

# Renew your Protection Order

## **Author**

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If your Washington state protection order is ending in 90 days or less, and you still need it, you can ask a judge to renew or extend it so that it protects you and/or your children for longer. (Forms and instructions)

## **1. Fast facts**

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**Community organizations can help!** If you've experienced domestic violence, harassment, stalking, or sexual assault, or the threat of any of these, get help from your local domestic violence shelter or sexual assault center. Shelters provide safety planning, temporary shelter, legal advocacy, counseling, and other services.

Visit [Washington State Domestic Violence Information & Referral \(https://www.domesticviolenceinforeferral.org/domestic-violence-programs\)](https://www.domesticviolenceinforeferral.org/domestic-violence-programs) to search for local programs by county, or for [culturally/community specific](#)

([https://www.domesticviolenceinforeferral.org/domestic-violence-programs?field\\_county\\_value=All&field\\_program\\_catagory\\_tid=1](https://www.domesticviolenceinforeferral.org/domestic-violence-programs?field_county_value=All&field_program_catagory_tid=1)) or Tribal programs

([https://www.domesticviolenceinforeferral.org/domestic-violence-programs?field\\_county\\_value=All&field\\_program\\_catagory\\_tid=2](https://www.domesticviolenceinforeferral.org/domestic-violence-programs?field_county_value=All&field_program_catagory_tid=2)).

You can call, text, or chat online with advocates 24/7 at any of these:

- [National Domestic Violence Hotline](https://www.thehotline.org/) (<https://www.thehotline.org/>), 1-800-799-7233
- [National Sexual Assault Hotline](https://rainn.org/resources) (<https://rainn.org/resources>), 1-800-656-4673
- [StrongHearts Native Helpline](https://strongheartshelpline.org/) (<https://strongheartshelpline.org/>) (a peer support service of the National DV Hotline), 1-844-762-8483

## Will I have to pay to ask to renew my protection order?

No, you don't have to pay a filing fee. But there may be copying fees and fees for service (delivering the papers to the restrained person), if the judge doesn't order law enforcement to serve the restrained person for you.

"Judge" here refers to judges and court commissioners.

## How easy or hard is it to renew a protection order?

It's easiest if you don't want to make any changes to your protection order and the restrained person doesn't respond or show up at a court hearing to fight the renewal. But even if the restrained person does try to fight the renewal, they must prove that there's been a real change in circumstances and that they won't abuse or harm you in the future. This can be hard for them to do.

## **How long can I get the protection order renewed for?**

The judge can renew a protection order for one year or longer. The judge can also make a protection order permanent.

## **What should I put in the motion form?**

Put facts such as how long it's been since you got the protection order, if the restrained person has violated the protection order or harmed or abused anyone not protected by the order, if the restrained person has been convicted of any crime since you got the order, and if the restrained person has a continuing problem with alcohol or drug abuse. This isn't a complete list. You can read more things to tell the judge at the state law: [RCW 7.105.405\(5\)](http://app.leg.wa.gov/RCW/default.aspx?cite=7.105.405) (<http://app.leg.wa.gov/RCW/default.aspx?cite=7.105.405>).

## **Could the judge say no?**

Maybe. The judge could turn down your request to renew a protection order if the restrained person proves that there's been a real change in circumstances and they won't abuse or harm you in the future. Under state law, there are certain reasons the judge **can't** use to refuse to renew a protection order.

## My protection order kept the other parent away from our children. What happens to the children if I can't renew it?

At the renewal hearing, if the judge refuses to renew your protection order, you must follow any other court orders you have about parenting (custody and visitation). If there are no other parenting orders, then you and the other parent will have equal rights to time with the children. You may want to start a new case to get a Parenting Plan.

- **Example 1:** You had a Parenting Plan that gave the other parent every other weekend time with the children, but then you got a Protection Order that says all contact must be supervised. Your Protection Order is expiring, and the judge denied your motion to renew it. You must go back to following the Parenting Plan when the Protection Order expires. You may want to petition to change your parenting plan.
- **Example 2:** Your Protection Order is the only court order about parenting time. It says that the restrained person's contact with the children must be supervised. Your Protection Order is expiring, and the judge denied your motion to renew it. After your Protection Order expires, there will be no rules in place about who the children live with, when they see the other parent, and which parent can make major decisions for them. You may want to get a Parenting Plan.

