

# File for a Writ of Habeas Corpus

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This procedure is a last resort to recover your children if the other parent or person claiming the right to legal custody has abducted them. (Forms and instructions)

## 1. Fast facts

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**What is a writ?**

A Writ of Habeas Corpus is a court order demanding some action from a sheriff or other person. In family law cases, the court order demands that a parent turn children over to the court.

A writ orders law enforcement to take custody of the children and **bring them to court**. The writ **won't** tell law enforcement to give the children to you. When law enforcement brings the children to

court, a judge decides what happens to the children next.

A judge can order a **warrant** with a writ that gives law enforcement the power to:

- Break and enter to find your children
- Arrest anyone who stands in the way of getting the children back

## When can I get a writ?

Judges rarely use this powerful and extraordinary tool. It could be traumatic for the children to be taken from the abducting parent by law enforcement. CPS could get involved. The children could have to spend a night or two in foster care until they can get to court and see a judge.

Usually there are other things you can do to get your children safely back when the other parent has taken them. You should ask for a writ in your custody situation **only as a last resort** when other things you've tried have failed, or if the other parent might disappear with the children if you did anything else. Don't use the writ just to try to get out of a longer court procedure, such as contempt or a petition to change parenting plan.

## How do I get a writ?

It depends on the county. Generally, you file a Petition **in the county Superior Court where the child is right now** (or where you believe the child is) with a certified copy of the order giving you custody. The judge will decide whether to give you a writ and whether to give law enforcement the power to use forcible entry or arrest to get the children back.

**Talk to law enforcement before starting this procedure.** It may save you time and money. Law enforcement will understand the legal elements your paperwork must meet. They may advise you not to use this process. Or they may do a criminal custodial interference investigation and arrest the abducting parent. Then you wouldn't need a Writ.

Law enforcement usually charges to serve a writ. Even if a judge waives (excuses) your court filing fees, you'll probably still have to pay the sheriff's fee for service.

## 2. Step-by-step

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**These 7 counties have their own forms for getting a Writ:** Chelan, Clark, Cowlitz, King, Klickitat, Pend Oreille, Snohomish. If you're filing in one of these counties, ask their clerk ([https://www.courts.wa.gov/court\\_dir/?fa=court\\_dir.county](https://www.courts.wa.gov/court_dir/?fa=court_dir.county)) or family law facilitator ([https://www.courts.wa.gov/court\\_dir/?fa=court\\_dir.facils](https://www.courts.wa.gov/court_dir/?fa=court_dir.facils)) for their forms and what their procedure is. If your county doesn't have its own forms, use ours.

This is a very hard procedure to do on your own. Try to talk to a lawyer.

1. **Talk to law enforcement** to make sure this procedure is right for you. You'll need to coordinate with them to serve the Writ if you get one. It's best to start working with them as soon as possible.
2. **Get at least 3 certified copies of your Parenting Plan or custody order.** If you don't already have a court order giving you custody of the children, you'll probably have to ask a court for one before you petition for a Writ.

If the person who took your children **isn't** the other parent and **doesn't** have legal guardianship or custody, you may not need a court order. You can try to use a certified copy of the child's birth certificate or parentage order to show that you are a legal parent and the other person isn't.

3. **Fill out the forms completely.** There's a fee to file for a Writ of Habeas Corpus. It could cost a few hundred dollars. If you can't afford it, also fill out the forms to ask the judge to cancel (waive) the filing fee.
4. **Make multiple extra copies of the Petition for a Writ.** You'll need at least one copy for you, one for law enforcement, one for the other party, or their lawyer if they have one, and one copy to give the judge (called working copies) for when a hearing gets scheduled.

**Make at least 2 copies** of the Missing Child Information and the Law Enforcement and Confidential Information forms. These forms **don't** get served on the other party.

**Wait** until the judge signs your proposed Order to Issue Writ of Habeas Corpus and Warrant in Aid of Writ to make copies of that form. You'll need certified copies with the judge's signature and the clerk's seal.

**Make at least 2 copies** of the proposed Order Directing Return of Children. Bring these to the hearing.

5. **Go to the Superior Court Clerk's office.**

Tell the clerk you're filing for a Writ of Habeas Corpus. Give the clerk the originals of your Petition, the Law Enforcement and Confidential Information form, and your proposed Order to Issue Writ of Habeas Corpus and Warrant in Aid of Writ. If you can't afford to pay the filing fee, also give the clerk your fee waiver papers. Otherwise, pay the filing fee.

**Don't** give the clerk the **Missing Child Information** unless the clerk agrees it can be filed under seal. Otherwise, this will be a public record and the other party may see it.

Follow the clerk's instructions to have a judge review your papers. The judge will sign the Writ if the judge decides you need it. The judge will also decide whether to issue a Warrant in Aid of Writ. Without a Warrant in Aid, law enforcement has no legal right to make forcible entry or arrest. **But they can still serve the Writ.**

If the judge won't sign your Writ, stop here. Talk to a lawyer.

If you asked for a filing fee waiver, but the Judge won't sign that Order, you must pay the filing fee.

Ask the clerk to stamp your copies to show the date you filed the originals. Take the stamped copies back from the clerk. The clerk keeps the originals.

6. **Get certified copies of the Writ from the clerk and deliver them to law enforcement.** You may have to pay for certified copies. Ask in advance how many copies they need. Also give law enforcement a copy of your Petition and the Missing Child Information.
7. **Coordinate with law enforcement to serve the Writ and recover the children.**

**Law enforcement won't give the children directly to you.**

The Writ orders law enforcement to bring the children to court where a judge decides what happens next.

