

# File for a Protection Order

## **Author**

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Self-help forms and instructions to file for a civil protection order for domestic violence, sexual assault, stalking, anti-harassment, or a vulnerable adult.

## **1. Before you file**

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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>) to search for local programs by county, or for culturally/community specific ([File for a Protection Order](https://www.domesticviolenceinforeferral.org/domestic-violence-</a></p></div><div data-bbox=)

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

## Fill out forms online

- [File for a Protection Order](#)

**Decide if a protection order is right for you.** Protection orders are effective for many people, but they're not a good option for everyone.

**Decide where to file.** You can file for a protection order in the Washington county where you live now, or where you used to live if you fled to avoid abuse, or the county with the court that's closest to you. If you live on the

edge of a county, you may be closer to the neighboring county courthouse. It's okay to file there if that's more convenient.

Some courts may offer their own online forms or ways to ask for a protection order online. Ask the court clerk for availability.

**Are you a Tribal Member or living in a Tribal Community or on a Reservation?** You may have the choice of filing for a protection order in a State Court or a Tribal Court. Each Tribe's code and/or process may differ. Contact the appropriate Tribal Court (<https://goia.wa.gov/tribal-directory/washington-state-tribal-courts>) to learn more. State Court forms may not work in Tribal Court.

**Decide if you're going to put your home address in your court papers.** The protection order is a public document that anyone can see. Listing your home address can help law enforcement enforce the order because there's no question what address the other party must stay away from. But it also means your address is public knowledge, and it can cause confusion if you move. If you're unsure, talk to an advocate ([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)). The restrained person can still be ordered to stay away from your home if your address is confidential.

**Decide if you want or need immediate protection.** You can ask for immediate protection. You must explain how you or someone else may be seriously harmed if you don't get protection now, before the restrained person gets notice that you're asking for a protection order.

**Gather any supporting evidence**, such as written statements, printed photos, or documents that help prove what you're saying is true. It's helpful, but not required. If you can get it later, you can still file it before your hearing date. Try not to wait until the actual hearing to present evidence for the first time.

**Try to get access to a safe device for filling out the paperwork online, if you're not going to fill out the forms by hand.** That should be a computer or phone that the abuser cannot get to, even remotely (like a library computer). Techsafety.org (<https://www.techsafety.org/resources-survivors>) has tips for staying safe online.

**Be ready to explain in writing why you need a protection order.** The judge doesn't research police records or other cases to know your history. The judge will only know what happened if you put it in your written statement. If you don't include a particular incident in your statement, you may not have a chance to tell the judge at the hearing.

"Judge" here refers to judges and court commissioners.

You might be able to get help filling out the forms. Ask the court clerk about local victim services organizations with advocates ([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)) who can help with forms.

**Firearms alert!** If you're worried about firearms, you can ask the judge to order the restrained person to surrender weapons. You can ask for this when you first file for a protection order, or restraining order, or later if your protection or restraining order doesn't include a weapons order. If law enforcement returns the restrained person's weapons, they must notify you before they do so. Give law enforcement your contact information so they can do this. Email is best.

## 2. Step-by-step

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1. **Fill out the forms.** You can fill out the forms online or print them to fill out by hand.
2. **Attach any supporting evidence to your petition.** 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 papers in person to the clerk's office of the court you've chosen. Or you can call the clerk first to ask if it's possible to file electronically.
4. **A judge reads your court papers the same day you file, or the next working court day** if you file later in the day or when the court is closed. After reading your papers, the judge will decide:
  - Does the judge have authority (called *jurisdiction*) over you and the restrained person?
  - Does the restrained person's behavior meet the legal definition of domestic violence, sexual assault, stalking, or harassment?
  - For vulnerable adults only, does the behavior meet the legal definition of abandonment, abuse, financial exploitation, or neglect?

**If the judge decides you don't meet the legal requirements,** the judge won't schedule a hearing. The judge must give you a written denial order explaining why you won't get a protection order. If you don't get a written denial order,

ask for one. If you still don't get a denial order after asking for one, try to contact a lawyer as soon as you can.

You'll have **14 days** from the date of the denial order to rewrite (amend) your petition with more information and ask the judge to review it again. Use the same case number to file your amended petition.

5. If you've asked for immediate protection and the judge decides you meet the legal requirements, **the judge may issue a Temporary Protection Order to start right away**. It lasts until the judge has a hearing for the full order within 14 days.

**If the judge doesn't give you immediate protection**, you can still have the restrained person served and go to a hearing to ask for a full protection order. Or you can withdraw your petition if you don't feel safe going forward without a Temporary Protection Order in place. The restrained person won't be served if you withdraw at this point.

If you didn't ask for immediate protection, the judge will **schedule a hearing for a full order** if you meet the legal requirements.

6. **Service.** The court papers must be delivered to (must be served on) the restrained person as soon as possible. If you have a temporary order, it

will say who should serve the order. Usually, the judge orders 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 the order says the **protected person shall make 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.

**Service tip!** Ask the clerk for a copy of the service packet to keep on hand. If law enforcement is called in an emergency, you can give the service packet to the officer on the scene to serve the restrained person at that time. You might hear this called a "911 service packet."

The restrained person must receive the papers at least **5 court days** before the hearing. If the restrained person is under age 18, their parents or legal guardians must also be served.

Your temporary order is legal and enforceable (is in effect) from the moment the judge signs it. **But** the police can only enforce the order if there's proof that the restrained person was served with a copy of the order.

If you're filing on behalf of a vulnerable adult, the vulnerable adult must also receive a copy of the notice, petition, and any temporary order and



order to surrender weapons at least **5 court days** before the full hearing. If the vulnerable adult has a legal guardian or conservator, that person must also be served.

**Safety alert!** If the judge issues an Order to Surrender and Prohibit Weapons, the restrained person must immediately surrender their firearms to law enforcement when they're served. If that doesn't happen for some reason, **this could increase your level of risk**. A domestic violence or other advocate (<https://www.thehotline.org/>) can help you do safety planning around this issue. You may call **9-1-1** to report if you believe the restrained person still has weapons.

7. **File proof of service.** Whoever serves the restrained person must fill out written 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.
8. **If the restrained person hasn't been served, but you still need the temporary order**, you must go to the full hearing and ask for an extension (a continuance) of the temporary order.

**Safety alert!** Even if you have a temporary protection order, you must continue to take steps for you and your children to

remain safe

(<https://www.domesticviolenceinforeferral.org/domestic-violence->

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

(<https://www.domesticviolenceinforeferral.org/domestic-violence->

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

, especially around the time the order is served.

9. **Full Hearing.** The judge decides here whether to issue a final Protection Order. Usually, a final Protection Order lasts for at least a year. You can ask for a shorter or longer order, based on your needs, in the petition.

### 3. Get ready for the full 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 full hearing, contact the court clerk about rescheduling. Otherwise, if you simply don't go to your full hearing, the judge will dismiss your temporary order.

