (509) 477-5790
To request accommodations for a disability contact: (509) 477-5790

Washington Crime Information Center (WACIC) Data Entry

It is ordered that the clerk of the 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 shall make private arrangements for service of this order.

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 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 RCW 10.14 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 - Harassment* 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 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).

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

Petitioner (Protected Person) Date of Birth

vs.

Respondent (Restrained Person) Date of Birth

No.

**Proof of Service
(RTS)**

Proof of Service

Server declares:

1. My name is _____ . I am 18 or older.
I am a peace officer not a party to this case.

2. **Able to Serve:**

Personal Service: I served the court documents checked in section 4 for this case
to (name of party) _____
on (date) _____ at (time) _____
by giving the documents directly to them at this address:
_____.

Electronic Service:

Important! Do not use electronic service if your case involves the surrender of firearms, transfer of child custody, removing respondent from the parties' shared residence, or an incarcerated respondent.

I served the court documents checked in section 4 for this case to
(name of party) _____
on (date) _____ at (time) _____ via

email text social media applications other technology

At the following email address/s, phone number/s, social media application and user
name, or other address: _____.

I received a read receipt or other reply from the receiving party (describe or
attach): _____.

Service by Mail: I served the court documents checked in section 4 for this case to
(name of party) _____

on (date) _____ at (time) _____
 I sent 2 copies of the documents, postage prepaid: one by ordinary, first-class mail and one by other mail with certified or tracking information (*attach receipts*). I sent the mail to this/these address/es: _____

3. Not Able to Serve:

- I was unable to make personal service on (name of party) _____
 I notified the serving party that service was not successful. Personal service was attempted on the following date/s _____
- Electronic service was attempted at the following address/es but it bounced back or was undeliverable _____
- I did not mail court documents to (name of party) _____
 because I do not know the party's last known address.

4. List of Documents:

Important! You must check or write in the title of **every** document that you served. Use the "Other Documents" box to write in the title of any document not already listed.

I served the following documents (*check all that apply*):

<p>New Domestic Violence Petition:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Petition for Order for Protection <input type="checkbox"/> Temporary Order for Protection and Notice of Hearing <input type="checkbox"/> Reissuance of Temporary Order for Protection and Notice of Hearing <input type="checkbox"/> Order to Surrender Weapons (issued without notice) and Notice of Hearing <input type="checkbox"/> Order Transferring Domestic Violence Case and Setting Hearing <input type="checkbox"/> Declaration/s of: _____ <input type="checkbox"/> Denial Order 	<p>New Vulnerable Adult Petition:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Petition for a Vulnerable Adult Order for Protection <input type="checkbox"/> Temporary Order for Protection and Notice of Hearing <input type="checkbox"/> Reissuance of Temporary Order for Protection and Notice of Hearing <input type="checkbox"/> Order to Surrender Weapons (issued without notice) and Notice of Hearing <input type="checkbox"/> Notice to Vulnerable Adult <input type="checkbox"/> Declaration/s of: _____ <input type="checkbox"/> Denial Order
<p>New Sexual Assault Petition:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Petition for a Sexual Assault Protection Order <input type="checkbox"/> Temporary Sexual Assault Protection Order and Notice of Hearing <input type="checkbox"/> Reissuance of Temporary Sexual Assault Protection Order and Notice of Hearing <input type="checkbox"/> Order to Surrender Weapons (issued without notice) and Notice of Hearing <input type="checkbox"/> Declaration/s of: _____ <input type="checkbox"/> Denial Order 	<p>New Harassment and/or Stalking Petition:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Petition for Order for Protection – Harassment and/or Stalking <input type="checkbox"/> Respondent Under Age 18 <input type="checkbox"/> Temporary Order for Protection and Notice of Hearing <input type="checkbox"/> Respondent Under Age 18 <input type="checkbox"/> Order to Surrender Weapons (issued without notice) and Notice of Hearing <input type="checkbox"/> Declaration/s of: _____ <input type="checkbox"/> Denial Order

<p>After a Full Hearing:</p> <p><input type="checkbox"/> Order for Protection</p> <p><input type="checkbox"/> Sexual Assault Protection Order</p> <p><input type="checkbox"/> Order for Protection – Vulnerable Adult</p> <p><input type="checkbox"/> Order for Protection – Harassment <input type="checkbox"/> Respondent Under Age 18</p> <p><input type="checkbox"/> Order for Protection – Stalking <input type="checkbox"/> Respondent Under Age 18</p> <p><input type="checkbox"/> Order to Surrender Weapons</p> <p><input type="checkbox"/> Order Realigning Parties and Notice of Hearing</p>	<p>Renewals:</p> <p><input type="checkbox"/> Petition for Renewal of Order for Protection and Notice of Hearing</p> <p><input type="checkbox"/> Order Setting Hearing on Renewal <input type="checkbox"/> and Extending Order until Hearing</p> <p><input type="checkbox"/> Ex Parte Temporary Order for Renewal of Order for Protection and Notice of Hearing</p> <p><input type="checkbox"/> Order for Renewal of Order for Protection</p> <hr/> <p><input type="checkbox"/> Motion and Declaration for Renewal of Sexual Assault Protection Order</p> <p><input type="checkbox"/> Order Setting Hearing – Sexual Assault</p> <p><input type="checkbox"/> Order on Motion for Renewal of Sexual Assault Protection Order</p>
<p>Motions:</p> <p><input type="checkbox"/> Motion to Modify/Terminate Order for Protection</p> <p><input type="checkbox"/> Motion for Surrender of Weapons</p> <p><input type="checkbox"/> Notice of Hearing</p> <p><input type="checkbox"/> Motion to Realign Parties</p>	<p>After a Motion Hearing:</p> <p><input type="checkbox"/> Order Modifying/Terminating Order for Protection</p> <p><input type="checkbox"/> Order to Surrender Weapons</p>
<p>Other Documents:</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p>	

5. Fees Charged for Service:

Does not apply.
 Fees: \$ _____ + Mileage \$ _____ = Total: \$ _____

6. Other: _____

I declare under penalty of perjury under the laws of the state of Washington that the statements on this form are true.

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

Signature of server

Print or type name of server

Law Enforcement Agency (if any)