Once law enforcement picks up the children, they'll work with the judge's clerk or assistant to schedule a return hearing. They try to have the hearing the same day, if possible, so the children don't have to spend a night in foster care. The clerk will probably call to tell you when the hearing will be. Follow the clerk's instructions.

8. **Go to the return hearing.** Read chapter 3 for how to get ready for and what to expect at the hearing.
9. **Get copies of any orders the judge signs.** Ask the clerk how to get the copies you need.

### 3. Hearing

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**After the judge signs your Writ, be ready to go to a return hearing at any time.** You may get very little advance notice. Even so, try to get to the hearing early. Give yourself time to get through security and find the right courtroom.

**Organize your paperwork.** Plan to bring your set of court papers and your copies of any papers the other parties gave you in response. Bring extra copies of the proposed Order Directing Return of Children that you want the judge to sign.

**Bring** your paperwork, a pad of paper, and a dark pen to take notes.

**When you get to the courtroom,** tell the person in charge in the courtroom (the clerk or bailiff) your name and your case name and number. Take a seat. When the judge walks in, stand.

#### **When your case is called**

You usually won't be able to testify, have witnesses testify, or otherwise give evidence at the hearing. You'll just get to tell the judge briefly what you want

and why. This means you want to prepare beforehand by making notes about the main points you want to say to the judge.

If the other party shows up at the hearing, each of you will tell your side of the case. Stand while speaking. Tell the judge briefly what you want and why. Try to keep your argument short. Only outline your main points. You may have as little as 5 minutes to speak. Don't repeat everything in your papers. Ask permission to hand your proposed order up to the judge.

If the judge asks you a question, try to answer it directly. **Don't interrupt the judge.**

After the judge has heard both sides, and possibly from law enforcement or CPS, the judge will probably sign an Order Directing Return of Children, directing the release of the children to one of you. **Listen carefully.** If you don't understand something after the judge finishes speaking, ask the judge to clarify.

**If the other party doesn't show up at the hearing,** the judge will probably go ahead with the hearing anyway so the children can be released.

**Before you leave,** make sure you know if you must file any more paperwork or attend any future hearings. Ask the judge or clerk if you're not sure. Ask the clerk how to get copies of any orders the judge signs.

## 4. Forms

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Form attached:

**Petition for Writ of Habeas Corpus** (NJP Family 912)

Form attached:

**Missing Child Information** (NJP Family 913)

Form attached:

**Order to Issue Writ of Habeas Corpus** (NJP Family 914)

Form attached:

**Order Directing Return of Children** (NJP Family 915)

Form attached:

**Law Enforcement and Confidential Information (LECIF)** (PO 003)

Follow the general rules to format and fill out court documents.

Fill out the Petition, Missing Child Information, and Law Enforcement and Confidential Information (LECIF) forms as completely as possible.

## **Tips for filing out the Order to Issue Writ of Habeas Corpus**

This is a proposed order. Fill it out the way you want the judge to sign it.

Fill out the top area (case caption) and sections 1 and 2. Fill out names and addresses in sections 5 and 6 as you can and check the boxes that you want the judge to order. If you're not sure of something, leave it blank for the judge to complete. Sign and print your name at the end where it says "Petitioner."

## **Tips for filing out the Order Directing Return of Children**

This is the proposed order you'll ask the judge to sign **at the return hearing**, after law enforcement has recovered the children. Fill it out the way you want

the judge to sign it.

Fill out the top area (case caption) and sections 1 and 2. Put your name in section 3.

If you already have a No-Contact Order, Protection Order, or Restraining Order protecting you and the children, you probably don't need the Restraining Order in this form.

Ask for reimbursement of fees and costs if needed. Keep your receipts.

You can leave the "Other orders, if any" section blank, or put anything else you want the judge to order here. For example, you may want an order requiring the other parent to return the children's property or passports.

**WashingtonLawHelp.org** gives general information. It is not legal advice. Find organizations that provide free legal help on our [Get legal help](#) page.

Superior Court of Washington, County of \_\_\_\_\_

In re the custody of minor child/ren:

\_\_\_\_\_

Petitioner/s:

\_\_\_\_\_

And Respondent/s:

\_\_\_\_\_

No. \_\_\_\_\_

Petition for Writ of Habeas Corpus  
(No statewide mandatory form)

## Petition for Writ of Habeas Corpus

*Before using this form, check with the county Superior Court to see if they have their own local form. If there are no local forms, use this form together with the Missing Child Information (NJP Family 913), Order to Issue Writ of Habeas Corpus (NJP Family 914), and Order Directing Return of Children (NJP Family 915) .*

1. **My name is** \_\_\_\_\_. I am applying for a writ of habeas corpus for the return of my child/ren under RCW 7.36.020, .190, and .200.

I live in (county): \_\_\_\_\_, (state): \_\_\_\_\_.

2. **The other party (name)** \_\_\_\_\_, lives or may be found at:

\_\_\_\_\_  
*Street address* *city* *state* *zip*

3. **Custody (check one):**

☐ **I have custody** of the children listed below under a Parenting Plan or other custody order entered on (date) \_\_\_\_\_ in (county): \_\_\_\_\_, (state): \_\_\_\_\_.

(Attach a certified copy of the custody order to this petition and check all that apply):

☐ I got this order without notice to the other party.

☐ This is a temporary order.

☐ This is a final order.

- ☐ **I don't have a custody order. However**, I am a legal parent of the child/ren. The other party is **not** a legal parent and has **no legal right** to keep the children from me.