If the restrained person hasn't been served **5 court days** before your full hearing, you must still go to the hearing if you want the temporary protection order extended 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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The restrained person may be there. If they don't show up and were properly served at least **5 court days** before the full hearing, the judge can go ahead without them.

If the other party shows up at the hearing, each of you will get to 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.

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

After the judge has heard both sides, they'll make a decision. 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.

If the other party didn't show up, they may need to be served with any orders the judge makes at the hearing. Read the order to see if service is required and who must do it.

## 6. After the full hearing

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### What if I disagree with the court's decision?

**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**.

### How is the order enforced?

Law enforcement will enter your Protection Order in a statewide computer system. It's enforceable statewide and in other states.

You should **call the police** to report if the person you got the order against breaks (violates) the order. This is a crime. The police must enforce your order and arrest the person who harmed you.

**Ask for a Hope Card!** A Hope Card is a small card you can easily carry. It's one way to show you have a full protection order. You can request one at [courts.wa.gov/hopecard/](https://www.courts.wa.gov/hopecard/) (<https://www.courts.wa.gov/hopecard/>). If you don't have a Hope Card, **you should always carry a certified copy of your protection order with you.**

### **Can the order be changed or terminated?**

Either party can file a motion to modify or terminate the order. A restrained person may do this only once within every **12-month** period.

### **Can the order be renewed?**

You can file a motion to renew within **90 days** before the order expires.

**Example:** If your order expires Dec. 15, you can file a motion to renew as early as Sept. 16.

### **If weapons are surrendered, will they be returned?**

Weapons may be returned after the order expires. Contact the law enforcement agency listed on the Order to Surrender Weapons. Ask them to alert you if weapons are returned.

Sign up for Washington VINELink  
(<https://vinelink.vineapps.com/state/WA>) to get important victim  
safety notices, such as:

- If the perpetrator is transferred or released from jail or prison
- If the perpetrator tries to buy or transfer a firearm while they  
are prohibited and are denied
- When your protective order is served
- A reminder 90-days before your protective order expires

For some violent crimes, you can apply to the Department of  
Corrections for advance notice  
(<https://www.doc.wa.gov/victims/notification.htm>) of transfer or  
release.

## 7. Forms

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Form attached:

**Petition for Protection Order** (PO 001)

Form attached:

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

Form attached:

**Temporary Protection Order and Hearing Notice** (PO 030)

To ask a judge for a protection order, you must fill out and file at least the 3 forms above. Use [WA Forms Online](#) to fill out all 3 of these and other forms you may need. You may need other forms depending on the situation:

- If you want to file written statements from other people in support of your petition, you can use a [Declaration](#) form
- If you want to file medical records, financial records, or confidential reports, you'll need a [Sealed Cover Sheet](#) to protect your privacy (keep them out of the public court record)
- If you're **not** planning to have law enforcement serve the papers, you'll need a [Proof of Service](#) form
- If you are filing to protect someone else who is a vulnerable adult, you'll need a [data-entity-type="media" data-entity-uuid="cff8edd2-cd35-4997-ac3b-c6d5deb1717a" data-entity-substitution="media" title="Notice to Vulnerable Adult">Notice to Vulnerable Adult](#) form

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



|                                                                                                                                                                |                                                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| _____ <b>Court of Washington, County of</b> _____                                                                                                              |                                                                                        |
| _____<br>Petitioner ( <i>Person starting this case</i> )      DOB _____<br>vs.<br>_____<br>Respondent ( <i>Person responding to this case</i> )      DOB _____ | No. _____<br><b>Petition for Protection Order</b><br><b>Clerk's Action Required: 1</b> |

### Petition for Protection Order

**What kind of protection order do you want?** There are different orders based on the type of harm and how the parties know each other. **See definitions in *Attachments A and B*.**

**1. Choose the type of protection order that best fits your situation. (*Check only one.*)**

- ☐ Domestic Violence – Protection from an intimate partner or family or household member who has committed domestic violence, nonconsensual sexual conduct or penetration, unlawful harassment, or stalking. (PTORPRT)
- ☐ Sexual Assault – Protection from someone who has committed sexual assault. (PTORSXP)
- ☐ Stalking – Protection from someone who has committed stalking. (PTORSTK)
- ☐ Vulnerable Adult – Protection from someone who has abandoned, abused, financially exploited, or neglected a vulnerable adult (or threatened to do so). (PTORVA)

**Important!** If you are asking for a Vulnerable Adult Protection Order, you must complete **Attachment B: Vulnerable Adult** as part of this Petition.

- ☐ Anti-Harassment – Protection from someone who has committed unlawful harassment. (PTORAH) (*fee may be required*)  
  
 Conduct also includes (*check all that apply*): ☐ stalking   ☐ hate crime   ☐ single act of violence   ☐ threat of violence including malicious and intentional threat or presence of firearm/weapon causing substantial emotional distress  
☐ family or household member engaged in domestic violence  
☐ nonconsensual sexual conduct or penetration or a sex offense.

2. If more than one of the protection order types listed above fits your situation, list any additional order types here: \_\_\_\_\_

3. Who should the order restrain? ("Restrained Person")

Name: \_\_\_\_\_

Restrained Person's age: ☐ Under 13 ☐ 13 to 17 ☐ 18 or over ☐ Unknown

**Who should be protected?** Check all that apply. Depending on the type of order, you can protect yourself and/or children, or you can file on behalf of a vulnerable adult, or another adult who cannot file for themselves.

4. Who should the order protect? ("Protected Person") (*Check all that apply.*)

☐ **Me.** My name is \_\_\_\_\_  
(*You must be age 15 or older.*)

☐ **Minor Children.**

☐ I am the minor's ☐ parent ☐ legal guardian ☐ custodian.

☐ I am age 18 or older and the minor is a member of my family or household.  
(*For domestic violence petitions only.*)

☐ I am age 15 to 17. The minor is a member of my family or household. I have been chosen by the minor and am capable of pursuing their stated interest in this case.

☐ I am with the Department of Children, Youth, and Families filing for a minor not able to consent.

(*For sexual assault protection order only.*)

☐ I am with (*specify law enforcement agency*) \_\_\_\_\_ law enforcement filing for a minor not able to consent.

(*For temporary sexual assault protection order only.*)

| Child's Name | Age | Gender | Race | Lives With | How related to you | How related to Restrained Person |
|--------------|-----|--------|------|------------|--------------------|----------------------------------|
|              |     |        |      |            |                    |                                  |
|              |     |        |      |            |                    |                                  |
|              |     |        |      |            |                    |                                  |
|              |     |        |      |            |                    |                                  |

**Important!** If the restrained person is a parent of any of the children, complete **Attachment C: Child Custody**. If you are **not** a parent of any of the children, complete **Attachment D: Non-parents protecting children (ICWA)**. You must include these Attachment/s with your Petition if they apply.

☐ **Someone Else.** (List your name as Petitioner at the beginning of this form. Describe who you are filing for here.) I am filing to protect:

☐ a vulnerable adult (name) \_\_\_\_\_  
(See definition and complete Attachment B.)

