

**SEXUAL  
ASSAULT  
PROTECTION  
ORDER  
PACKET**

**INSTRUCTION FOR COMPLETING  
SEXUAL ASSAULT PROTECTION ORDERS**

Once the paperwork is complete, all paperwork must be taken to Courtroom 304 between the hours of 9:00-12:00 and/or 1:30 - 4:00, Monday through Friday.

**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.

**Petition For Sexual Assault Protection Order**

--Complete all five(5) pages.

**Confidential Information Form(INFO)**

--Complete both pages.

**Temporary Sexual Assault Protection Order/Note for Hearing**

--Complete all four (4) 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.)

<b>Name:</b> 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:			

<b>Where can the restrained person be served?</b> <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: ( )			
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.)

<b>Name:</b> First                                      Middle                                      Last								
Date of Birth	Sex	Race	Height	Weight	Eye Color	Hair Color	Skin Tone	Build
If your information <b><i>is not confidential</i></b> , you must enter your address and phone number(s) below.								
Current Address Street: City:                                      State:                                      Zip:						Phone(s) w/Area Code		
Email address:						Need interpreter? [ ] No [ ] Yes If yes, language:		
If your information <b><i>is confidential</i></b> , 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.*

<b>1</b>	<b>Name:</b> First                                      Middle                                      Last							
	Birth Date		Sex		Race		Resides With	
	Relationship to Protected Person:				Relationship to Restrained Person:			
<b>2</b>	<b>Name:</b> First                                      Middle                                      Last							
	Birth Date		Sex		Race		Resides With	
	Relationship to Protected Person:				Relationship to Restrained Person:			
<b>3</b>	<b>Name:</b> First                                      Middle                                      Last							
	Birth Date		Sex		Race		Resides With	
	Relationship to Protected Person:				Relationship to Restrained Person:			
<b>4</b>	<b>Name:</b> 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:

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

\_\_\_\_\_  
Petitioner (Person to be protected)  
vs.

\_\_\_\_\_  
Respondent (Person to be restrained)

No.

**Petition for Sexual Assault  
Protection Order  
(PTORSXP)**

1. Petitioner is a victim of nonconsensual sexual conduct or nonconsensual sexual penetration committed by the respondent as described in the statement below.

I am filing on behalf of myself and I am 16 years or older.

I am filing on behalf of a minor, age \_\_\_\_\_.  
My relationship to the minor is \_\_\_\_\_.  
My name is \_\_\_\_\_.

I am filing on behalf of a vulnerable adult as defined in RCW 74.34.020 or 74.34.021; or other adult who, because of age, disability, health or inaccessibility, cannot file the petition. My relationship to the vulnerable adult or other adult is \_\_\_\_\_.

My name is \_\_\_\_\_.

2. Petitioner lives in  this city  this county.

3. Respondent's age is:

Under 16  16 or 17  18 or over

(Complete this if known.) If the respondent is under age 18, the name(s) of the minor's parent(s) or legal guardian(s) is/are:

4. Is respondent a service member or a dependent of a service member?

yes  no  unknown

5. Petitioner's relationship to respondent is:

6. Petitioner may be served with legal documents at: \_\_\_\_\_  
\_\_\_\_\_. (If disclosure of petitioner's address would risk abuse or harassment of the petitioner or the petitioner's family or household members, petitioner must list an alternate address.)

7. Other court cases or other restraining, protection, or no-contact orders involving the petitioner and the respondent:

<b>Case Name</b>			
<b>Case Number</b>			
<b>Court/County/State</b>			

**Petitioner Requests a Sexual Assault Protection Order**, following a hearing, that will grant the relief requested below:

1. **Restrain** respondent from having any contact with petitioner, including but not limited to telephone calls, mail, written notes, email, texting, and social media (such as Facebook, and Twitter), directly, indirectly, or through third parties regardless of whether those third parties know of the order.

2. **Exclude** respondent from the following places:

- Petitioner's residence
- Petitioner's workplace
- Petitioner's school
- Petitioner's day care
- Other:

3. **Prohibit** respondent from knowingly coming within, or knowingly remaining within \_\_\_\_\_ (distance) of:

- Petitioner's residence
- Petitioner's workplace
- Petitioner's school
- Petitioner's day care
- Other:

4. **Other**.