*(File a certified copy of the children's birth certificates or other proof of legal parentage separately under a Sealed Birth Certificate or Parentage Document cover sheet, FL Parentage 329.)*

**4. Children to be recovered**

| Name (first, middle initial, last) | Age | Race | Gender | How child is related to Petitioner/Respondent | Lives with |
|------------------------------------|-----|------|--------|-----------------------------------------------|------------|
|                                    |     |      |        |                                               |            |
|                                    |     |      |        |                                               |            |
|                                    |     |      |        |                                               |            |
|                                    |     |      |        |                                               |            |

**5. Children's location**

I believe the children are with the other party at the address listed above, or at these other location/s:

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**6. Steps taken since the custodial interference occurred (check all that apply):**

☐ I contacted Child Protective Services about the children on (date) \_\_\_\_\_.

☐ I made a report to (name of law enforcement agency or agencies):

\_\_\_\_\_

☐ I got an *Order to Go to Court for Contempt Hearing (Order to Show Cause)* against the other party for violating the Parenting Plan or custody order.

☐ The court has found the other party in contempt for violating the Parenting Plan or custody order.

☐ There have been other court hearings about the children since they were taken  
(provide as much information as possible, repeat this section as needed):

Court/County: \_\_\_\_\_

Case number: \_\_\_\_\_

Case name (parties involved): \_\_\_\_\_



This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

**9. Attachments**

I attach to this Petition and incorporate by reference the following:

- ☐ Certified copy of Parenting Plan or other custody order
- ☐ Certified copy of Writ issued by another Washington state county: \_\_\_\_\_
- ☐ Other: *(describe)* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have completed the Missing Child Information (NJP Family 913) and will provide it to the law enforcement agency named in the Writ.

**Petitioner fills out below:**

I declare under penalty of perjury under the laws of the state of Washington that the facts I have provided on this form are true.

Signed at *(city and state)*: \_\_\_\_\_ Date: \_\_\_\_\_



\_\_\_\_\_  
*Petitioner signs here*

\_\_\_\_\_  
*Print name*

I agree to accept legal papers for this case at *(check all that apply)*:

- ☐ the following address *(this does **not** have to be your home address)*:

\_\_\_\_\_  
*Street or mailing address*

\_\_\_\_\_  
*city*

\_\_\_\_\_  
*state*

\_\_\_\_\_  
*zip*

- ☐ Email: \_\_\_\_\_

## Missing Child Information

**Don't file this form with the court unless the clerk will seal it!** If you do, it will be public record and the other party or anyone else may see it. Only give this form to law enforcement agencies helping you recover the children.

**Before using this form**, check with the county Superior Court to see if they have their own local form. If there are no local forms, use this form together with a Petition for Writ of Habeas Corpus (NJP Family 912), Order to Issue Writ of Habeas Corpus (NJP Family 914), and Order Directing Return of Children (NJP Family 915) .

**My name is** \_\_\_\_\_. I am applying for a writ of habeas corpus for the return of my child/ren under RCW 7.36.020, .190, and .200 in:

(County name): \_\_\_\_\_ County Superior Court,

Case number: \_\_\_\_\_.

### Agreement to conditions

I have not willfully or knowingly misrepresented or omitted any material facts or information related to this case. I am willing to appear at all interviews and/or court hearings regarding this case. I will immediately notify the law enforcement agency named in the Writ or 911 if the children are found or returned. I understand that, even if the children are found or returned, I must appear at the Return of Service hearing.

I understand that the Writ of Habeas Corpus and any Warrant in Aid of Writ of Habeas Corpus is directed to a specific law enforcement agency. Only the assigned detective is authorized to effect service of the Writ. The Writ documents should not be presented or otherwise represented to any other person or agency without the express knowledge or direction of the detective assigned to affect the service on the Writ.

The law enforcement agency named in the Writ is acting under a direct Superior Court order and can refer criminal or civil charges (under RCW Chapters 9A.60, RCW 9A.72, RCW 9A.76, RCW 9A.84, and any other applicable law) against anyone who, directly or indirectly, interferes in the manner described here, or in any other way intervenes without the assigned peace officer's authorization.

### Contact during investigation

I request that law enforcement contact me directly about the investigation.

I declare under penalty of perjury under the laws of the state of Washington that the facts I have provided on this form are true.

Signed at (city and state): \_\_\_\_\_ Date: \_\_\_\_\_



\_\_\_\_\_  
Petitioner signs here

\_\_\_\_\_  
Print name

## 1. Information about me (reporting parent)

Full name: \_\_\_\_\_

Maiden/Alias names: \_\_\_\_\_

Home address: \_\_\_\_\_

How long? \_\_\_\_\_

Previous address: \_\_\_\_\_

Phone: \_\_\_\_\_ Okay to text? \_\_\_\_\_

Messaging app and number, if any: \_\_\_\_\_

Employer name/address: \_\_\_\_\_

Work phone: \_\_\_\_\_ Work hours: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_ Race: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Occupation: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Vehicle Information: \_\_\_\_\_

Relationship to children: \_\_\_\_\_

Relationship to abductor: \_\_\_\_\_

Have you ever been arrested? ☐ Yes ☐ No

If yes, when/where/disposition: \_\_\_\_\_

Has anyone made any claims against you about crimes against the children: ☐ Yes ☐ No

If yes, alleged victim/s: \_\_\_\_\_

Explain allegation: \_\_\_\_\_

Have you ever had a physical or mental condition that could affect your ability to care for the children? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

*(Add pages as needed for explanation.)*

## 2. Information about legal/court actions

*(Attach certified copies of relevant court orders.)*

Who has primary rights to the children? \_\_\_\_\_

History of relevant legal/court actions:

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**Has anyone been brought into court about this issue?** ☐ Yes ☐ No

If yes, state who, what, where, when, and why.

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**Is there any other pending legal action between those involved?** ☐ Yes ☐ No

If yes, state who, what where, when, and why.

