

**APPLICATION
PACKET
ORDER OF
PROTECTION
DOMESTIC
VIOLATION**

**INSTRUCTION FOR COMPLETING
DOMESTIC VIOLENCE PROTECTION ORDERS**

Once the paperwork is complete, all paperwork must be taken to Ex Parte Courtroom 202 between the hours of 9:00 AM-12:00 Noon and 1:30 PM to 4:00 PM Monday/Wednesday/Friday or 1:30 PM to 4:00 PM Tuesday/Thursday.

**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.

Application For Petition For An Order Of Protection

--Complete this entire document.

Complete Firearm Identification Worksheet

Petition For An Order For Protection

(From Domestic Violence)

--Complete all seven(7) pages.

Child Custody Information Sheet

--Complete this entire document if applicable.

Confidential Information Form(INFO)

--Complete both pages.

--If you have more than two(2)children involved ask for Addendum.

Temporary Protection Order

--Complete all five(5) pages.

Return of Service

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

**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
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:						
	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:

APPLICATION FOR PETITION FOR AN ORDER OF PROTECTION

I am _____
(Print Name)

I certify under penalty of perjury under the Laws of the State of Washington that the following statements are true and correct:

Check if any of the following legal proceedings have been started by either yourself (Petitioner) or Respondent:

- Petition for Order of Protection (Domestic Violence)
- Petition for Order of Unlawful Harassment
- Petition for Dissolution of Marriage (Divorce)
- Petition for Legal Separation
- Petition for Custody / Paternity
- Any proceeding in Juvenile Court

For each legal proceeding which has been started, please provide the following information:

- (1) Type of Proceeding: _____
- (2) Date: Started: _____
- (3) County and State where Commenced: _____
- _____
- (4) Cause Number: _____

- (1) Type of Proceeding: _____
- (2) Date Started: _____
- (3) County and State where Commenced: _____
- _____
- (4) Cause Number: _____

PETITION FOR ORDER OF PROTECTION AND/OR STALKING

If you previously filed for an Order of Protection, please provide the following information:

- (1) Date Commenced: _____
- (2) State and County where Commenced: _____
- _____
- (3) Cause Number: _____
- (4) Title of Court where Petition Filed: _____
(i.e., District Court, Superior Court, Municipal Court
(name of city))

If you have been the Respondent in a Petition for Order of Protection, please provide the following information:

- (1) Name of Petitioner: _____
- (2) Date Commenced: _____
- (3) State and County where Commenced: _____
- _____
- (4) Cause Number: _____
- (5) Title of Court where Petition Filed: _____
(i.e., District Court, Superior Court, Municipal Court
(name of city))

Date: _____

Signature: _____

Name: _____ Case #: _____

Firearm Identification Worksheet

1. Does the respondent own or have access to firearm(s)? Yes No Unknown
2. Has the respondent used the firearm to threaten or intimidate you? Yes No
****Please describe this threat on Page 5 of 7 of the Petition for Order of Protection**
 - When did they last threaten you with it? _____
 - Did you report the incident to the police? Yes No
 - Which Law Enforcement Agency? _____
3. When was the last time you saw the firearm(s)? _____
4. Where does the respondent keeps the firearm(s)?
On His/Her Person In their Car In their Home Storage Unit In a Safe
5. What does the respondent generally use the firearm for? (Circle all that apply)
Hunting Collecting Target Shooting Protection Other: _____
6. Does the respondent possess explosives? Yes No Unknown

If you recognize any of the guns below as similar to the one(s) the respondent has, please circle it and write in the circle how many you think they have.

Semi-automatic Handgun



Revolver



Shotgun



Rifle



Semi-automatic Rifle



Signed: _____ Dated: _____

*Statement must be completed on Page 5 of 7 of the Petition for Order for Protection.

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

Petitioner

vs.

Respondent

No.

