

VULNERABLE

ADULT

PROTECTION

ORDER

PACKET

**INSTRUCTION FOR COMPLETING
VULNERABLE ADULT 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 Vulnerable Order For Protection

--Complete all seven(7) pages.

Notice to the Vulnerable Adult

Complete both pages

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"/> Unlawful Harassment	<input type="checkbox"/> Stalking
<input type="checkbox"/> Dissolution/Separation/Invalidity/Paternity/Parenting Plan	
<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 is not confidential , 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 is confidential , 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:

**Superior Court of Washington
For Spokane County**

In re the Matter of:

_____ a Vulnerable Adult (Person to be Protected)

_____ Respondent (Person to be Restrained)

No. _____

**Petition for Vulnerable Adult
Order for Protection
(PTORVA)**

1. Identification of Petitioner:

My name is (please print)

- _____.
- I am a vulnerable adult filing on my own behalf.
 - I am filing on behalf of a vulnerable adult, and (select one of the options below):
 - I am the vulnerable adult's guardian, conservator, or legal fiduciary.
 - I am an interested person as defined in RCW 74.34.020(12).
 - DSHS petitions on behalf of the vulnerable adult who:
 - has consented to this petition.
 - lacks the capacity or ability to consent to this petition.

2. Respondent's relationship to the vulnerable adult is (check all that apply):

- Spouse or former spouse.
- Parent of a common child.
- Current or former cohabitant as intimate partner.
- Other family member (describe):

- Care provider.
- Guardian.
- Trustee.
- Payee.
- Power of Attorney.
- Other: _____

3. The vulnerable adult (check all that apply):

- Is over 60 years old and does not have the functional, mental, or physical ability to care for themselves.
- Is subject to guardianship and/or conservatorship under Chapter 11.130 RCW.
- Has a developmental disability as defined in RCW 71A.10.020.
- Self-directs their own care and receives services from a personal aide under RCW 74.39.
- Is receiving services from a home health, hospice, or home care agency licensed or required to be licensed under RCW 70.127.
- Is receiving in-home services from an individual provider under contract with DSHS
- Has been admitted to a boarding home, nursing home, adult family home, soldiers' home, residential habilitation center, or any other facility licensed by DSHS.

4. The vulnerable adult lives in this county *or* This is the county of the vulnerable adult's new or former residence and he or she left or was removed from his or her previous residence as a result of, or to prevent, abandonment, abuse, personal exploitation, improper use of restraints, neglect, or financial exploitation.

5. My address for receiving legal documents is: _____

(If you wish to keep your residential address **confidential**, you may list an alternate address.)

6. My relationship to the vulnerable adult and authority to act:
(If you are filing on your own behalf, or if you are filing as DSHS, go to paragraph 7.)

I am the vulnerable adult's guardian/conservator, or limited guardian/conservator. I was appointed in _____ County, State of _____ Cause No: _____ on or about _____ (date). (Attach a copy of your letters or order appointing guardian/conservator, if available.)

On _____ (date) I imposed an emergency restriction on the vulnerable adult's right to associate with the respondent, to protect the vulnerable adult.

I am the vulnerable adult's legal fiduciary. I was appointed trustee power of attorney on or about _____ (date). (Attach a copy of your relevant documents, if available.)

I am interested in the welfare of the vulnerable adult. I have a good faith belief that the court's intervention is necessary and that the vulnerable adult is unable at this time to protect their own interests due to incapacity, undue influence, or duress.
Describe the length and nature of your relationship to the vulnerable adult: _____

Describe the incapacity, undue influence, or duress that makes the vulnerable adult unable to protect their own interests: _____

7. Do you know of any person who is or claims to be the guardian, conservator, or legal fiduciary (such as, trustee, payee, power of attorney) of the vulnerable adult? [] no [] yes.
If yes, provide name and address: _____

8. Other court cases or other restraining, protection or no-contact orders involving the petitioner, the vulnerable adult or the respondent:

Case Name	Case Number	Court/County

I Request a Vulnerable Adult Protection Order that will grant the relief requested below:

¹ **Restrain** the respondent from committing or threatening to commit physical harm, bodily injury, assault, including sexual assault, against the vulnerable adult and from molesting, harassing, or stalking the vulnerable adult.

(If the court orders this relief after a hearing and the respondent is the vulnerable adult's spouse or former spouse, the parent of a common child, a current or former cohabitant as intimate partner, the respondent will be prohibited from possessing a firearm or ammunition under federal law for the duration of this order. An exception exists for law enforcement officers and military personnel when carrying department/government-issued firearms. 18 U.S.C. § 925(a)(1).)