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**3. Information about missing children (complete physical descriptions needed)**

**Child #1**

Full name: \_\_\_\_\_

Nickname/Alias: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_ Race: \_\_\_\_\_

Complexion: \_\_\_\_\_ Hair (color): \_\_\_\_\_ (hairstyle) \_\_\_\_\_

School name \_\_\_\_\_ Grade: \_\_\_\_\_

School address: \_\_\_\_\_

School phone: \_\_\_\_\_

Are the following available?

**Variety of Photos:** ☐ Yes ☐ No **Fingerprint Cards:** ☐ Yes ☐ No

Medical/Dental Problems (past/present): \_\_\_\_\_

Disabilities/Deformities: \_\_\_\_\_

Passport: ☐ Yes ☐ No Citizenship: \_\_\_\_\_

Other identifiers (*scars, marks, braces, glasses, piercings, tattoos, etc.*) \_\_\_\_\_

**Child #2**

Full name: \_\_\_\_\_

Nickname/Alias: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_ Race: \_\_\_\_\_

Complexion: \_\_\_\_\_ Hair (color): \_\_\_\_\_ (hairstyle) \_\_\_\_\_

School name \_\_\_\_\_ Grade: \_\_\_\_\_

School address: \_\_\_\_\_

School phone: \_\_\_\_\_

Are the following available?

**Variety of Photos:** ☐ Yes ☐ No **Fingerprint Cards:** ☐ Yes ☐ No

Medical/Dental Problems (past/present): \_\_\_\_\_

Disabilities/Deformities: \_\_\_\_\_

Passport: ☐ Yes ☐ No Citizenship: \_\_\_\_\_

Other identifiers (*scars, marks, braces, glasses, piercings, tattoos, etc.*) \_\_\_\_\_

**Make copies of this page for additional children**

#### 4. Reporting parent & children's family and/or close friends

*(Step-parent, reporting party's partner, grandparents, alternate contact persons)*

Full name: \_\_\_\_\_ DOB: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone numbers: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_

Full name: \_\_\_\_\_ DOB: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone numbers: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_

Full name: \_\_\_\_\_ DOB: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone numbers: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_

Full name: \_\_\_\_\_ DOB: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone numbers: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_

Full name: \_\_\_\_\_ DOB: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone numbers: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_

Full name: \_\_\_\_\_ DOB: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone numbers: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_

**Make copies of this page for additional contacts**

## 5. Information about abducting party/suspect

Full name: \_\_\_\_\_

Maiden/Alias names: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_ Race: \_\_\_\_\_

Complexion: \_\_\_\_\_ Hair (color): \_\_\_\_\_ (hairstyle) \_\_\_\_\_

Other identifiers (*scars, marks, braces, glasses, piercings, tattoos, etc.*) \_\_\_\_\_

Occupation/Employer: \_\_\_\_\_

Work address: \_\_\_\_\_

Work phone: \_\_\_\_\_ Work hours: \_\_\_\_\_

Affiliations/Memberships/Hobbies: \_\_\_\_\_

Business License: \_\_\_\_\_

Driver's License: \_\_\_\_\_ State: \_\_\_\_\_ SSN: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Vehicle Information: \_\_\_\_\_

Last known address: \_\_\_\_\_

How long? \_\_\_\_\_

Previous address: \_\_\_\_\_

Phone: \_\_\_\_\_ Texts from this phone? ☐ Yes ☐ No

Messaging app type and number (WhatsApp, others): \_\_\_\_\_

Social media accounts: \_\_\_\_\_

Email: \_\_\_\_\_

Property owned (rental/leisure) or accessible: \_\_\_\_\_

City/State: \_\_\_\_\_

Places suspect wanted to visit or live: \_\_\_\_\_

Place of worship: \_\_\_\_\_

Benefits: (*retirement, unemployment, disability, welfare, SSI, etc.*) \_\_\_\_\_

Their attorney: \_\_\_\_\_

Financial Planner: \_\_\_\_\_

Education (*when/where*): \_\_\_\_\_

City/State: \_\_\_\_\_

Languages spoken: \_\_\_\_\_ Nationality: \_\_\_\_\_

Passport: ☐ Yes ☐ No Citizenship/immigration status: \_\_\_\_\_

Military: ☐ Yes ☐ No If yes, branch of service: \_\_\_\_\_

Military Occupation Specialty (MOS): \_\_\_\_\_ Status: \_\_\_\_\_

Have they ever been arrested? ☐ Yes ☐ No

If yes, when/where/disposition: \_\_\_\_\_

Access/Propensity to use firearms: ☐ Yes ☐ No

If yes, what type: \_\_\_\_\_

Does suspect pay child support? ☐ Yes ☐ No

If yes, for whom/where: \_\_\_\_\_

How (directly or through state support registry): \_\_\_\_\_

Bank branch/name/address: \_\_\_\_\_

Checking account number: \_\_\_\_\_ Savings account number: \_\_\_\_\_

Credit card: (name) \_\_\_\_\_ (number) \_\_\_\_\_ (bank) \_\_\_\_\_

Credit card: (name) \_\_\_\_\_ (number) \_\_\_\_\_ (bank) \_\_\_\_\_

History of medical, mental, or physical disabilities/condition?

