

**FILED**

**SPOKANE COUNTY  
DISTRICT COURT**

**SPOKANE COUNTY DISTRICT COURT  
STATE OF WASHINGTON**

Case Number: \_\_\_\_\_

**RETURN OF SERVICE**

\_\_\_\_\_  
Petitioner(s) (persons protected), (DOB) \_\_\_\_\_  
vs.

Respondent (person restrained) (DOB) \_\_\_\_\_

Public Safety Building 2nd Floor  
1100 W. Mallon, Spokane WA 99210-2352  
Telephone Number: (509) 477-4770  
Email: CivilProtectionOrder@spokanecounty.org

This section completed by court clerk: \_\_\_\_\_ (Clerk's full name)

On \_\_\_\_\_, sent the documents checked below to:

Law Enforcement  Records  Petitioner to arrange for Private Service  Faxed  E-Mailed to agency in \_\_\_\_\_ for service

Other: \_\_\_\_\_.

Law Enforcement Information Sheet (LE/Records Only)  Amended LEI (LE/Records Only)

1. Choose type of Order:  DV,  Anti-Harassment,  Sexual Assault,  Stalking

2. Check all documents to be **SERVED** and list number of pages for each document:

Temporary Protection Order & Notice of Hearing including Petition \_\_\_\_ pages

Temporary Protection Order & Notice of Hearing \_\_\_\_ pages

Petition for Protection Order \_\_\_\_ pages

Protection Order \_\_\_\_ pages

Note of Hearing \_\_\_\_ pages

Reissuance of Temporary Protection Order & Notice of Hearing \_\_\_\_ pages

Order Modifying-Terminating- Extending Protection Order \_\_\_\_ pages

Motion to Modify/Terminate/ Extend Protection Order & Notice of Hrg \_\_ pg

Order to Surrender Weapons issued without notice \_\_\_\_ pages

Instructions on Firearm Surrender \_\_pg

Declaration of Non Surrender \_\_\_\_ pgs

Order to Surrender Weapons \_\_\_\_ pgs

Proof of Surrender \_\_\_\_ pgs

Receipt of Surrendered Weapons \_\_pgs

Attachments/Exhibits \_\_\_\_ pages

Other: \_\_\_\_\_ pages

**PROCESS SERVER MUST COMPLETE THE FOLLOWING:**

1. My name is \_\_\_\_\_  
Also list Badge # or Phone # \_\_\_\_\_  
I am:  a Peace Officer  
Or if Private Service:  18 years of age or older and not the Petitioner.

2.  I was **UNABLE** to personally serve Respondent.  
 I notified Petitioner that Respondent was not served.

3.  Personal service was **ATTEMPTED** on the following date(s)/ locations:  
Date: \_\_\_\_\_ Location: \_\_\_\_\_  
Date: \_\_\_\_\_ Location: \_\_\_\_\_  
Date: \_\_\_\_\_ Location: \_\_\_\_\_  
Date: \_\_\_\_\_ Location: \_\_\_\_\_

I believe the Respondent is evading service based on the following specific facts:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4.  **NO SERVICE** was attempted because \_\_\_\_\_  
\_\_\_\_\_

5.  I **SERVED** Respondent \_\_\_\_\_  
(must list name of person served)  
at \_\_\_\_\_  
(address, city, state and zip code of service)

With the documents listed above, on \_\_\_\_\_ at \_\_\_\_\_ a.m./p.m.  
(date of service) (must list time of service).

6.  Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>Fees:</b>
Service _____
Mileage _____
Total _____

**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 Server: \_\_\_\_\_

List Law Enf. Agency or Private Process Server's Phone # \_\_\_\_\_