If it's been a long time since the children have had contact with the other parent, you can ask the judge to consider if they should do reunification therapy (<https://www.psychologytoday.com/us/therapy-types/reunification-therapy>) with the children. You can ask the judge to put in the Denial Order if reunification therapy should happen and why. You may still have to get or change a Parenting Plan to require it. Any such therapy provider should be

made aware of the other parent's history of domestic violence and should have training and experience in the dynamics of intimate partner violence.

## **My protection order covers my child. What happens when they turn 18?**

Your protection order stops covering that child when they turn 18. But the child can use the renewal process to keep getting protection after age 18, as early as 90 days before it expires or as late as 1 year after it expires. It's easier to renew a protection order than to file for a new one. The judge should renew a protection order, unless the restrained person proves that there's been a real change in circumstances and that they won't abuse or harm you in the future.

## **2. Step-by-step**

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1. **Fill out the forms.**
2. **Attach any supporting evidence to your motion.** Everything must be single sided on regular size paper. Organize your attachments so the judge can understand them. Add labels and dates to pictures, texts or emails.

Some confidential documents should be filed separately under a sealed cover sheet. This keeps them out of the public court file. You must still

serve them on the other party. **Examples:** paystubs, tax returns, bank statements, benefit statements, medical or treatment records, special education records, confidential evaluations or reports.

If you're afraid for your safety or the children's safety, you can block out information identifying your location on the copies you file with the court and give the other party.

3. **File your forms with the court clerk.** You can bring your completed forms in person to the clerk's office of the same Washington state court where you originally got your protection order. Or you can call the clerk first to ask if it's possible to file electronically.
4. **Ask the clerk for help scheduling a renewal hearing.** If your protection order is going to expire before the hearing can be held, ask the clerk to help you get a judge to sign your Order Setting Hearing on Renewal and Extending Order until Hearing. If you don't need an extension order, you still need to schedule a hearing.
5. **Service.** The court papers must be delivered to (must be served on) the restrained person as soon as possible. If you got an Order Setting Hearing on Renewal and Extending Order until Hearing, it will say who should serve the papers. Usually, the judge orders law enforcement to serve. Even if you didn't need the extension order, you can ask law enforcement to serve.

- If law enforcement will be serving, the clerk's office will send them a service packet with copies of all the documents to be served.
  - If you'll be making private arrangements for service, the clerk's office will give you the service packet. You must find a process server or another adult to serve the packet on the restrained person.
6. **File proof of service.** Whoever serves the restrained person must fill out written data-entity-type="media" data-entity-uuid="71816bd9-73fd-47b3-8a8d-0714d6fd6c13" data-entity-substitution="media" title="Proof of Service (protection order)">proof of service (also called a “return of service” or “affidavit of service”). If law enforcement is serving, they'll fill out and file this form. Otherwise, the server may give you the completed form for you to file with the court clerk, or they can file it themselves.
7. **Go to the renewal hearing.** The judge decides here whether to renew or make changes to your protection order.

### 3. Get ready for hearing

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Read our tips to get ready for trial. The hearing is like a very short trial. However, witnesses don't usually testify at protection order hearings. Witnesses can file a declaration form describing what they saw or heard.

You must file witness declarations and any other documents you want the judge to consider with the court clerk and have the restrained person served

with a copy **before the hearing date**. It's best to file these at the same time as your petition, if you can.

If the restrained person doesn't get these copies beforehand, the judge may reschedule the hearing to give everyone time to read them. The reverse is also true: the restrained person must provide you with copies of anything they file. You have the same right to ask at the hearing for more time to review copies of anything served on you at the last minute.

**Make some notes to yourself** about the main points to make when it's your turn to talk at the full hearing. You may have no more than 5 minutes to speak.

**If your hearing is in person, get to the courthouse early.** If possible, don't bring your children.

**If your hearing is by phone or video**, follow these tips for phone and video hearings.

## 4. Hearing issues

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If you know beforehand that you can't make the hearing, contact the court clerk about rescheduling. Otherwise, if you simply don't go to your hearing, the judge will dismiss your motion, and your protection order will expire when it was originally supposed to.