☐ an adult (name) \_\_\_\_\_  
who does not meet the definition of a vulnerable adult, but who cannot file the petition themselves because of age, disability, health, or inaccessibility.  
**(Do not check this for vulnerable adult or domestic violence petitions.)**

What is the age, disability, health, or inaccessibility concern that makes the adult unable to file themselves? (Examples: the adult is hospitalized, temporarily incapacitated, or in jail/prison.)  
\_\_\_\_\_  
\_\_\_\_\_

5. **Service Address.** What is your address for receiving legal documents? You have the right to keep your residential address private. You may use a different mailing address for receiving legal documents.

Mail: \_\_\_\_\_

Email (if you agree to receive legal documents by email): \_\_\_\_\_

6. **Interpreter.**

Do you need an interpreter? ☐ No ☐ Yes, Language: \_\_\_\_\_

**Important!** You may need to request an interpreter separately. You will get instructions with an order setting your hearing.

7. **Accommodations.** You can ask the court for disability accommodations, if needed.

Contact: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**How do the parties know each other?**

8. Check all the ways the protected person is connected or related to the restrained person:

**Intimate Partners** – Protected Person and Restrained Person are intimate partners because they are:

- ☐ current or former spouses or domestic partners.  
☐ parents of a child-in-common (unless child was conceived through sexual assault).  
☐ current or former dating relationship (age 13 or older) who: ☐ never lived together  
☐ live or have lived together.

**Family or Household Members** – Protected Person and Restrained Person are family or household members because they are:

- ☐ parent and child ☐ stepparent and stepchild  
☐ grandparent and grandchild ☐ parent's intimate partner and child  
☐ current or former cohabitants as roommates

- ☐ person who is or has been a legal guardian
- ☐ related by blood or marriage (*specify how*) \_\_\_\_\_

**Other** – (examples: coworker, neighbor, acquaintance, stranger)

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**Connection to Washington State.** This helps decide if the court has authority (jurisdiction).

**9. Why are you filing in this county and state? (Check *all* that apply.)**

- ☐ The protected person lives in this county now, **or** used to live in this county but left because of abuse, **or** this is the nearest court to where I live or used to live.
- ☐ An incident that made me want this protection order happened in this county or state.

**10. Restrained Person's Residence.** Where does the restrained person live?

- ☐ In Washington State in (*city or county*): \_\_\_\_\_
- ☐ Outside of Washington State
- ☐ Unknown

**Are there other court cases involving the parties or any children?**

**11. Other Court Cases.** Have there been any other court cases between any of the people involved in this case, or about any children? Include court cases happening now and in the past and requests for protection that were denied or have expired. (*Examples: criminal no contact order, civil protection order, family law restraining order, protection order from another state, tribal order, military orders, parenting plans, divorce, landlord-tenant, employment, property, assault, police investigations. File copies in this court case of everything you want the court to review.*)

☐ No ☐ Yes. If yes, fill out below.

| Type of Case<br>(see examples) | Court Location<br>(City or County<br>and State) | Court Type<br>(Superior/District/<br>Municipal/Tribal/<br>Military) | Case Number<br>(if known) | Status<br>(active/dismissed/pending/<br>expired/unknown) |
|--------------------------------|-------------------------------------------------|---------------------------------------------------------------------|---------------------------|----------------------------------------------------------|
|                                |                                                 |                                                                     |                           |                                                          |
|                                |                                                 |                                                                     |                           |                                                          |
|                                |                                                 |                                                                     |                           |                                                          |
|                                |                                                 |                                                                     |                           |                                                          |

Other details: \_\_\_\_\_

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**Do you need immediate protection?** If needed, you can ask for a *Temporary Protection Order* that starts now, before the restrained person gets notice. This protection can last up to 14 days or until the court hearing (whichever comes first).

12. **Immediate Protection:** Do you need a Temporary Protection Order to start immediately without prior notice to the restrained person?

☐ Yes ☐ No

If Yes, what do you want to do if the court denies your request for an immediate Temporary Protection Order? (*Check one*)

☐ Request the court schedule a hearing to ask for a full protection order. (Restrained Person must be served.)

☐ Withdraw my Petition for Protection Order. (Do not serve the Restrained Person.)

13. **Immediate Weapons Surrender:** Do you want a temporary order that requires the restrained person to give up all firearms, other dangerous weapons, and concealed pistol licenses, and prohibits the restrained person from getting more?

☐ Yes ☐ No

**If Yes to 12 or 13, explain why:** What serious immediate harm or irreparable injury could occur if an order is not issued immediately without prior notice to the restrained person? (*Briefly explain how you or anyone else might be harmed if you do not get protection now.*)

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**What protections do you need?** Check **everything** you want the court to order.

14. **I ask for a protection order with these restraints against the restrained person:**

**General Restraints**

- A. ☐ **No Harm:** Do not cause any physical harm, bodily injury, assault, nonconsensual sexual conduct or nonconsensual sexual penetration, and do not harass, threaten, or stalk:

☐ protected person ☐ the minors named in section 4 above

☐ these minors only: \_\_\_\_\_

- B. ☐ **No Contact:** Do not make any attempts or have any contact, including nonphysical contact, directly, indirectly, or through third parties, regardless of whether those third parties know of the order, except for service of court documents with:

- ☐ protected person      ☐ the minors named in section 4 above
- ☐ these minors only: \_\_\_\_\_
- ☐ these members of the protected person's household: \_\_\_\_\_
- \_\_\_\_\_
- ☐ **Exception** (if any). Only this type of contact is allowed: \_\_\_\_\_
- \_\_\_\_\_

Exceptions about minors, if any, provided in **P** below.

- C. ☐ **Stalking Behavior:** Do not harass, follow, monitor, keep under physical or electronic surveillance, cyber harass (as defined in RCW 9A.90.120), or use phone, video, audio or other electronic means to record, photograph, or track locations or communication, including digital, wire, or electronic communication of:
- ☐ the protected person      ☐ the minors named in section 4 above
- ☐ these minors only: \_\_\_\_\_
- ☐ these members of the protected person's household: \_\_\_\_\_
- \_\_\_\_\_

- D. ☐ **Exclude and Stay Away:** Do not enter, return to, knowingly come within, or knowingly remain within 1,000 feet or other distance (*specify*) \_\_\_\_\_ of:
- ☐ the protected person      ☐ protected person's vehicle
- ☐ protected person's school      ☐ protected person's workplace
- ☐ protected person's residence      ☐ protected person's adult day program
- ☐ the shared residence
- ☐ the residence, daycare, or school of      ☐ the minors named in section 4 above
- ☐ these minors only: \_\_\_\_\_
- ☐ other: \_\_\_\_\_

**Address:** The protected person chooses to (*check one*):

- ☐ keep their address confidential      ☐ list their address here:
- \_\_\_\_\_

- E. ☐ **Vacate Shared Residence:** The protected person has exclusive right to the residence that the protected person and restrained person share. The restrained person must immediately vacate the residence. The restrained person may take the restrained person's clothing, personal items needed during the duration of the order, and these items (*specify*): \_\_\_\_\_ from the residence while a law enforcement officer is present.
- F. ☐ **Intimate Images:** Do not possess or distribute intimate images of a protected person, as defined in RCW 9A.86.010. The restrained person must take down and delete all intimate images and recordings of a protected person in the restrained person's possession or control and cease any and all disclosure of those intimate images.