Describe: \_\_\_\_\_

Could it endanger the child's health/welfare? ☐ Yes ☐ No

How? \_\_\_\_\_

Physician/mental health professional/counselor's name, address, and phone:

\_\_\_\_\_

**Are the following available?**

Variety of photos:     ☐ Yes ☐ No

Fingerprint cards:     ☐ Yes ☐ No

Medical records:     ☐ Yes ☐ No

Dental information:     ☐ Yes ☐ No

Hair samples:     ☐ Yes ☐ No

Suspect Vehicle Info: \_\_\_\_\_

**Vehicle #1:**

License #: \_\_\_\_\_ State: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_

Unique features: \_\_\_\_\_

Registered owner: \_\_\_\_\_ Legal owner: \_\_\_\_\_

**Vehicle #2:**

License #: \_\_\_\_\_ State: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_

Unique features: \_\_\_\_\_

Registered owner: \_\_\_\_\_ Legal owner: \_\_\_\_\_

**Vehicle #3:**

License #: \_\_\_\_\_ State: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_

Unique features: \_\_\_\_\_

Registered owner: \_\_\_\_\_ Legal owner: \_\_\_\_\_

**6. Abducting parent's family and/or close friends**

*(Step-parent, abducting party's partner, grandparents, alternate contact persons)*

Full name: \_\_\_\_\_ DOB: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone numbers: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_

Full name: \_\_\_\_\_ DOB: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone numbers: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_

Full name: \_\_\_\_\_ DOB: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone numbers: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_

Full name: \_\_\_\_\_ DOB: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone numbers: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_

Full name: \_\_\_\_\_ DOB: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone numbers: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_

Full name: \_\_\_\_\_ DOB: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone numbers: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_

**Is a variety of photos available for each person listed?** [ ] Yes [ ] No

## 7. Information about abduction

Date/time of abduction: \_\_\_\_\_

Reporting party (R/P): (if other than victim parent, CPS, law enforcement) \_\_\_\_\_

Location of abduction: \_\_\_\_\_

R/P address: \_\_\_\_\_

Phone #: \_\_\_\_\_

R/P's relationship to children: \_\_\_\_\_

Law enforcement notified: ☐ Yes ☐ No

If yes, what agency: \_\_\_\_\_

Date/time of report: \_\_\_\_\_

Officer/detective: \_\_\_\_\_

Incident #: \_\_\_\_\_

Phone #: \_\_\_\_\_

Was there an accomplice: ☐ Yes ☐ No

If yes, accomplice's name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address/phone: \_\_\_\_\_

What was their involvement? \_\_\_\_\_

\_\_\_\_\_

Date/time of last contact with children? \_\_\_\_\_

Where? \_\_\_\_\_

Describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How were the children taken (*car, plane, etc.*) \_\_\_\_\_

What have you done to locate the suspect and the children?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What cause or pretense do you think the suspect will give for their action?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

☐ Yes ☐ No. If yes, what risk or injury?

[illegible]

Why? \_\_\_\_\_

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Describe: \_\_\_\_\_

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[illegible]

Superior Court of Washington, County of \_\_\_\_\_

In re the custody of minor child/ren:

\_\_\_\_\_

Petitioner/s:

\_\_\_\_\_

And Respondent/s:

\_\_\_\_\_

No. \_\_\_\_\_

Order to Issue Writ of Habeas Corpus,  
Writ of Habeas Corpus

☐ Warrant in Aid of Writ

(No statewide mandatory form)

Clerk's action required: 7

**Order to Issue Writ of Habeas Corpus, Writ of Habeas Corpus**  
**☐ Warrant in Aid of Writ**

*Before using this form, check with the county Superior Court to see if they have their own local form. If there are no local forms, use this form together with a Petition for Writ of Habeas Corpus (NJP Family 912), Missing Child Information (NJP Family 913), and Order Directing Return of Children (NJP Family 915).*

**1. This order applies to:**

Name of Petitioner: \_\_\_\_\_

Petitioner lives at: \_\_\_\_\_

Name of Respondent: \_\_\_\_\_

Respondent lives at: \_\_\_\_\_

**2. This order directs the recovery of the following children:**

| Name (first, middle initial, last) | Age | Race | Gender | How child is related to Petitioner/Respondent | Lives with |
|------------------------------------|-----|------|--------|-----------------------------------------------|------------|
|                                    |     |      |        |                                               |            |

|  |  |  |  |  |  |
|--|--|--|--|--|--|
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**3. Findings**

For good cause shown, the court finds that an emergency exists and that this order should issue without notice to the other party to avoid irreparable harm.

**4. Order to Issue Writ**

The court enters this Order to Issue a Writ of Habeas Corpus and Writ of Habeas Corpus as set forth in section 6, below.

**5. Warrant**

☐ No warrant is issued.

☐ **The court issues this Warrant in Aid of Writ of Habeas Corpus.**

**To the \_\_\_\_\_ County Sheriff and every other peace officer in the State of Washington:** You are authorized to (*check all that apply*):

☐ Break into and enter any home, building, structure, or vehicle where they have reason to believe the children are located or where they may find information about the children's location, including but not limited to these locations:

The home of (*name*): \_\_\_\_\_

Address: \_\_\_\_\_

Other locations or addresses:

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

☐ If the above-listed children are not produced, (*name*) \_\_\_\_\_ and anyone else standing in the way or blocking your attempts to carry out this order, shall be apprehended and brought before the Presiding or Family Law Judge of this Superior Court for questioning.

☐ If this Superior Court is not in session at the time of apprehension, you are commanded to hold (*name*) \_\_\_\_\_ or anyone standing in the way of producing the children in the County Jail until 1 p.m. the first date court is in session following the date of apprehension.

☐ Child Protective Services is commanded to take custody of the above-listed children and place them in protective custody until this Superior Court can hear this matter. CPS shall not release the children to anyone other than the County Sheriff or other peace officer in the state of Washington acting in accordance with this order; or, upon a Return of Service on this Writ of Habeas Corpus or further order from this court authorizing the release of the children to someone this court designates.