**Petition for Order for Protection
(PTORPRT)**

<p>1. <input type="checkbox"/> I am a victim of domestic violence committed by the respondent. <input type="checkbox"/> A member of my family or household is a victim of domestic violence committed by the respondent. <input type="checkbox"/> I am a <input type="checkbox"/> guardian <input type="checkbox"/> guardian ad litem <input type="checkbox"/> next friend of a minor who is 13 to 15 years of age and is a victim of domestic violence in a dating relationship with a person age 16 or older. The name of the minor victim is _____ This person's identifying information is provided in paragraph 5 below.</p>	
<p>2. <input type="checkbox"/> The victim lives in this county. <input type="checkbox"/> The victim left their residence because of abuse and this is the county of their new or former residence.</p>	
<p>3. The victim's age is: <input type="checkbox"/> Under 16 <input type="checkbox"/> 16 or 17 <input type="checkbox"/> 18 or over</p>	<p>Respondent's age is: <input type="checkbox"/> Under 16 <input type="checkbox"/> 16 or 17 <input type="checkbox"/> 18 or over</p>
<p>4. The victim and the respondent are: <input type="checkbox"/> Intimate Partners because they are: <input type="checkbox"/> current or former spouses or domestic partners <input type="checkbox"/> parents of a child-in-common <input type="checkbox"/> age 16 or older and are/were in a dating relationship, and are currently residing together or resided together in the past <input type="checkbox"/> age 16 or older and are/were in a dating relationship, but have <i>never</i> resided together. <input type="checkbox"/> Family or household members because they are: <input type="checkbox"/> current or former adult cohabitants as roommates <input type="checkbox"/> adult in-laws <input type="checkbox"/> adults related by blood <input type="checkbox"/> parent and child <input type="checkbox"/> stepparent and stepchild <input type="checkbox"/> grandparent and grandchild.</p>	

5. Identification of Minors (if applicable) No Minors involved.

Name (First, Middle Initial, Last)	Age	Race	Sex	How Related to		Resides with
				Petitioner	Respondent	

6. Other court cases or other restraining, protection or no-contact orders involving me, the minors and the respondent:

Case Name			
Case Number			
Court/County			

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

¹ **Restrain** respondent from causing any physical harm, bodily injury, assault, including sexual assault, and from molesting, harassing, threatening, or stalking me the minors named in paragraph 5 above these minors only:

(If the court orders this relief, and you and the respondent are current or former spouses or domestic partners, parents of a child-in-common, age 16 or older and are/were in a dating relationship, and are currently residing together or resided together in the past, age 16 or older and are/were in a dating relationship, but have *never* resided together, the respondent will not be able to obtain or possess a firearm, other dangerous weapon, ammunition, or concealed pistol license for the duration of the order.)

² **Restrain** respondent from harassing, following, keeping under physical or electronic surveillance, cyberstalking as defined in RCW 9.61.260, and using telephonic, audiovisual, or other electronic means to monitor the actions, locations, or wire or electronic communication of me the minors named in paragraph 5 above only the minors listed below; members of the victim's household listed below the victim's adult children listed below:

³ **Restrain** respondent from coming near and from having any contact whatsoever, in person or through others, by phone, mail, or any means, directly or indirectly, except for mailing of court documents, with me the minors named in paragraph 5 above, subject to any court-ordered visitation these minors only, subject to any court-ordered visitation:

⁴ **Exclude** respondent from our shared residence my residence my workplace my school the residence, day care, or school of the minors named in paragraph 5 above these minors only:
 other:

You have a right to keep your residential address confidential.

<p>⁵ <input type="checkbox"/> Direct respondent to vacate our shared residence and restore it to me.</p>
<p>⁶ <input type="checkbox"/> Prohibit respondent from knowingly coming within, or knowingly remaining within _____ (distance) of <input type="checkbox"/> our shared residence <input type="checkbox"/> my residence <input type="checkbox"/> my workplace <input type="checkbox"/> my school <input type="checkbox"/> the day care or school of <input type="checkbox"/> the minors named in paragraph 5 above. <input type="checkbox"/> these minors only: <input type="checkbox"/> other:</p>
<p>⁷ <input type="checkbox"/> Grant me possession of essential personal belongings, including the following:</p>
<p>⁸ <input type="checkbox"/> Grant me use of the following vehicle: Year, Make & Model _____ License No. _____</p>
<p>⁹ <input type="checkbox"/> Other.</p>
<p>Protection involving a minor:</p>
<p>¹⁰ <input type="checkbox"/> Subject to any court-ordered visitation, Grant me the care, custody and control of <input type="checkbox"/> the minors named in paragraph 5 above <input type="checkbox"/> these minors only:</p>
<p>¹¹ <input type="checkbox"/> Restrain respondent from interfering with my physical or legal custody of <input type="checkbox"/> the minors named in paragraph 5 above <input type="checkbox"/> these minors only:</p>
<p>¹² <input type="checkbox"/> Restrain the respondent from removing from the state: <input type="checkbox"/> the minors named in paragraph 5 above <input type="checkbox"/> these minors only:</p>
<p>Additional Requests:</p>
<p>¹³ <input type="checkbox"/> Direct the respondent to participate in appropriate treatment or counseling services.</p>
<p>¹⁴ <input type="checkbox"/> Require the respondent to pay the fees and costs of this action.</p>
<p>¹⁵ <input type="checkbox"/> Remain Effective longer than one year because respondent is likely to resume acts of domestic violence against me if the order expires in a year.</p>
<p>Protection involving pets.</p>
<p>¹⁶ <input type="checkbox"/> Grant me exclusive custody and control of the following pet(s) owned, possessed, leased, kept, or held by me, respondent, or a minor child residing with either me or the respondent. (Specify name of pet and type of animal.): _____</p>

¹⁷ **Prohibit** respondent from interfering with my efforts to remove the pet(s) named above.