² **Restrain** the respondent from committing or threatening to commit acts of abandonment, abuse, personal exploitation, improper use of restraints, neglect, or financial exploitation against the vulnerable adult.

³ **Exclude** the respondent from the vulnerable adult's residence.

⁴ **Restrain** the respondent from coming near and from having any contact with the vulnerable adult, in person or through others, by phone, mail, or any means, directly or indirectly, except through an attorney, or mailing or delivery by a third party of court documents.

⁵ **Prohibit** the respondent from knowingly coming within, or knowingly remaining within _____ (distance) of the vulnerable adult's residence workplace adult day program; the premises of the long-term care facility where the vulnerable adult resides.

other: _____

⁶ **Require** the respondent to provide an accounting of the disposition of the vulnerable adult's income or other resources.

⁷ **Restrain** the respondent from transferring the vulnerable adult's property for up to 90 days.

⁸ **Restrain** the respondent from transferring respondent's property for up to 90 days.

⁹ **Require** the respondent to pay a filing fee, court costs including service fees, and costs incurred in bringing this action, including attorney's fees.

¹⁰ **Other:**

Request for a Temporary Vulnerable Adult Protection Order: *An Emergency Exists* as described in the statement below. The vulnerable adult needs a temporary protection order issued immediately, without prior notice to the respondent, that grants the relief requested above.

Request for Special Assistance From Law Enforcement Agencies: I request the court order the appropriate law enforcement agency to assist the vulnerable adult in obtaining:

A **Vulnerable Adult protection order** is available to protect a vulnerable adult from abandonment, abuse, financial exploitation or neglect.

"Abandonment" means action or inaction by a person or entity with a duty of care for a vulnerable adult that leaves the vulnerable person without the means or ability to obtain necessary food, clothing, shelter, or health care.

"Abuse" means the willful action or inaction that inflicts injury, unreasonable confinement, intimidation, or punishment on a vulnerable adult. In instances of abuse of a vulnerable adult who is unable to express or demonstrate physical harm, pain, or mental anguish, the abuse is presumed to cause physical harm, pain, or mental anguish. Abuse includes sexual abuse, mental abuse, physical abuse, and personal exploitation of a vulnerable adult, and improper use of restraints against a vulnerable adult, which have the following meanings:

(a) **"Sexual abuse"** means any form of nonconsensual sexual conduct including, but not limited to, unwanted or inappropriate touching, rape, sodomy, sexual coercion, sexually explicit photographing, and sexual harassment. Sexual abuse also includes any sexual conduct between a staff person, who is not also a resident or client, of a facility or a staff person of a program authorized under RCW 71A.12, and a vulnerable adult living in that facility or receiving service from a program authorized under RCW 71A.12, whether or not it is consensual.

(b) **"Physical abuse"** means the willful action of inflicting bodily injury or physical mistreatment. Physical abuse includes, but is not limited to, striking with or without an object, slapping, pinching, choking, kicking, shoving, or prodding.

(c) **"Mental abuse"** means a willful verbal or nonverbal action that threatens, humiliates, harasses, coerces, intimidates, isolates, unreasonably confines, or punishes a vulnerable adult. Mental abuse may include ridiculing, yelling, or swearing.

"Isolate" or **"isolation"** means to restrict a vulnerable adult's ability to communicate, visit, interact, or otherwise associate with persons of his or her choosing. Isolation may be evidenced by acts including but not limited to:

- (1) Acts that prevent a vulnerable adult from sending, making, or receiving his or her personal mail, electronic communications, or telephone calls; or
- (2) Acts that prevent or obstruct the vulnerable adult from meeting with others, such as telling a prospective visitor or caller that a vulnerable adult is not present, or does not wish contact, where the statement is contrary to the express wishes of the vulnerable adult. The term "isolate" or "isolation" may not be construed in a manner that prevents a guardian or limited guardian from performing his or her fiduciary obligations under RCW 11.92 or prevents a hospital or facility from providing treatment consistent with the standard of care for delivery of health services.

(d) **"Personal exploitation"** means an act of forcing, compelling, or exerting undue influence over a vulnerable adult causing the vulnerable adult to act in a way that is inconsistent with relevant past behavior, or causing the vulnerable adult to perform services for the benefit of another.

(e) **"Improper use of restraints"** means the inappropriate use of chemical, physical, or mechanical restraints for convenience or discipline or in a manner that: (i) is inconsistent with federal or state licensing or certification requirements for facilities, hospitals, or programs authorized under RCW 71A.12; (ii) is not medically authorized; or (iii) otherwise constitutes abuse under this section.