- G. ☐ **Electronic Monitoring:** The restrained person must submit to electronic monitoring. Example: location tracking via ankle bracelet. (*Restrained Person must be age 18 or older.*)
- H. ☐ **Evaluation:** The restrained person shall get an evaluation for:  
☐ mental health ☐ chemical dependency (drugs and alcohol)
- I. ☐ **Treatment:** The restrained person shall participate in state-certified treatment for:  
☐ sex offender ☐ domestic violence perpetrator
- J. ☐ **Personal Belongings:** The protected person shall have possession of essential personal belongings, including the following:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- K. ☐ **Assets:** Do not transfer jointly owned assets.  
☐ **Finances:** Provide the following financial relief: \_\_\_\_\_
- L. ☐ **Vehicle:** The protected person shall have use of the following vehicle:  
Year, Make, & Model \_\_\_\_\_ License No. \_\_\_\_\_
- M. ☐ **Restrict Abusive Litigation:** Do not engage in abusive litigation as set forth in chapter 26.51 RCW or in frivolous filings against the protected person, making harassing or libelous communications about the protected person to third parties, or making false reports to investigative agencies.
- N. ☐ **Pay Fees and Costs:** The restrained person must pay fees and costs of this action. This may include administrative court costs, service fees, and the protected person's costs including lawyer fees.

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### Firearms and Other Dangerous Weapons

- O. ☐ **Surrender Weapons:** The restrained person must immediately surrender any firearms, other dangerous weapons, or concealed pistol licenses to law enforcement and not access, possess, have in their custody or control, purchase, receive, or attempt to purchase or receive any of those items.

**Important!** *The court may be required to order the restrained person to surrender firearms, other dangerous weapons, or concealed pistol licenses even if you do not request it.*

Does the restrained person ☐ own or ☐ have access to firearms?

☐ Yes ☐ No ☐ I do not know

Complete **Attachment E: Firearms Identification** if Yes.

Would the restrained person's use of firearms or other dangerous weapons be a serious and immediate threat to anyone's health or safety?

☐ Yes ☐ No ☐ I do not know

Even if the restrained person does not have firearms now, has the restrained person ever used firearms, other weapons, or objects to threaten or harm you?

☐ Yes ☐ No

If Yes, describe what happened.

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Is the restrained person already not allowed to have firearms?

☐ Yes ☐ No ☐ I do not know

If Yes, why? \_\_\_\_\_

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### Minors

**P. ☐ Custody:** *(If the parties have children together.)*

The protected person is granted temporary care, custody, and control of:

☐ the minors named in section **4** above.

☐ these minors only: \_\_\_\_\_

Exceptions for Visitation and Transportation (including exchanges, meeting location, and pickup and dropoff) of Minors (if any): \_\_\_\_\_

Visitation listed here is an exception to any No Contact and Stay Away provisions about the children, in **B** and **D** above.

**Q. ☐ Interference:** Do not interfere with the protected person's physical or legal custody of:

☐ the minors named in section **4** above.

☐ these minors only: \_\_\_\_\_

**R. ☐ Removal from State:** Do not remove from the state:

☐ the minors named in section **4** above.

☐ these minors only: \_\_\_\_\_

**S. ☐ School Enrollment:** Do not enroll or continue attending as a student in the elementary, middle, or high school that a protected person attends: *(name of school)*

\_\_\_\_\_  
*(Only if both the restrained person and a protected person are students at the same school. Can apply to students 18 or older. Includes public and private schools.)*

Describe any continuing physical danger, emotional distress, or educational disruption to a protected person that would happen if the restrained person attends the same school.

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### Pets

- T. ☐ **Custody:** The protected person shall have exclusive custody and control of the following pet/s owned, possessed, leased, kept, or held by the protected person, restrained person, or a minor child who lives with either the protected or restrained person. (*Specify name of pet and type of animal.*):  
\_\_\_\_\_
- U. ☐ **Interference:** Do not interfere with the protected person's efforts to get the pet/s named above.
- V. ☐ **Stay Away:** Do not knowingly come within, or knowingly remain within (*distance*) \_\_\_\_\_ of the following locations where the pet/s are regularly found:
- ☐ Protected person's residence (*home address may be kept confidential.*)
- ☐ Other (*specify*): \_\_\_\_\_

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### Vulnerable Adult (A "vulnerable adult" has a specific meaning. See attachment B for the definition.)

- W. ☐ **Safety:** Do not commit or threaten to commit acts of abandonment, neglect, financial exploitation, or abuse, including sexual abuse, mental abuse, physical abuse, personal exploitation, and improper use of restraints, against the vulnerable adult.
- X. ☐ **Accounting:** Provide an accounting of the disposition of the vulnerable adult's income or other resources.
- Y. ☐ **Property Transfer:** Do not transfer the property of ☐ the vulnerable adult ☐ the restrained person. This restraint can last for up to 90 days.

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### Other

- Z. \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

|                                                                                               |
|-----------------------------------------------------------------------------------------------|
| <b>Do you need help from law enforcement?</b> They may help you get the things you asked for. |
|-----------------------------------------------------------------------------------------------|

15. **Law Enforcement Help:** Do you want the court to order the appropriate law enforcement agency to help you with any of the things listed below? (*Check all that apply.*)
- ☐ Possession of my residence.
- ☐ Possession of the vehicle I asked for in section L above.

- ☐ Possession of my essential personal belongings that are located at:
- ☐ the shared residence
  - ☐ the restrained person's residence
  - ☐ other location: \_\_\_\_\_
- ☐ Custody of: ☐ the minors named in section 4 above
- ☐ these minors only: \_\_\_\_\_
- ☐ Other: \_\_\_\_\_

**How long do you need this order to last?**

**16. Length of Order**

*(The order will last for **at least 1 year** unless you ask for something different. Orders restraining a parent from contacting their own children may not exceed 1 year.)*

I need this order to last for: ☐ 1 year ☐ more than 1 year ☐ less than 1 year (*specify how long*): \_\_\_\_\_

If you checked more or less than 1 year, briefly explain why.

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**Do you want to be notified if the restrained person petitions for the restoration of firearms in the future?**

**17. Firearms Restoration Notice**

*(This only applies if there is an existing or future criminal case that prohibits firearm ownership or possession.)*

- ☐ **Notify.** I want the prosecutor to notify me if the restrained person petitions for restoration of firearms and of the court's decision.
- ☐ **Do Not Notify.** I do not want the prosecutor to notify me if the restrained person petitions for restoration of firearms or of the court's decision.