Even if the restrained person hasn't been served **5 court days** before your hearing, you must still go to the hearing. This is especially true if the judge had



to temporarily extend your protection order until the hearing date. In that situation, you must ask the judge to further extend the protection order long enough to allow time for service.

Even if the restrained person didn't get 5 court days' notice but received the order, you can contact the police to enforce the order if there are any violations.

## 5. At the hearing

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If the restrained person doesn't show up but was properly served at least **5 court days** before the hearing, the judge can go ahead without the restrained person. You'll get your protection order renewed.

If the restrained person shows up for the hearing, the judge will let each of you speak, and then decide.

If the judge asks you a question, try to answer it directly. **Do not interrupt the judge.**

You may need to wait for the judge to write up the order. The clerk may give you a copy right away. If not, ask how you can get a copy.

## 6. What if I'm denied?

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A judge who won't renew your protection order must put their reasons in a written Denial Order. Under state law, the judge **can't** use any of these reasons to refuse to renew a protection order:

- The restrained person hasn't violated the protection order.
- You and/or the restrained person are under age 18.
- You didn't report to law enforcement the conduct that led you to get the protection order, or any violations of the protection order.
- You also have a no-contact order or a restraining order against the restrained person in a criminal or family law case.
- You could get a court order in a different case, such as a family law case, that would give you what a protection order renewal would give you.
- It's been some time since the last incident that led you to get the protection order.
- The restrained person no longer lives near you.

If a judge refuses to renew a protection order for any of those reasons, it may be legally incorrect. Try to talk to a lawyer right away.

## **You can try to fight the Denial Order**

**Within 10 days** after the entry of the order you can ask for reconsideration or revision. If the 10th day falls on a weekend or judicial holiday, your deadline is the next judicial day.

- Ask for reconsideration if the decision was legally incorrect or you have newly discovered evidence.

- Ask for revision if your case was decided by a court commissioner (not a judge), and you want a judge to review the same evidence.

File your motion for reconsideration or revision with the court clerk.

You can file an appeal within **30 days** after entry of the order. You have the right to a transcript or recording of the hearing.

If new evidence would support issuing a protection order, you can refile a petition for a protection order **at any time**.

## The restrained person might get their weapons back

Weapons might be returned after the order expires unless there's some other reason the restrained person can't have guns. Contact the law enforcement agency listed on the Order to Surrender Weapons. Ask them to alert you if weapons are returned.

## 7. Forms

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Form attached:

**Motion to Renew Protection Order** (PO 050)

Form attached:

**Order Setting Hearing on Renewal and Extending Order until Hearing** (PO 054)

Form attached:

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

## Protected minor turned 18

If a protection order covered you as a child and you've now turned age 18, you can use the renewal process to get your own protection order. You can file to renew the protection order as early as 90 days before it expires or as late as 1 year after it expires.

There's a separate form for this. Use the [data-entity-type="media" data-entity-uuid="c5cb08dc-5180-4517-af31-4598817fd8d3" data-entity-substitution="media" title="Petition and Motion to Renew Protection Order – Protected Minor">Petition and Motion to Renew Protection Order – Protected Minor](#) (PO 052) instead of the Motion to Renew (PO 050), above.

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



3. I want the renewed order to stay in place ☐ for (*number*) \_\_\_\_\_ year/s ☐ permanently.
4. I request the Restrained Person pay the fees and costs of this action.

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

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



\_\_\_\_\_  
*Sign here*

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

You must provide an address where you will receive legal documents. You have a right to keep your residential address confidential. If you have one, you may provide an address, other than your residence, where you will receive legal documents:

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**Hope Card:** A Hope Card is a small card you can easily carry that has some details of your protection order. It's one way to show you have a full protection order. You can request one at [www.courts.wa.gov/hopecard](http://www.courts.wa.gov/hopecard).

**This document must be served on the other party, and  
proof of service must be in the court file prior to the hearing.**

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

\_\_\_\_\_  
Petitioner

vs.