## 6. Writ of Habeas Corpus

**To the \_\_\_\_\_ County Sheriff and every other peace officer in the state of Washington:**

You are commanded to secure custody of the children listed above and bring them before the Honorable Judge (*name*): \_\_\_\_\_ of this Superior Court to determine appropriate custody of the children.

Superior Court address: \_\_\_\_\_

**Child Protective Services** (*check one*):

- ☐ If this court is not in session when law enforcement takes the children into custody, law enforcement shall place the children into Child Protective Services' care and custody until 1 p.m. the first date court is in session before the judge listed above following the date of recovery.
- ☐ Child Protective Services is commanded to take custody of the above-listed children and place them in protective custody until \_\_\_\_\_ County Superior Court can hear this matter. CPS shall not release the children to anyone other than the \_\_\_\_\_ County Sheriff or other peace officer in the state of Washington acting in accordance with this order; or, upon a Return of Service on this Writ of Habeas Corpus or further order from this court authorizing the release of the children to someone this court designates.

**Force and arrest.** The peace officers may (*check all that apply*):

- ☐ Break into and enter any home, building, structure, or vehicle where they have reason to believe the children are located or where they may find information about the children's location.
- ☐ Arrest anyone standing in the way or obstructing their lawful efforts to obtain immediate custody of the children.

**7. Clerk's action:** The clerk of the court shall issue this Writ with the clerk's seal.

**The Order to Issue Writ of Habeas Corpus, Writ of Habeas Corpus, and Warrant in Aid of Writ (if ordered) shall remain in full force and effect until further order.**

\_\_\_\_\_  \_\_\_\_\_  
Date Judge

Presented by:



*Petitioner sign here*
*Petitioner print name*

**Writ issued by the Superior Court Clerk**

for County

by \_\_\_\_\_, deputy on

(date): \_\_\_\_\_.

Superior Court of Washington, County of \_\_\_\_\_

In re the custody of minor child/ren:

\_\_\_\_\_

Petitioner/s:

\_\_\_\_\_

And Respondent/s:

\_\_\_\_\_

No. \_\_\_\_\_

Order Directing Return of Children

(No statewide mandatory form)

## Order Directing Return of Children

*Before using this form, check with the county Superior Court to see if they have their own local form. If there are no local forms, use this form together with a Petition for Writ of Habeas Corpus (NJP Family 912), Missing Child Information (NJP Family 913), and Order to Issue Writ of Habeas Corpus (NJP Family 914) .*

**1. This order applies to:**

Name of Petitioner: \_\_\_\_\_

Petitioner lives at: \_\_\_\_\_

Name of Respondent: \_\_\_\_\_

Respondent lives at: \_\_\_\_\_

**2. This order directs the recovery of the following children:**

| Name (first, middle initial, last) | Age | Race | Gender | How child is related to Petitioner/Respondent | Lives with |
|------------------------------------|-----|------|--------|-----------------------------------------------|------------|
|                                    |     |      |        |                                               |            |
|                                    |     |      |        |                                               |            |

|  |  |  |  |  |  |
|--|--|--|--|--|--|
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**3. Order about custody**

The children named above shall be returned to the custody of

(name): \_\_\_\_\_ by

- ☐ The \_\_\_\_\_ County Sheriff.
- ☐ Other law enforcement agency (name): \_\_\_\_\_.
- ☐ Child Protective Services.

**4. Restraining Order**

- ☐ Not ordered.
- ☐ Respondent (name): \_\_\_\_\_ is restrained from molesting or disturbing the peace of Petitioner (name): \_\_\_\_\_, or any child in their custody, at any place or time necessary to transfer custody of the children as ordered above.

VIOLETION OF THE RESTRAINING PROVISIONS IN THIS SECTION WITH ACTUAL KNOWLEDGE OF ITS TERMS IS A CRIMINAL OFFENSE UNDER CHAPTER 26.09 RCW, SHALL SUBJECT A VIOLATOR TO ARREST. IT IS ALSO PUNISHABLE BY CIVIL CONTEMPT

**5. Fees and costs**

- ☐ Reserved.
- ☐ None ordered.
- ☐ Petitioner shall be reimbursed by the other party for reasonable travel expenses and expenses incurred in recovering the minor children.
- ☐ Petitioner shall produce receipts verifying expenses incurred.
- ☐ The amount the other party shall pay is \$\_\_\_\_\_.

**6. Other orders, if any**

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**Ordered.**

\_\_\_\_\_  
Date



\_\_\_\_\_  
Judge

**Parties or their lawyers fill out below.**

I received a copy of this Order or attended the hearing remotely and have actual notice of this order. It was explained to me on the record.

|                                                        |             |                                                        |             |
|--------------------------------------------------------|-------------|--------------------------------------------------------|-------------|
| <hr/>                                                  |             | <hr/>                                                  |             |
| <i>Petitioner signs here <b>or</b> lawyer + WSBA #</i> |             | <i>Respondent signs here <b>or</b> lawyer + WSBA #</i> |             |
| <hr/>                                                  |             | <hr/>                                                  |             |
| <i>Print Name</i>                                      | <i>Date</i> | <i>Print Name</i>                                      | <i>Date</i> |

# Law Enforcement and Confidential Information (LECIF)

**Clerk: Do not file in a public access file. In criminal cases, do not file. Give to law enforcement.**

\_\_\_\_\_ Court of Washington

County: \_\_\_\_\_

Case No.: \_\_\_\_\_

**Law Enforcement: Do not serve or show a completed LECIF to the other party.**

**Instructions – Protected Person must** complete this form. Fill out **all** sections as much as you can. If you do not know, write “unknown.” Complete Attachment A if the Restrained Person is under age 18. Type or print clearly! If law enforcement cannot read this form or identify the person, they cannot serve or enforce your order!