5. **Restrain** respondent from attending \_\_\_\_\_ school at \_\_\_\_\_ (address) attended by the petitioner and **order** respondent to transfer to a different school. (If this relief is granted, respondent or respondent's parents or legal guardians will be responsible for transportation and all other costs associated with change of school.)

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

**Emergency temporary protection (up to 14 days) until the court hearing:**

- [ ] An emergency exists as described below. I request that a **Temporary Sexual Assault Protection Order** granting the relief requested above in 1 through 4 be issued immediately, without prior notice to respondent, to be effective until the hearing.

Describe the harm the temporary order is intended to prevent that would be likely to occur if respondent were given prior notice.

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- [ ] I also request temporary surrender and prohibition of 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 injury (harm beyond repair) could result if an order is not issued immediately without prior notice to respondent?

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A Sexual Assault Protection Order is available to protect a victim of nonconsensual sexual conduct or nonconsensual sexual penetration, including a single incident of nonconsensual sexual conduct or nonconsensual sexual penetration, from future interactions with the assailant. **Nonconsensual** means a lack of freely given agreement. **Sexual conduct** means any of the following: (a) any intentional or knowing touching or fondling of the genitals, anus, or breasts, directly or indirectly, including through clothing; (b) any intentional or knowing display of the genitals, anus, or breasts for the purposes of arousal or sexual gratification of the respondent; (c) any intentional or knowing touching or fondling of the genitals, anus, or breasts, directly or indirectly, including through clothing, that the petitioner is forced to perform by another person or the respondent; (d) any forced display of the petitioner's genitals, anus, or breasts for the purposes of arousal or sexual gratification of the respondent or others; (e) any intentional or knowing touching of the clothed or unclothed body of a child under the age of 13, if done for the purpose of sexual gratification or arousal of the respondent or others; and (f) any coerced or forced touching or fondling by a child under the age of thirteen, directly or indirectly, including through clothing, of the genitals, anus, or breasts of the respondent or others. **Sexual Penetration** means any contact, however slight, between the sex organ or anus of one person by an object, the sex organ, mouth or anus of another person, or any intrusion, however slight, of any part of the body of one person or of any animal or object into the sex organ or anus of another person, including but not limited to cunnilingus, fellatio, or anal penetration. Evidence of emission of semen is not required to prove sexual penetration.







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

\_\_\_\_\_  
Petitioner (Protected Person)

\_\_\_\_\_  
DOB

vs.

\_\_\_\_\_  
Respondent (Restrained Person)

\_\_\_\_\_  
DOB

No.

**Temporary Sexual Assault Protection  
Order and Notice of Hearing  
(TMORSXP) (JIS Order Code: TSX)**

Clerk's Action Required

**Next Hearing Date/Time: 8:30 AM**

**At: West 1116 Broadway  
Spokane, WA. 99260**

**FOR INSTRUCTIONS ON HOW TO ATTEND  
YOUR HEARING SEE PAGE TWO.**

1. **The court finds** by a preponderance of the evidence that Petitioner is a victim of nonconsensual sexual conduct or nonconsensual sexual penetration as defined in RCW 7.90.010 by the respondent; Chapter 26.50 RCW does not apply; and:

Petitioner is 16 years of age or older.

Petitioner is a minor child, age \_\_\_\_\_, on whose behalf the petition is brought. Petitioner's parent(s) or legal guardian(s) are bringing this action and are appointed as the petitioner's guardian ad litem for this proceeding.

Petitioner is a vulnerable adult as defined in RCW 74.34.020 or 74.34.021; or other adult who, because of age, disability, health, or inaccessibility, cannot file the petition.

2.  Respondent is under 16 years of age. The court will determine at the next hearing whether Respondent's parent or guardian or an attorney should be appointed as guardian ad litem to represent the respondent in this proceeding.

