SPOKANE COUNTY DISTRICT COURT STATE OF WASHINGTON

_____ _____
Petitioner (Protected Party) Date of Birth

v.

_____ _____
Respondent (Restrained Party) Date of Birth

CASE NUMBER: _____

DECLARATION OF

_____

Public Safety Building 2nd Floor
1100 W. Mallon, Spokane, WA 99210-2352
Email: CivilProtectionOrder@spokanecounty.org

This declaration is made by

Name: _____ Age: _____
Relationship to the Petitioner(s) in this action: _____
Relationship to the Respondent in this action: _____

I declare,

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

☐ I have attached additional single-sided pages and numbered them.

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

Signed at _____ (city) _____ (state) on _____ (date).

_____ _____

Signature of Declarant Print or Type Name