**Why do you need a protection order? What happened?** This is your statement where you tell your experience.

Be as specific and descriptive as possible. Put the date, names, what happened, and where. Use names rather than pronouns (he/she/they) as much as possible. If you cannot remember the date, put the time of year it happened (around a holiday, winter, summer, how old your child was), or about how long ago.

For all of the questions below, include details:

- Who did what?
- When did this happen?
- How were any statements made? (in person, mail, text, phone, email, social media)
- How did this make you, the minor, or the vulnerable adult feel?

If you need more space to answer any of the questions below, use form PO 010 *Statement* or attach additional pages.

**Privacy Warning!** The restrained person will see this Petition and any other evidence you file with the court. This information is also available in a public court file. You should file healthcare records, financial documents, and confidential reports under seal. Use form All Civil 040 *Sealed Cover*. If you want to seal explicit or intimate images, you must file a separate motion asking the court to seal these images. Use form PO 005, *Motion to Redact or Seal*.

18. **Most Recent Incident.** What happened most recently that made you want a protection order? This could include violent acts, fear or threats of violence, coercive control, nonconsensual sexual conduct or penetration, sexual abuse, harassment, stalking, hate crimes. For a vulnerable adult, include incidents or threats of abandonment, abuse, neglect, and/or financial exploitation. Include specific date/s and details of the incident.

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19. **Past Incidents.** What happened in the past that makes you want a protection order? This could include violent acts, fear or threats of violence, coercive control, nonconsensual sexual conduct or penetration, sexual abuse, harassment, stalking, or hate crimes. For a vulnerable adult, include incidents or threats of abandonment, abuse, neglect, and/or financial exploitation. Include specific date/s and details of the incidents.

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- 20. Medical Treatment.** Describe any medical treatment you received for issues related to your request for protection.

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- 21. Suicidal Behavior.** Describe any threats of self-harm or suicide attempts by the restrained person.

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- 22. Restrained Person's Substance Abuse**

Is substance abuse involved? ☐ Yes ☐ No ☐ Unknown

If yes, what type of substance abuse? ☐ Alcohol ☐ Drugs ☐ Other: \_\_\_\_\_

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- 23. Minors Needing Protection, if any** *(If the information is not already included above.)*

Has there been any violence or threats towards children? How have the children been affected by the restrained person's behavior? Were the children present during any of the incidents described above? *(Describe and give details).*

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**24. Supporting Evidence** *(Include anything else you want the court to see that helps prove what you are saying is true. You are responsible for filing your supporting evidence, including police reports, if any. Before you file any attachments, you can black out (redact) any sensitive information. Examples: your home address and account numbers (leave last 4 digits). If you have audio or video evidence, contact the court for how to submit.)*

- ☐ I am submitting the following evidence with this Petition *(check all that apply)*:
- ☐ Pictures
  - ☐ Text/email/social media messages
  - ☐ Voice messages (written transcript)
  - ☐ Written notes/letters/mail
  - ☐ Police report
  - ☐ Declaration or statement from witness *(name/s)*: \_\_\_\_\_
- ☐ Other *(describe)*: \_\_\_\_\_

**Privacy Warning!** The restrained person will see this Petition and any other evidence you file with the court. This information is also available in a public court file. You should file healthcare records, financial documents, and confidential reports under seal. Use All Civil 040 *Sealed Cover*. If you want to seal explicit or intimate images, you must file a separate motion asking the court to seal these images. Use form All Civil 050, *Motion to Redact or Seal*.

Before you file any attachments, you can **black out** (redact) any sensitive information. Examples: your home address, account numbers (leave last 4 digits), minor's names (leave minor's initials). Do **not** list your address in this petition or any supporting evidence if you want it to remain confidential.

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

I certify, under penalty of perjury under the laws of the state of Washington, that all the information provided in this petition and any attachments is true and correct.

☐ I have attached *(number)*: \_\_\_\_\_ pages.

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

► \_\_\_\_\_  
*Sign here* *Print name*

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## Attachment A: Definitions (*Always include with petition.*)

**"Domestic violence"** means:

- (a) Physical harm, bodily injury, assault, or the infliction of fear of physical harm, bodily injury, or assault; nonconsensual sexual conduct or nonconsensual sexual penetration; coercive control; unlawful harassment; or stalking of one intimate partner by another intimate partner; or
- (b) Physical harm, bodily injury, assault, or the infliction of fear of physical harm, bodily injury, or assault; nonconsensual sexual conduct or nonconsensual sexual penetration; coercive control; unlawful harassment; or stalking of one family or household member by another family or household member.

**"Commercial sexual exploitation"** means commercial sexual abuse of a minor and sex trafficking.

**"Sexual conduct"** means any of the following:

- (a) Any intentional or knowing touching or fondling of the genitals, anus, or breasts, directly or indirectly, including through clothing;
- (b) Any intentional or knowing display of the genitals, anus, or breasts for the purposes of arousal or sexual gratification of the respondent;
- (c) Any intentional or knowing touching or fondling of the genitals, anus, or breasts, directly or indirectly, including through clothing, that the petitioner is forced to perform by another person or the respondent;
- (d) Any forced display of the petitioner's genitals, anus, or breasts for the purposes of arousal or sexual gratification of the respondent or others;
- (e) Any intentional or knowing touching of the clothed or unclothed body of a child under the age of 16, if done for the purpose of sexual gratification or arousal of the respondent or others; or
- (f) Any coerced or forced touching or fondling by a child under the age of 16, directly or indirectly, including through clothing, of the genitals, anus, or breasts of the respondent or others.

**"Sexual penetration"** means any contact, however slight, between the sex organ or anus of one person by an object, the sex organ, mouth, or anus of another person, or any intrusion, however slight, of any part of the body of one person or of any animal or object into the sex organ or anus of another person including, but not limited to, cunnilingus, fellatio, or anal penetration. Evidence of emission of semen is not required to prove sexual penetration.

**"Stalking"** means any of the following:

- (a) Any act of stalking as defined under RCW 9A.46.110;
- (b) Any act of cyber harassment as defined under RCW 9A.90.120; or
- (c) Any course of conduct involving repeated or continuing contacts, attempts to contact, monitoring, tracking, surveillance, keeping under observation, disrupting activities in a harassing manner, or following of another person that:
  - (i) Would cause a reasonable person to feel intimidated, frightened, under duress, significantly disrupted, or threatened and that actually causes such a feeling;
  - (ii) Serves no lawful purpose; and
  - (iii) The respondent knows, or reasonably should know, threatens, frightens, or intimidates the person, even if the respondent did not intend to intimidate, frighten, or threaten the person.

**"Unlawful harassment"** means:

- (a) A knowing and willful course of conduct directed at a specific person that seriously alarms, annoys, harasses, or is detrimental to such person, and that serves no legitimate or lawful purpose. The course of conduct must be such as would cause a reasonable person to suffer substantial emotional distress, and must actually cause substantial emotional distress to the petitioner; or
- (b) A single act of violence or threat of violence directed at a specific person that seriously alarms, annoys, harasses, or is detrimental to such person, and that serves no legitimate or lawful purpose, which would cause a reasonable person to suffer substantial emotional distress, and must actually cause substantial emotional distress to the petitioner. A single threat of violence must include:
  - (i) A malicious and intentional threat as described in RCW 9A.36.080(1)(c); or
  - (ii) the presence of a firearm or other weapon.