\_\_\_\_\_  
Defendant/Respondent

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

**Order Setting Hearing on Renewal (ORH)  
and Extending Order Until Hearing  
(ORPRTR)**

Clerk's Action Required: **3, 4, 5, 6**

**Next Hearing Date/Time:** \_\_\_\_\_

**At:** \_\_\_\_\_

**Order Setting Hearing on Renewal and Extending Order Until Hearing**

1. The Protected Person filed a *Motion to Renew Protection Order* or *Petition and Motion to Renew Protection Order – Protected Minor* on (date) \_\_\_\_\_ for an order which expires or expired on (date): \_\_\_\_\_.

**Warning to Restrained Person:** The court will renew the protection order unless you prove by a preponderance of the evidence that there has been a substantial change in circumstances and you will not resume acts of:

☐ domestic violence ☐ unlawful harassment ☐ sexual assault ☐ stalking

☐ abandonment, abuse, financial exploitation, or neglect of a vulnerable adult against the protected person/s when the order expires.

2. **Hearing.**

☐ This order is issued without a hearing.

☐ The court held a hearing before issuing this order. These people attended:

☐ Protected Person ☐ in person ☐ by phone ☐ by video

☐ Protected Person's Lawyer ☐ in person ☐ by phone ☐ by video

☐ Petitioner (*if not the protected person*) ☐ in person ☐ by phone ☐ by video

☐ Restrained Person ☐ in person ☐ by phone ☐ by video

☐ Restrained Person's Lawyer ☐ in person ☐ by phone ☐ by video

☐ Other: \_\_\_\_\_ ☐ in person ☐ by phone ☐ by video

3. **The Court sets a hearing.** The parties shall appear at a hearing as scheduled above. See How to Attend at the end of this order (section 7).

At the hearing, the court will decide whether or not to renew the protection order.

☐ **Continuation.** The hearing on renewal is continued because: \_\_\_\_\_

4. ☐ **Extension (ORPRTR).** The court temporarily extends the order until the hearing date listed above.

**Clerk's Action:** The court clerk shall forward a copy of this order immediately to the following law enforcement agency (*county or city*) \_\_\_\_\_  
(*check only one*): ☐ Sheriff's Office or ☐ Police Department  
(*List the same agency that entered the protection order*)

This agency shall enter this order into WACIC and National Crime Info Center (NCIC).

5. **Service on the Restrained Person**

☐ **Required.** The restrained person must be served with a copy of the service packet.

- ☐ The **law enforcement agency** where the restrained person lives or can be served shall serve the restrained person with a copy of this order and shall promptly complete and return proof of service to this court.

Law enforcement agency: (*county or city*) \_\_\_\_\_  
(*check only one*): ☐ Sheriff's Office or ☐ Police Department

- ☐ The **protected person** (or person filing on their behalf) shall make private arrangements for service and have proof of service returned to this court. (*This is not an option if this order requires: weapon surrender, vacating a shared residence, transfer of child custody, or if the restrained person is incarcerated. In these circumstances, law enforcement must serve, unless the court allows alternative service.*)

**Clerk's Action.** The court clerk shall forward a copy of the motion for renewal, this order, and any order to surrender and prohibit weapons on or before the next judicial day to the agency and/or party checked above. The court clerk shall also provide a copy of these orders to the protected person.

- ☐ **Alternative Service Allowed.** The court authorizes alternative service by separate order (*specify*): \_\_\_\_\_

- ☐ **Not Required.** The restrained person appeared at the hearing, in person or remotely, and received notice of the order. No further service is required. See section 2 above for appearances. (*May apply even if the restrained person left before a final ruling is issued or signed.*)

6. ☐ **Service on Others**

Service on the ☐ vulnerable adult ☐ adult restrained person's guardian/conservator ☐ minor restrained person's parent/s or legal guardian/s (*name/s*)

\_\_\_\_\_ is:



☐ **Required.**

- ☐ The **law enforcement agency** where the person to be served lives or can be served shall serve a copy of this order and shall promptly complete and return proof of service to this court.

Law enforcement agency: (*county or city*) \_\_\_\_\_  
(*check only one*): ☐ Sheriff's Office or ☐ Police Department

- ☐ The **protected person** or person filing on their behalf shall make private arrangements for service and have proof of service returned to this court.

**Clerk's Action.** The court clerk shall forward a copy of this order on or before the next judicial day to the agency and/or party checked above.