## 1. Restrained Person's Info

|                                      |            |  |                                                                                         |        |
|--------------------------------------|------------|--|-----------------------------------------------------------------------------------------|--------|
| <b>Name:</b> First Middle Last       |            |  | Date of Birth<br>(if unknown give age range)                                            |        |
| Nickname/Alias/AKA (“Also known as”) |            |  | Relationship to Protected Person                                                        |        |
| Sex                                  | Race       |  | Height                                                                                  | Weight |
| Eye Color                            | Hair Color |  | Skin Tone                                                                               | Build  |
| Phone/s with Area Code (voice):      |            |  | Need Interpreter?<br><input type="checkbox"/> No <input type="checkbox"/> Yes Language: |        |

## 2. Where can the Restrained Person be served? List all known contact information.

|                                       |                               |               |                  |
|---------------------------------------|-------------------------------|---------------|------------------|
| Last Known Address.<br><b>Street:</b> |                               |               |                  |
| City:                                 |                               | State:        | Zip:             |
| Cell number (text):                   |                               | Email:        |                  |
| Social Media Account/s & User Name/s: |                               |               |                  |
| Other:                                |                               |               |                  |
| Employer                              | Employer's Address            |               | Employer's Phone |
| Work Hours                            | Driver's License or ID number |               | State            |
| Vehicle Make and Model                | Vehicle License Number        | Vehicle Color | Vehicle Year     |

### 3. Disability, hazard, and weapon info about the Restrained Person

Law enforcement needs this info to serve the order safely

**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 (add pages, 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 ☐ Unknown

☐ Other (include unassembled firearms and specify): \_\_\_\_\_

**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

#### 4. Protected Person's Info

(If only minors are protected, list them in 5. Provide contact information in this section for the person filing.)

|                               |           |            |               |        |
|-------------------------------|-----------|------------|---------------|--------|
| Name: First Middle Last       |           |            | Date of Birth |        |
| Sex                           | Race      |            | Height        | Weight |
| Driver's license or ID number | 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: |        |      | Phone(s) w/Area Code                                                                            |  |
| City:                    | State: | Zip: |                                                                                                 |  |
| Email address:           |        |      | Need interpreter? <input type="checkbox"/> No <input type="checkbox"/> Yes<br>If yes, language: |  |

If your info **is confidential**, you must give a name, address, and phone of someone willing to be your "contact."  
If you filed **for someone else**, list your information as the contact.

|                       |                                       |
|-----------------------|---------------------------------------|
| Contact Name:         |                                       |
| Contact Address       | Contact Phone                         |
| Contact Email Address | Date of Birth (if you are Petitioner) |

How can law enforcement contact you and other protected household members **if firearms are returned** to the restrained person? (Email/s preferred. Update law enforcement with any changes.)

☐ email above ☐ phone number above ☐ address above ☐ other: \_\_\_\_\_

| <b>5. Minor's Info</b>                                                                                                                                                                                                                                                             |                                                                   |             |                                    |              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|-------------|------------------------------------|--------------|
| <i>For relationship, use terms such as child, grandchild, stepchild, nephew, or none.</i>                                                                                                                                                                                          |                                                                   |             |                                    |              |
| <b>1</b>                                                                                                                                                                                                                                                                           | Name: First                      Middle                      Last |             |                                    |              |
|                                                                                                                                                                                                                                                                                    | Birth Date                                                        | Sex         | Race                               | Resides With |
|                                                                                                                                                                                                                                                                                    | Relationship to Protected Person:                                 |             | Relationship to Restrained Person: |              |
| <b>2</b>                                                                                                                                                                                                                                                                           | Name: First                      Middle                      Last |             |                                    |              |
|                                                                                                                                                                                                                                                                                    | Birth Date                                                        | Sex         | Race                               | Resides With |
|                                                                                                                                                                                                                                                                                    | Relationship to Protected Person:                                 |             | Relationship to Restrained Person: |              |
| <b>3</b>                                                                                                                                                                                                                                                                           | Name: First                      Middle                      Last |             |                                    |              |
|                                                                                                                                                                                                                                                                                    | Birth Date                                                        | Sex         | Race                               | Resides With |
|                                                                                                                                                                                                                                                                                    | Relationship to Protected Person:                                 |             | Relationship to Restrained Person: |              |
| <b>4</b>                                                                                                                                                                                                                                                                           | Name: First                      Middle                      Last |             |                                    |              |
|                                                                                                                                                                                                                                                                                    | Birth Date                                                        | Sex         | Race                               | Resides With |
|                                                                                                                                                                                                                                                                                    | Relationship to Protected Person:                                 |             | Relationship to Restrained Person: |              |
| <input type="checkbox"/> <b>More than 4 minors are protected.</b> (Attach a page to list more children and their details.)                                                                                                                                                         |                                                                   |             |                                    |              |
| <b>6. Protected Household Members or Adult Children</b>                                                                                                                                                                                                                            |                                                                   |             |                                    |              |
| Name:                                                                                                                                                                                                                                                                              |                                                                   | birth date: |                                    |              |
| Name:                                                                                                                                                                                                                                                                              |                                                                   | birth date: |                                    |              |
| Name:                                                                                                                                                                                                                                                                              |                                                                   | birth date: |                                    |              |
| Name:                                                                                                                                                                                                                                                                              |                                                                   | birth date: |                                    |              |
| <b>Privacy Notice:</b> Only court staff, law enforcement, 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. |                                                                   |             |                                    |              |
| <b>Changes:</b> If any information changes, fill out another copy of this form and file it with the court clerk.                                                                                                                                                                   |                                                                   |             |                                    |              |

I declare under penalty of perjury under the laws of the State of Washington that: 1) the information on this form about me is true and correct; 2) the information about the other party is the legitimate, current, or last known contact information.