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## Attachment B: Vulnerable Adult

**Only complete** this attachment if your case involves a vulnerable adult. **If not**, skip or remove this attachment.

**1. What qualifies the adult as a vulnerable adult?** The adult (*check all that apply*):

- ☐ Is over 60 years old and does not have the functional, mental, or physical ability to care for himself or herself.
- ☐ Is an individual subject to guardianship under RCW 11.130.265 or an individual subject to conservatorship under RCW 11.130.360.
- ☐ Has a developmental disability as defined in RCW 71A.10.020.
- ☐ Self-directs their own care and receives services from a personal aide under RCW 74.39.
- ☐ Is receiving services from a home health, hospice, or homecare agency licensed or required to be licensed under RCW 70.127.
- ☐ Is receiving in-home services from an individual provider under contract with DSHS.
- ☐ Has been admitted to an assisted living facility, nursing home, adult family home, soldiers' home, residential habilitation center, or any other facility licensed by DSHS.

**2. Does the vulnerable adult know you will be filing this petition?**

- ☐ Yes ☐ No If No, what efforts did you make to notify the vulnerable adult?

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

**3. Connection to Washington.** Does the vulnerable adult live in Washington State?

- ☐ Yes ☐ No If No, are you asking to protect any **family members** of the vulnerable adult who:

- Live in Washington State, and
- Have been affected by the restrained person's actions

☐ Yes ☐ No

**4. What is your relationship to the vulnerable adult?**

- ☐ I am the vulnerable adult. I am filing this petition for myself.
- ☐ DSHS is filing this petition for a vulnerable adult who ☐ has consented ☐ lacks capacity or ability to consent to this petition.
- ☐ I am the vulnerable adult's guardian/conservator, or limited guardian/conservator.

I was appointed in (*county and state*) \_\_\_\_\_  
in Case Number \_\_\_\_\_  
on or about (*date*) \_\_\_\_\_  
(*Attach a copy of your letters or order appointing guardian/conservator, if available.*)

- ☐ To protect the vulnerable adult, I imposed an **emergency restriction** on the vulnerable adult's right to associate with the restrained person on (*date*) \_\_\_\_\_

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

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

What is the nature of your relationship to the vulnerable adult? How long has this relationship lasted? (Describe)

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What is the incapacity, undue influence, or duress that makes the vulnerable adult unable to protect their own interests? (Describe)

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## Definitions For Vulnerable Adult Protection Orders:

"Vulnerable adult" includes a person:

- (a) Sixty years of age or older who has the functional, mental, or physical inability to care for himself or herself; or
- (b) Subject to a guardianship under RCW 11.130.265 or adult subject to conservatorship under RCW 11.130.360; or
- (c) Who has a developmental disability as defined under RCW 71A.10.020; or
- (d) Admitted to any facility; or
- (e) Receiving services from home health, hospice, or home care agencies licensed or required to be licensed under chapter 70.127 RCW; or
- (f) Receiving services from a person under contract with the department of social and health services to provide services in the home under chapter 74.09 or 74.39A RCW; or
- (g) Who self-directs his or her own care and receives services from a personal aide under chapter 74.39 RCW.

"Abuse," for the purposes of a **vulnerable adult** protection order, means intentional, willful, or reckless action or inaction that inflicts injury,

unreasonable confinement, intimidation, or punishment on a vulnerable adult. In instances of abuse of a vulnerable adult who is unable to express or demonstrate physical harm, pain, or mental anguish, the abuse is presumed to cause physical harm, pain, or mental anguish.

"Abuse" includes sexual abuse, mental abuse, physical abuse, personal exploitation, and improper use of restraint against a **vulnerable adult**, which have the following meanings:

- (a) "Improper use of restraint" means the inappropriate use of chemical, physical, or mechanical restraints for convenience or discipline, or in a manner that:
  - (i) Is inconsistent with federal or state licensing or certification requirements for facilities, hospitals, or programs authorized under chapter 71A.12 RCW;
  - (ii) is not medically authorized; or
  - (iii) otherwise constitutes abuse under this section.
- (b) "Mental abuse" means an intentional, willful, or reckless verbal or nonverbal action that threatens, humiliates, harasses, coerces, intimidates, isolates, unreasonably confines, or punishes a vulnerable adult. "Mental



abuse" may include ridiculing, yelling, swearing, or withholding or tampering with prescribed medications or their dosage.

- (c) "Personal exploitation" means an act of forcing, compelling, or exerting undue influence over a vulnerable adult causing the vulnerable adult to act in a way that is inconsistent with relevant past behavior, or causing the vulnerable adult to perform services for the benefit of another.
- (d) "Physical abuse" means the intentional, willful, or reckless action of inflicting bodily injury or physical mistreatment. "Physical abuse" includes, but is not limited to, striking with or without an object, slapping, pinching, strangulation, suffocation, kicking, shoving, or prodding.
- (e) "Sexual abuse" means any form of nonconsensual sexual conduct including, but not limited to, unwanted or inappropriate touching, rape, molestation, indecent liberties, sexual coercion, sexually explicit photographing or recording, voyeurism, indecent exposure, and sexual harassment. "Sexual abuse" also includes any sexual conduct between a staff person, who is not also a resident or client, of a facility or a staff person of a program authorized under chapter 71A.12 RCW, and a vulnerable adult living in that facility or receiving service from a program authorized under chapter 71A.12 RCW, whether or not the sexual conduct is consensual.

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

- (a) The use of deception, intimidation, or undue influence by a person or entity in a position of trust and confidence with a vulnerable adult to obtain or use the property, income, resources, government benefits, health insurance benefits, or trust funds of the vulnerable adult for the benefit of a person or entity other than the vulnerable adult;

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

**"Neglect"** means:

- (a) A pattern of conduct or inaction by a person or entity with a duty of care that fails to provide the goods and services that maintain the physical or mental health of a vulnerable adult, or that fails to avoid or prevent physical or mental harm or pain to a vulnerable adult; or
- (b) an act or omission by a person or entity with a duty of care that demonstrates a serious disregard of consequences of such a magnitude as to constitute a clear and present danger to the vulnerable adult's health, welfare, or safety including, but not limited to, conduct prohibited under RCW 9A.42.100.

## Attachment C: Child Custody

**Only complete** this attachment if you are asking to protect any of the restrained person's children. **If not**, skip or remove this attachment.

**Does a Washington Court have authority over the children?** Before the court can protect a child, you must tell the court about the children's connection to Washington State. See instructions for help.

### 1. Children's Home/s

At any time during the past 5 years, have the children lived:

- ☐ on an Indian reservation,
- ☐ outside Washington state,
- ☐ in a foreign country, or
- ☐ with anyone who is not a party to this case?