"Chemical restraint" means the administration of any drug to manage a vulnerable adult's behavior in a way that reduces the safety risk to the vulnerable adult or others, has the temporary effect of restricting the vulnerable adult's freedom of movement, and is not standard treatment for the vulnerable adult's medical or psychiatric condition.

"Mechanical restraint" means any device attached or adjacent to the vulnerable adult's body that he or she cannot easily remove that restricts freedom of movement or normal access to his or her body. "Mechanical restraint" does not include the use of devices, materials, or equipment that are (a) medically authorized, as required, and (b) used in a manner that is consistent with federal or state licensing or certification requirements for facilities, hospitals, or programs authorized under RCW 71A.12.

"Physical restraint" means the application of physical force without the use of any device, for the purpose of restraining the free movement of a vulnerable adult's body. "Physical restraint" does not include (a) briefly holding, without undue force, a vulnerable adult in order to calm or comfort him or her, or (b) holding a vulnerable adult's hand to safely escort him or her from one area to another.

"Financial exploitation" means the illegal or improper use, control over, or withholding of the property, income, resources, or trust funds of the vulnerable adult by any person or entity for any person's or entity's profit or advantage. "Financial exploitation" includes, but is not limited to:

- (a) The use of deception, intimidation, or undue influence by a person or entity in a position of trust and confidence with a vulnerable adult to obtain or use the property, income, resources, or trust funds of the vulnerable adult for the benefit of a person or entity other than the vulnerable adult;
- (b) The breach of a fiduciary duty, including, but not limited to, the misuse of a power of attorney, trust, or a guardianship appointment, that results in the unauthorized appropriation, sale, or transfer of the property, income, resources, or trust funds of the vulnerable adult for the benefit of a person or entity other than the vulnerable adult; or
- (c) Obtaining or using a vulnerable adult's property, income, resources, or trust funds without lawful authority, by a person or entity who knows, or clearly should know, that the vulnerable adult lacks the capacity to consent to the release or use of his or her property, income, resources, or trust funds.

"Neglect" means (a) a pattern of conduct or inaction by a person or entity with a duty of care that fails to provide the goods and services that maintain physical or mental health of a

Does the respondent own or possess weapons? Yes No Unknown

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

Explain any additional reasons why this order should be issued immediately. List any immediate and irreparable injury, loss, or damage that would result to the vulnerable adult before the respondent or vulnerable adult can be served and heard:

Efforts to give notice: Did you make efforts to give notice of your request for temporary relief to the respondent vulnerable adult? If so, describe how and when notice was given. If no notice was given, explain why not:

Other:

(Continue on separate page if necessary)

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

You could be required to post a bond or provide alternate security as a condition for obtaining a temporary order. The court may waive the bond in situations in which the vulnerable adult's health or life would be jeopardized. RCW 7.40.080, 74.34.120(5)(a).

I certify 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

Print Name

**Superior Court of Washington
For Spokane County**

In re the Matter of:

A Vulnerable Adult (Person to be Protected)

Respondent (Person to be Restrained)

No. _____

**Notice to the Vulnerable Adult
(NTVA)**

Important Notice

Please Read Carefully

Petitioner _____ (name) filed a petition for a protection order on your behalf in _____ County Superior Court against _____ (name of respondent).

The hearing is scheduled for _____ (time) on _____ (date) at _____ (location).

If this protection order is granted, the judge may grant the request as stated in the petition. This may include requiring _____ (the respondent) to stay away from you and not to talk to you, or not handle your money, for up to 5 years.

Under the law you have certain rights.

You have the right to go to the court hearing. At the court hearing, the judge will decide whether or not you need protection.

You have the right to tell the judge that you agree or disagree with the petition.

You have the right to have a lawyer represent you.

You have the right to present evidence.

At the hearing, the judge may:

- grant the order for protection;
- dismiss the petition or parts of it;
- get more information to decide if you are unable to protect yourself or your property due to incapacity, undue influence, or duress; or
- require a guardianship or conservatorship petition to be filed. If a guardianship or conservatorship petition is filed, you have the right to have a lawyer appointed for you and you will have other rights.

If you have a disability that makes it hard for you to understand court documents or to be part of the court hearing, you may ask for help (an accommodation). You may use the *Request for Reasonable Accommodation* form available in the court clerk's office to ask for an accommodation.