I have attached \_\_\_\_ pages.

Signed at (*City and State*): \_\_\_\_\_ Date: \_\_\_\_\_

## Attachment A: Restrained Person is a Minor

**Only complete** this attachment if the Restrained Person is under age 18. **If not**, skip or remove this attachment.

| <b>1. Restrained Person's PARENT or GUARDIAN's Info</b>                                                                                                                                                                                                                                                                                                                                                                           |                               |                                                                                              |                                                                                                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>Name:</b> First                      Middle                      Last                                                                                                                                                                                                                                                                                                                                                          |                               |                                                                                              | Date of Birth<br>(if unknown give age range)                                                                 |
| Nickname/Alias/AKA ("Also known as")                                                                                                                                                                                                                                                                                                                                                                                              |                               |                                                                                              | Relationship to Restrained Person<br><input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian |
| Sex                                                                                                                                                                                                                                                                                                                                                                                                                               | Race                          |                                                                                              | Height                                                                                                       |
| Weight                                                                                                                                                                                                                                                                                                                                                                                                                            | Build                         |                                                                                              | Skin Tone                                                                                                    |
| Phone/s with Area Code (voice):                                                                                                                                                                                                                                                                                                                                                                                                   |                               | Need Interpreter?<br><input type="checkbox"/> No <input type="checkbox"/> Yes      Language: |                                                                                                              |
| <b>2. Where can the Restrained Person's PARENT or GUARDIAN be served?</b>                                                                                                                                                                                                                                                                                                                                                         |                               |                                                                                              |                                                                                                              |
| List all known contact information.                                                                                                                                                                                                                                                                                                                                                                                               |                               |                                                                                              |                                                                                                              |
| Last Known Address.<br><b>Street:</b>                                                                                                                                                                                                                                                                                                                                                                                             |                               |                                                                                              |                                                                                                              |
| City:                                                                                                                                                                                                                                                                                                                                                                                                                             |                               | State:                      Zip:                                                             |                                                                                                              |
| Cell number (text):                                                                                                                                                                                                                                                                                                                                                                                                               |                               |                                                                                              | Email:                                                                                                       |
| Social Media Account/s & User Name/s:                                                                                                                                                                                                                                                                                                                                                                                             |                               |                                                                                              |                                                                                                              |
| Other:                                                                                                                                                                                                                                                                                                                                                                                                                            |                               |                                                                                              |                                                                                                              |
| Employer                                                                                                                                                                                                                                                                                                                                                                                                                          | Employer's Address            |                                                                                              | Employer's Phone                                                                                             |
| Work Hours                                                                                                                                                                                                                                                                                                                                                                                                                        | Driver's License or ID number |                                                                                              | State                                                                                                        |
| Vehicle Make and Model                                                                                                                                                                                                                                                                                                                                                                                                            | Vehicle License Number        | Vehicle Color                                                                                | Vehicle Year                                                                                                 |
| <b>3. Disability, hazard, and weapon info about Restrained Person's PARENT or GUARDIAN</b>                                                                                                                                                                                                                                                                                                                                        |                               |                                                                                              |                                                                                                              |
| Law enforcement needs this info to serve the order safely                                                                                                                                                                                                                                                                                                                                                                         |                               |                                                                                              |                                                                                                              |
| <b>Does the PARENT or GUARDIAN have a disability, brain injury, or impairment requiring special assistance</b> when law enforcement serves the order? <input type="checkbox"/> No <input type="checkbox"/> Yes. If yes, describe (add pages, if needed): _____                                                                                                                                                                    |                               |                                                                                              |                                                                                                              |
| <b>Hazard Information</b> PARENT or GUARDIAN's history includes:<br><input type="checkbox"/> Involuntary/Voluntary Commitment <input type="checkbox"/> Suicide Attempt or Threats (How recent?) _____<br><input type="checkbox"/> Threats to "suicide by cop" <input type="checkbox"/> Assault <input type="checkbox"/> Assault with Weapons <input type="checkbox"/> Alcohol/Drug Abuse<br><input type="checkbox"/> Other: _____ |                               |                                                                                              |                                                                                                              |
| <b>Concealed Pistol License:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                         |                               |                                                                                              |                                                                                                              |
| <b>Weapons:</b> <input type="checkbox"/> Handguns <input type="checkbox"/> Rifles <input type="checkbox"/> Knives <input type="checkbox"/> Explosives <input type="checkbox"/> Unknown<br><input type="checkbox"/> Other (include unassembled firearms and specify): _____                                                                                                                                                        |                               |                                                                                              |                                                                                                              |

|                                                                                                                                           |                                  |                                    |                                    |                     |
|-------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|------------------------------------|------------------------------------|---------------------|
| <b>Location of Weapons:</b>                                                                                                               | <input type="checkbox"/> Vehicle | <input type="checkbox"/> On Person | <input type="checkbox"/> Residence | Describe in detail: |
| <hr/>                                                                                                                                     |                                  |                                    |                                    |                     |
| <hr/>                                                                                                                                     |                                  |                                    |                                    |                     |
| <b>Current Status</b>                                                                                                                     |                                  |                                    |                                    |                     |
| Is the PARENT or GUARDIAN living with the restrained person now? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>   |                                  |                                    |                                    |                     |
| Are you and the PARENT or GUARDIAN living together now? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>            |                                  |                                    |                                    |                     |
| Does the PARENT or GUARDIAN know you are trying to get this order? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> |                                  |                                    |                                    |                     |
| Is the PARENT or GUARDIAN likely to react violently when served? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>   |                                  |                                    |                                    |                     |