**The court further finds** that there is good cause to grant each remedy, regardless of the lack of prior service of process or of notice upon the respondent, because the harm which each remedy is intended to prevent or the irreparable injury which the surrender of all firearms, other dangerous weapons, and concealed pistol licenses is intended to prevent would be likely to occur if the respondent were given any prior notice, or greater notice than was actually given, of the petitioner's efforts to obtain judicial relief. **It is therefore ordered:**

1. **No Contact:** Respondent is **restrained** from having any contact with the petitioner, including but not limited to telephone calls, mail, written notes, e-mail, texting, and social media (such as Facebook and Twitter), directly, indirectly, or through third parties regardless of whether those third parties know of the order.

<input type="checkbox"/> <b>2. Exclude from place:</b> Respondent is <b>excluded</b> from the following places: <input type="checkbox"/> Petitioner's residence <input type="checkbox"/> Petitioner's workplace <input type="checkbox"/> Petitioner's school <input type="checkbox"/> Petitioner's day care <input type="checkbox"/> Other:
<input type="checkbox"/> <b>3. Stay Away:</b> Respondent is <b>prohibited</b> from knowingly coming within, or knowingly remaining within _____ (distance) of: <input type="checkbox"/> Petitioner's residence <input type="checkbox"/> Petitioner's workplace <input type="checkbox"/> Petitioner's school <input type="checkbox"/> Petitioner's day care <input type="checkbox"/> Other:
<input type="checkbox"/> <b>4. Other:</b>

**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 and 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](mailto: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

**[ ] 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 may file a *Respondent's Petition to Reopen Temporary Sexual Assault Protection Order*, form SA 6.050, if the respondent did not receive actual prior notice of the hearing and if the respondent alleges that he or she had a meritorious defense to the order or that the order or its remedy is not authorized by chapter 7.90 RCW.

**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 the summons, if applicable, petition, and temporary 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 the summons, if applicable, petition, and temporary order and shall promptly complete and return to this court proof of service.

[ ] The clerk of the court shall also electronically forward a copy of the summons, if applicable, petition and temporary order on or before the next judicial day to \_\_\_\_\_ [ ] County Sheriff's Office [ ] Police Department for service of the summons, if applicable, petition and temporary order upon \_\_\_\_\_ (Respondent's Parent(s) or Legal Guardian(s)) at: \_\_\_\_\_ and shall promptly complete and return to this court a Return of Service.

[ ] (Only if surrender of weapons not ordered) Petitioner has made private arrangements for service of the summons, if applicable, petition, and temporary order. (A Return of Service shall be filed with the court at or before the next hearing.)

[ ] Respondent appeared in person before the court and was served a copy of the summons, if applicable, petition, and temporary order by the court; further service is not required under RCW 7.90.140(6).

**The respondent is directed to appear and show cause why this temporary sexual assault protection order should not be made effective for up to two years and why the court should not order the relief requested by the petitioner. If Respondent is under 16 years of age then his or her parent(s) or legal guardian(s) shall also appear.**

**Failure to appear at the hearing may result in the court granting all of the relief requested in the petition.**

**Warnings to the Respondent:** A knowing violation of this sexual assault protection order is a criminal offense under chapter 26.50 RCW and *will subject a violator to arrest*. You can be arrested even if any person protected by the order invites or allows 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.

**This temporary sexual assault protection order is effective until the next hearing date shown on page one.**

Dated: \_\_\_\_\_ at \_\_\_\_\_ a.m./p.m. \_\_\_\_\_

**Judge/Pro Tem/Commissioner**

Presented by:

\_\_\_\_\_  
 Signature of Petitioner/Lawyer    WSBA No.    Print Name

\_\_\_\_\_  
 Signature of Person Filing on Behalf of Petitioner    Print Name

**The petitioner or the petitioner's lawyer must complete a Law Enforcement Information Sheet (LEIS).**

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

<p><b>After a Full Hearing:</b></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><b>Renewals:</b></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><b>Motions:</b></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><b>After a Motion Hearing:</b></p> <p><input type="checkbox"/> Order Modifying/Terminating Order for Protection</p> <p><input type="checkbox"/> Order to Surrender Weapons</p>
<p><b>Other Documents:</b></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)*