For help with a disability accommodation, contact (petitioner must check one and complete):

ADA Designated Contact Person for the Superior Court

Name: _____

Address: _____

Telephone: _____

Court Administrator for the Superior Court

Address: _____

Telephone: _____

**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: _____

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

Superior Court of Washington For Spokane County	
In re the Matter of:	
_____	DOB _____
A Vulnerable Adult (Protected Person)	
_____	DOB _____
Respondent (Restrained Person)	

No. _____

**Temporary Order for Protection and
Notice of Hearing – Vulnerable Adult
(TMORVA)**

(Clerk's Action Required)

Next Hearing Date/Time:

8:30 AM

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

**INSTRUCTION ON HOW TO ATTEND YOUR
HEARING ON PAGE 4.**

Violation of restraint provisions 1, 3, 4 or 5 with actual notice of its terms is a criminal offense under chapter 26.50 RCW and will subject a violator to arrest. RCW 26.50.110

The Petitioner is:

- the vulnerable adult.
- (name) _____, who filed on behalf of the vulnerable adult and is:
 - the vulnerable adult's guardian or legal fiduciary.
 - an interested person as defined in RCW 74.34.020(12).
 - WA Dep't of Social and Health Services.

Respondent Identification:

Sex	Race	Hair
Height	Weight	Eyes

Respondent's Distinguishing Features:

Access to weapons: yes no unknown

The terms of this order shall be effective until

the end of the hearing noted above.

Summary of court order: No contact provisions are on the next page.
The court finds based upon the court record that:

The court has jurisdiction over the parties and the subject matter. The respondent and the vulnerable adult, if not the petitioner, were notified in writing of the ex parte hearing and their opportunity to be heard, or will be served notice of his or her opportunity to be heard at the scheduled hearing noted above. RCW 74.34.110.

After the guardian or limited guardian imposed a restriction on the vulnerable adult's right to associate with the respondent:

- Petitioner did timely file the petition in this case within 14 days.
 - The restraint provisions below are no more restrictive than necessary to protect the vulnerable adult.
 - Placing reasonable time, place, or manner restrictions is unlikely to sufficiently protect the vulnerable adult.

Additional findings and conclusions of law as required under Title 11.92 RCW follow:

- Petitioner did **not** timely file the petition in this case within 14 days. The immediate restriction ended by operation of law on the 14th day. This petition may continue under Title 74.34 RCW.

The court finds that an emergency exists and that a Temporary Protection Order should be issued without notice to the respondent to avoid irreparable harm.

The court orders:

<input type="checkbox"/> 1. The respondent is restrained from committing or threatening to commit physical harm, bodily injury, assault, including sexual assault against the vulnerable adult and from molesting, harassing, or stalking the vulnerable adult.
<input type="checkbox"/> 2. The respondent is restrained from committing or threatening to commit acts of abandonment, abuse, personal exploitation, improper use of restraints, neglect, or financial exploitation against the vulnerable adult.
<input type="checkbox"/> 3. The respondent is excluded from the vulnerable adult's residence. <input type="checkbox"/> The vulnerable adult's address is confidential. <input type="checkbox"/> The vulnerable adult waives confidentiality of the address which is:
<input type="checkbox"/> 4. The respondent is restrained from coming near and from having any contact with the vulnerable adult, in person or through others, by phone, mail, or any means, directly or indirectly, except through an attorney, or mailing or delivery by a third party of court documents.
<input type="checkbox"/> 5. Respondent is prohibited from knowingly coming within, or knowingly remaining within _____ (distance) of the vulnerable adult's <input type="checkbox"/> residence <input type="checkbox"/> workplace <input type="checkbox"/> adult day program; <input type="checkbox"/> the premises of the long-term care facility where the vulnerable adult resides. <input type="checkbox"/> other:
<input type="checkbox"/> 6. The respondent is required to provide an accounting of the disposition of the vulnerable adult's income or other resources.

7. The respondent is **restrained** from transferring the vulnerable adult's property until the hearing scheduled on page one.

8. The respondent is **restrained** from transferring respondent's property until the hearing scheduled on page one.

9. **Bond:**

Bond in the amount of \$ _____ as required by the court under RCW 7.40.080 has been posted.

Bond is waived because:

State of Washington is petitioner.

Life or health of vulnerable adult is in jeopardy under RCW 7.40.080.

10. **Other:**

The respondent is directed to appear and show cause why this temporary order should not be made effective for up to five years and why the court should not order the relief requested in the petition. **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: Violation of restraint provisions 1, 3, 4 or 5 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.

Violation of restraint provisions 1, 3, 4, or 5 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 vulnerable adult is that of spouse or former spouse, parent of a common child, or former or current cohabitant as intimate 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.

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"/> Swenumson: 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

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> <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)