- ☐ **Not Required.** They appeared at the hearing where this order was issued and received a copy.

**7. How to attend the next court hearing (date and time on page 1)**

The hearing scheduled on page 1 will be held:

|                                                                                            |                                                                                                                                                                                                                                                                                 |                                                                                     |                                                                             |
|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
|           | <b>In Person</b><br>Judge/Commissioner: _____ Courtroom: _____<br>Address: _____                                                                                                                                                                                                |                                                                                     |                                                                             |
|          | <b>Online (audio and video)</b> App: _____<br><input type="checkbox"/> Log-in: _____<br><input type="checkbox"/> You must get permission from the court at least 3 court days before your hearing to participate online (audio and video). To make this request, contact: _____ |                                                                                     |                                                                             |
|         | <b>By Phone (audio only)</b> <input type="checkbox"/> Call-in number: _____<br><input type="checkbox"/> You must get permission from the court at least 3 court days before your hearing to participate by phone only (without video). To make this request, contact: _____     |                                                                                     |                                                                             |
|         | <b>If you have trouble connecting online or by phone</b> (instructions, who to contact): _____                                                                                                                                                                                  |                                                                                     |                                                                             |
|         | <b>Ask for an interpreter, if needed.</b> Contact: _____<br>_____                                                                                                                                                                                                               |  | <b>Ask for disability accommodation, if needed.</b> Contact: _____<br>_____ |
| Ask for an interpreter or accommodation as soon as you can. Do not wait until the hearing! |                                                                                                                                                                                                                                                                                 |                                                                                     |                                                                             |

**Ordered.**

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

\_\_\_\_\_  
**Judge/Court Commissioner**

\_\_\_\_\_  
Print Judge/Court Commissioner Name

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



\_\_\_\_\_  
Signature of Respondent/Lawyer    WSBA No.    Print Name    Date



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

# 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.

| 1. Restrained Person's PARENT or GUARDIAN's Info                                                                                                                                                                                                  |                               |                                                                               |                                                                                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| Name: 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                                                                                                       |
| Eye Color                                                                                                                                                                                                                                         | Hair Color                    |                                                                               | Weight                                                                                                       |
| Phone/s with Area Code (voice):                                                                                                                                                                                                                   |                               | Need Interpreter?<br><input type="checkbox"/> No <input type="checkbox"/> Yes | Language:                                                                                                    |
| 2. Where can the Restrained Person's PARENT or GUARDIAN be served?<br>List all known contact information.                                                                                                                                         |                               |                                                                               |                                                                                                              |
| Last Known Address.<br>Street:                                                                                                                                                                                                                    |                               |                                                                               |                                                                                                              |
| 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 Restrained Person's PARENT or GUARDIAN<br>Law enforcement needs this info to serve the order safely                                                                                                  |                               |                                                                               |                                                                                                              |
| Does the PARENT or GUARDIAN have a disability, brain injury, or impairment requiring special assistance when law enforcement serves the order? <input type="checkbox"/> No <input type="checkbox"/> Yes. If yes, describe (add pages, if needed): |                               |                                                                               |                                                                                                              |
| Hazard Information PARENT or GUARDIAN's history includes:                                                                                                                                                                                         |                               |                                                                               |                                                                                                              |
| <input type="checkbox"/> Involuntary/Voluntary Commitment <input type="checkbox"/> Suicide Attempt or Threats (How recent?)                                                                                                                       |                               |                                                                               |                                                                                                              |
| <input type="checkbox"/> Threats to "suicide by cop" <input type="checkbox"/> Assault <input type="checkbox"/> Assault with Weapons <input type="checkbox"/> Alcohol/Drug Abuse                                                                   |                               |                                                                               |                                                                                                              |
| <input type="checkbox"/> Other:                                                                                                                                                                                                                   |                               |                                                                               |                                                                                                              |
| Concealed Pistol License: <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                |                               |                                                                               |                                                                                                              |
| Weapons: <input type="checkbox"/> Handguns <input type="checkbox"/> Rifles <input type="checkbox"/> Knives <input type="checkbox"/> Explosives <input type="checkbox"/> Unknown                                                                   |                               |                                                                               |                                                                                                              |
| <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>   |                                  |                                    |                                    |                     |