☐ No. (*Skip to 2*)

☐ Yes. (*Fill out below to show where the children have lived during the last 5 years.*)

| Dates        | Children                                                                      | Lived with                                                                                                        | In which state, Indian reservation, or foreign country |
|--------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| From:<br>To: | <input type="checkbox"/> All children<br><input type="checkbox"/> (Initials): | <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent<br><input type="checkbox"/> Other (name): |                                                        |
| From:<br>To: | <input type="checkbox"/> All children<br><input type="checkbox"/> (Initials): | <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent<br><input type="checkbox"/> Other (name): |                                                        |
| From:<br>To: | <input type="checkbox"/> All children<br><input type="checkbox"/> (Initials): | <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent<br><input type="checkbox"/> Other (name): |                                                        |
| From:<br>To: | <input type="checkbox"/> All children<br><input type="checkbox"/> (Initials): | <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent<br><input type="checkbox"/> Other (name): |                                                        |
| From:<br>To: | <input type="checkbox"/> All children<br><input type="checkbox"/> (Initials): | <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent<br><input type="checkbox"/> Other (name): |                                                        |

### 2. Other people with a legal right to spend time with the children

Do you know of anyone besides yourself and Respondent who has or claims to have a legal right to spend time with the children?

☐ No.

☐ Yes. (Name/s) \_\_\_\_\_ has or claims to have a legal right to spend time with the children because:

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

### 3. Authority Over the Children (Jurisdiction) (RCW 26.27.201 – .221, .231, .261, .271)

The court can make an order protecting the children because:

- ☐ **Exclusive, continuing jurisdiction** – A Washington court has already made a custody order or parenting plan for the children and the court still has authority to make other orders for the children.
- ☐ **Home state jurisdiction** – Washington is the child's home state because *(check all that apply)*:
- ☐ The children lived in Washington with a parent or someone acting as a parent for at least the 6 months just before this case was filed, or if a child is less than 6 months old, the child has lived in Washington with a parent or someone acting as a parent since birth.
- ☐ There were times the children were not in Washington in the 6 months just before this case was filed (or since birth if a child is less than 6 months old), but those were temporary absences.
- ☐ The children do not live in Washington right now, but Washington was the children's home state sometime in the 6 months just before this case was filed, and a parent or someone acting as a parent of the children still lives in Washington.
- ☐ The children do not have another home state.
- ☐ **No home state or home state declined** – No court of any other state (or tribe) has the jurisdiction to make decisions for the children **or** a court in the children's home state (or tribe) decided it is better to have this case in Washington **and**:
- The children and a parent or someone acting as a parent have ties to Washington beyond just living here; **and**
  - There is a lot of information (substantial evidence) about the children's care, protection, education, and relationships in this state.
- ☐ **Other state declined** – The courts in other states (or tribes) that might be the children's home state have refused to take this case because it is better to have this case in Washington.
- ☐ **Temporary emergency jurisdiction** – The court can make decisions for the children because the children are in this state now **and** were abandoned here **or** need emergency protection because the children (or their parent, brother, or sister) were abused or threatened with abuse. *(Check one)*:
- ☐ A custody case involving the children was filed in the children's home state *(name of state or tribe)*: \_\_\_\_\_. Washington should take temporary emergency jurisdiction over the children until the petitioner can get a court order from the children's home state (or tribe).
- ☐ There is **no** valid custody order or open custody case in the children's home state *(name of state or tribe)*: \_\_\_\_\_. If no case is filed in the children's home state *(or tribe)* by the time the children have been in Washington for 6 months, *(date)*: \_\_\_\_\_, Washington should have final jurisdiction over the children.
- ☐ **Other reason** *(specify)*: \_\_\_\_\_

## Attachment D: Non-Parents Protecting Children (ICWA)

**Only complete** this attachment if you are asking to protect any children who are **not** your own. **If not**, skip or remove this attachment.

**Non-Parents must comply with the Indian Child Welfare Acts (ICWA).** If you are not a legal parent of a minor child you are asking to protect, you must find out if the minor is or may be an Indian child. If so, the federal and state Indian Child Welfare Acts will apply to your case. This does not apply to parents.

**Parents:** You do **not** have to answer these questions about your own children.

### 1. Tribal Heritage

*If there is a reason to know that a child has **tribal heritage** (including ancestry or familial political affiliation), the court must treat the child as an Indian child unless and until the affected tribe/s decide otherwise or decline to respond after receiving proper notice.*

*An **Indian child** is a child who is a member of an Indian tribe, or who is the biological child of an Indian tribe member and is eligible for membership. Tribes decide their own membership.*

**Could any of the children be Indian children?** (Check all that apply):

☐ **No.** These children are not Indian children (*name/s*): \_\_\_\_\_

I know this because (*explain if the children have no tribal heritage, or if any possible tribal heritage has already been explored and decided in another court proceeding that complied with ICWA. Attach orders*): \_\_\_\_\_

☐ **Yes or maybe.** These children are or may be Indian children. They have or may have heritage from the tribe/s listed below:

| Children                                                                 | Tribes |
|--------------------------------------------------------------------------|--------|
| <input type="checkbox"/> All <input type="checkbox"/> ( <i>name/s</i> ): |        |
| <input type="checkbox"/> All <input type="checkbox"/> ( <i>name/s</i> ): |        |

I will provide the *Indian Child Welfare Act Notice* (form GDN M 401) and a copy of this *Petition* to the tribe/s named above and other necessary people or agencies.

☐ **I do not know** if any of the children are Indian children or have tribal heritage. I have done the following things to find out:

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**Warning!** You must find out if any of these children have tribal ancestry before a full order is issued.

**2. Authority Over Indian Children (Jurisdiction)**

- ☐ Does not apply. None of the children are Indian children.
- ☐ A state court can decide this case for any children who are or may be Indian children because:
- ☐ (*Children's Initials*): \_\_\_\_\_ are **not** domiciled or living on an Indian reservation, and are not wards of a tribal court. (25 U.S.C. § 1911)
- ☐ (*Children's Initials*): \_\_\_\_\_ are domiciled or living on an Indian reservation, and (*check all that apply*):
- ☐ The children's tribe agrees to Washington State's concurrent jurisdiction.
- ☐ The children's tribe decided not to use its exclusive jurisdiction (expressly declined). (RCW 13.38.060)
- ☐ Washington State should exercise **emergency jurisdiction** for Indian children temporarily located off the reservation to protect the children from immediate physical damage or harm. (RCW 13.38.140)

## Attachment E: Firearms Identification

**Only complete** this attachment if the restrained person owns or has access to firearms or other dangerous weapons. **If not**, skip or remove this attachment.