¹⁸ **Prohibit** respondent from knowingly coming within, or knowingly remaining within _____ (distance) of the following locations where the pet(s) are regularly found:

petitioner's residence (You have a right to keep your residential address confidential.)

_____ Park

other: _____

Protection from Firearms and Other Dangerous Weapons

¹⁹ **Require** the respondent to surrender all firearms, other dangerous weapons, and any concealed pistol licenses, and prohibit the respondent from accessing, obtaining, or possessing firearms, other dangerous weapons, or concealed pistol licenses.

Notice: If you **are** the respondent's intimate partner, after actual notice and an opportunity to be heard at the hearing, the court may be required to order the respondent to surrender firearms, other dangerous weapons, or concealed pistol licenses.

I want emergency temporary protection effective immediately, that lasts (up to 14 days) until the court hearing:

An emergency exists as described below. I request that a **Temporary Order for Protection** granting the relief requested above in 1) through 12) be issued immediately, without prior notice to the respondent, to be effective until the hearing.

I also request temporary surrender all firearms, other dangerous weapons, and any 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?

Request for Special Assistance from Law Enforcement Agencies:

I request the court order the appropriate law enforcement agency to assist me in obtaining:

Possession of my residence. Possession of the vehicle designated above.

Possession of my essential personal belongings at the shared residence

respondent's residence

other location _____

Custody of the minors named in paragraph 5 above these minors only (if applicable):

Describe any violence or threats towards children: _____

Describe any stalking behavior by respondent, including use of telephonic, audiovisual or electronic means to harass or monitor: _____

Describe medical treatment you received and for what: _____

Describe any threats of suicide or suicidal behavior by the respondent: _____

Does the respondent own or possess firearms? Yes No

Does the respondent use firearms, weapons or objects to threaten or harm you? Please describe: _____

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

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

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 any individual?

Please describe:

If you are requesting that the protection order lasts longer than one year, describe the reasons why:

Other: _____

(Continue on separate page if necessary.)

Check box if substance abuse is involved: alcohol drugs other

Personal service cannot be made upon respondent within the state of Washington.

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

Dated: _____ at _____, Washington.

Signature of Petitioner

You have a right to keep your residential address confidential. If you have one, please provide an address, other than your residence, where you may receive legal documents: _____

<input type="checkbox"/>	<p>This state is the home state of the children because:</p> <ul style="list-style-type: none"> <input type="checkbox"/> the children lived in Washington with a parent or a person acting as a parent for at least six consecutive months immediately before the beginning of this proceeding. <input type="checkbox"/> the children are less than six months old and have lived in Washington with a parent or a person acting as parent since birth. <input type="checkbox"/> any absences from Washington have been only temporary. <input type="checkbox"/> Washington was the home state of the children within six months before the beginning of this proceeding and the children are absent from the state; but a parent or person acting as a parent continues to live in this state.
<input type="checkbox"/>	<p>The children and the parents, or the children and at least one parent or a person acting as a parent, have significant connections with this state other than mere physical presence; and substantial evidence is available in this state concerning the children's care, protection, training and personal relationships and</p> <ul style="list-style-type: none"> <input type="checkbox"/> the children have no home state elsewhere. <input type="checkbox"/> the children's home state has declined to exercise jurisdiction on the ground that this state is the more appropriate forum under RCW 26.27.261 or 271.
<input type="checkbox"/>	<p>All courts in the children's home state have declined to exercise jurisdiction on the ground that a court of this state is the more appropriate forum to determine the custody of the children under RCW 26.27.261 or .271.</p>
<input type="checkbox"/>	<p>No other state has jurisdiction.</p>
<input type="checkbox"/>	<p>This court has temporary emergency jurisdiction over this proceeding because the children are present in this state and the children have been abandoned, or it is necessary in an emergency to protect the children because the children, or a sibling or parent of the children is subjected to or threatened with abuse. RCW 26.27.231.</p>

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

Dated _____ at _____, Washington

Petitioner

**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

3. Respondent is **restrained** from coming near and from having any contact whatsoever, in person or through others, by phone, mail, or any means, directly or indirectly, except for mailing or service of process of court documents by a 3rd party or contact by respondent's lawyer(s) with petitioner the minors named in the table above these minors only:

4. Respondent is **restrained** from going onto the grounds of or entering petitioner's residence workplace school the daycare or school of the minors named in the table above these minors only:
 other:
 Petitioner's address is confidential. Petitioner waives confidentiality of the address which is:

5. Petitioner shall have exclusive right to the residence petitioner and respondent share. The respondent shall immediately **vacate** the residence. The respondent may take respondent's personal clothing and respondent's tools of trade from the residence while a law enforcement officer is present. This address is confidential. Petitioner waives confidentiality of this address which is:

6. Respondent is **prohibited** from knowingly coming within, or knowingly remaining within _____ (distance) of: petitioner's residence workplace school the daycare or school of the minors named in the table above these minors only:
 other:

7. Petitioner shall have possession of essential personal belongings, including the following:

8. Petitioner is granted use of the following vehicle:
Year, Make, & Model _____ License No. _____

9. **Other.**

Protection for minors:

10. Petitioner is **granted** the temporary care, custody, and control of the minors named in the table above these minors only:

11. Respondent is **restrained** from interfering with petitioner's physical or legal custody of the minors named in the table above these minors only:

12. Respondent is **restrained** from removing from the state the minors named in the table above these minors only:

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.)

The respondent is directed to appear and show cause why this temporary order should not be made effective for one year or more and why the court should not order the relief requested by the petitioner or other relief which may include electronic monitoring, payment of costs, and treatment. **Failure to Appear at the Hearing May Result in the Court Granting Such Relief. The Next Hearing Date is Shown on Page One.**

Warnings to Respondent: A violation of provisions 1 through 6 of this order with actual notice of its terms is a criminal offense under chapter 26.50 RCW and will subject you to arrest. If the violation of the protection order involves travel across a state line or the boundary of a tribal jurisdiction, or involves conduct within the special maritime and territorial jurisdiction of the United States, which includes tribal lands, you may be subject to criminal prosecution in federal court under 18 U.S.C. § 2261, 2261A, or 2262.

A violation of provisions 1 through 6 of this order is a gross misdemeanor unless one of the following conditions apply: Any assault that is a violation of this order and that does not amount to assault in the first degree or second degree under RCW 9A.36.011 or 9A.36.021 is a class C felony. Any conduct in violation of this order that is reckless and creates a substantial risk of death or serious physical injury to another person is a class C felony. Also, a violation of this order is a class C felony if you have at least two previous convictions for violating a protection order issued under Titles 7, 10, 26 or 74 RCW.

If the court issues a final protection order, and your relationship to the petitioner is that of spouse or former spouse, parent of a common child, or former or current cohabitant as intimate partner, including a current or former registered domestic partner, you may not possess a firearm or ammunition for as long as that final protection order is in effect. 18 U.S.C. § 922(g)(8). A violation of this federal firearms law carries a maximum possible penalty of 10 years in prison and a \$250,000 fine. An exception exists for law enforcement officers and military personnel when carrying department/government-issued

firearms. 18 U.S.C. § 925(a)(1). If you are convicted of an offense of domestic violence, you will be forbidden for life from possessing a firearm or ammunition. 18 U.S.C. § 922(g)(9); RCW 9.41.040.

You Can Be Arrested Even if the Person or Persons Who Obtained the Order Invite or Allow You to Violate the Order's Prohibitions. You have the sole responsibility to avoid or refrain from violating the order's provisions. Only the court can change the order upon written application.

Pursuant to 18 U.S.C. § 2265, a court in any of the 50 states, the District of Columbia, Puerto Rico, any United States territory, and any tribal land within the United States shall accord full faith and credit to the order.

Warning: A person may be guilty of custodial interference in the second degree if they violate provisions 10, 11, or 12.

HOW TO ATTEND YOUR HEARING

Docket call and hearings will occur either in-person or by video through Zoom. (If you would like 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 and Thursday – Courtroom 202

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) Date Entry

It is further ordered that the clerk of the court shall forward a copy of this order 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 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.
 (Only if surrender of weapons not ordered) Petitioner has made private arrangements for service of this order.

Law Enforcement Assistance

- Law enforcement shall assist petitioner in obtaining:
 Possession of petitioner's residence personal belongings located at: the shared residence respondent's residence other: _____
 Custody of the above-named minors, including taking physical custody for delivery to petitioner (if applicable).
 Other: _____

Dated: _____ at _____ a.m./p.m. _____
Judge/Commissioner

Presented by:

> _____
Signature of Petitioner/Lawyer WSBA No. Print Name

**The 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)