1. Does the restrained person ☐ own or ☐ have access to any firearms? ☐ Yes ☐ No ☐ Unknown
2. Does the restrained person purchase, own, or have access to parts that could be assembled into a working firearm (example: ghost guns)? ☐ Yes ☐ No ☐ Unknown
3. Does the restrained person have a concealed pistol license (CPL)? ☐ Yes ☐ No ☐ Unknown
4. When was the last time you saw the firearm/s? \_\_\_\_\_
5. Do you know where the restrained person keeps the firearm/s? ☐ Yes ☐ No  
If yes, check all that apply:  
☐ On their person ☐ In their car ☐ In their home ☐ Storage unit ☐ In a safe
6. To the best of your knowledge, are the guns typically loaded? ☐ Yes ☐ No ☐ Unknown
7. How important are the firearms to the restrained person?  
☐ 1 (not very important) ☐ 2 ☐ 3 ☐ 4 ☐ 5 (very important) ☐ Unknown
8. What does the restrained person generally use the firearms for, if known? (*check all that apply*):  
☐ Hunting ☐ Collecting ☐ Target Shooting ☐ Protection ☐ Other: \_\_\_\_\_
9. Does the respondent possess explosives? ☐ Yes ☐ No ☐ Unknown
10. Does the restrained person own or possess any other dangerous weapons you believe should be surrendered? ☐ Yes ☐ No ☐ Unknown. If yes, list them here: \_\_\_\_\_

The pictures below are examples of the most common guns. If you recognize any of the pictures below as similar to the one/s the restrained person has, please check it and write in how many they have of each.

|                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <div style="border-bottom: 1px solid black; margin-bottom: 10px;"><input type="checkbox"/> <b>Handgun</b> (<i>how many</i>) _____</div> <div style="text-align: center;"></div> | <div style="border-bottom: 1px solid black; margin-bottom: 10px;"><input type="checkbox"/> <b>Unassembled Firearm</b> (<i>how many</i>) _____</div> <div style="text-align: center;"></div> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

☐ **Semi-automatic Rifle** (*how many*) \_\_\_\_\_



☐ **Rifle/Shotgun** (*how many*) \_\_\_\_\_



☐ **Other firearm/s** (*describe*):

## 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

|                                      |            |  |                                                                                         |        |
|--------------------------------------|------------|--|-----------------------------------------------------------------------------------------|--------|
| Name: 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>   |                                  |                                    |                                    |                     |

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

\_\_\_\_\_  
Petitioner, \_\_\_\_\_ Date of Birth \_\_\_\_\_  
vs.

\_\_\_\_\_  
Respondent. \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

**Temporary Protection Order and Hearing Notice (TMO-) (Select only one)**

☐ Domestic Violence (RPRT)

☐ Sexual Assault (RSXP)

☐ Harassment (RAH)

☐ Stalking (STKH)

☐ Vulnerable Adult (RVA)

**Clerk's Action Required: 5.B, 10, 11, 12**

**Service: 11**

**Next Hearing Date and Time:**

\_\_\_\_\_  
See ***How to Attend*** at the end of this order

**Temporary Protection Order and Hearing Notice**

1. **This order is effective until the end of the hearing listed above.**

This protection order complies with the Violence Against Women Act and shall be enforced throughout the United States. See last page.

2. **This order restrains (*name*):** \_\_\_\_\_  
also known as (*list any known aliases*) \_\_\_\_\_

The restrained person must obey the restraints ordered in section 8.

|           |            |           |        |
|-----------|------------|-----------|--------|
| Gender    | Race       | Height    | Weight |
| Eye Color | Hair Color | Skin Tone | Build  |

Noticeable features (*Ex.: tattoos, scars, birthmarks*): \_\_\_\_\_

Has ☐ access to or ☐ possession of ☐ firearms ☐ other weapons ☐ unknown

Surrender weapons ordered: ☐ Yes ☐ No

3. **This order protects (name):** \_\_\_\_\_  
and the following **children** who are under 18 (if any) ☐no minors

| Child's name | Age | Child's name | Age |
|--------------|-----|--------------|-----|
| 1.           |     | 2.           |     |
| 3.           |     | 4.           |     |
| 5.           |     | 6.           |     |

There is a rebuttable presumption to include the protected person's minor children.

- ☐ For good cause, the court is **not** including the protected person's minor children in this order because: \_\_\_\_\_

### Warnings to the Restrained Person



**You can be arrested even if the protected person or persons invite or allow you to violate the order.** You alone are responsible for following the order. **Only the court may change the order.** Requests for changes must be made in writing.

**If you do not obey this order, you can be arrested and charged with a crime.**

- The crime may be a misdemeanor, gross misdemeanor, or felony depending on the circumstances. You may also be found in contempt of court.
- You can go to jail or prison, lose your right to possess a firearm or ammunition, and/or pay a fine.
- It is a felony to take or hide a child in violation of this order.
- If you travel to another state or to tribal lands or make the protected person do so with the intention of disobeying this order, you can be charged with a federal crime.



**Firearms and Weapons.** If the court approves a full protection order, you may not be able to get or have a gun, firearm, other dangerous weapon, ammunition, or concealed pistol license for as long as the protection order is in place.



**Go to the court hearing scheduled on page 1.** If you do not, the court may:

- Make this temporary order effective for 1 year or longer
- Order weapons restrictions, even if that was not requested
- Order other relief requested in the petition
- Order electronic monitoring, payment of costs, and treatment
- Issue a final order that you are required to follow and you may not be served with the order if it is substantially the same as this temporary order

If you are under age 18, your parent/s or legal guardian/s will also be served with this order and should also go to the hearing. The court will decide if someone should be appointed to represent you.

## Findings

### 4. Ex Parte Hearing

- ☐ The court issues this temporary order without a hearing.
- ☐ The court held a hearing before issuing this temporary order. These people attended:
- |                                            |                                    |                                   |                                   |
|--------------------------------------------|------------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Protected Person  | <input type="checkbox"/> in person | <input type="checkbox"/> by phone | <input type="checkbox"/> by video |
| <input type="checkbox"/> Restrained Person | <input type="checkbox"/> in person | <input type="checkbox"/> by phone | <input type="checkbox"/> by video |
| <input type="checkbox"/> Other: _____      | <input type="checkbox"/> in person | <input type="checkbox"/> by phone | <input type="checkbox"/> by video |

### 5. Basis

- A. The court finds:** Based upon the petition, testimony, and case record, it appears that the restrained person engaged in conduct against the protected person/s that would be a basis for a protection order under chapter 7.105 RCW. This *Temporary Protection Order* should be issued without notice to the restrained person to avoid serious immediate harm or irreparable injury. (*Specify*) \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

### B. Antiharassment Temporary Protection Order

- ☐ No fee required (stalking, hate crime, single act of violence, or threat of violence including malicious and intentional threat, or presence of firearm/weapon causing substantial emotional distress, family or household member engaged in domestic violence, or nonconsensual sexual conduct or penetration or a sex offense. RCW 7.105.105(9)).

### 6. Jurisdiction

The court has jurisdiction over the parties and the subject matter.

- ☐ **Minors:** Washington state ☐ has exclusive continuing jurisdiction ☐ is the home state ☐ has temporary emergency jurisdiction over the children.

- ☐ **Temporary Emergency Jurisdiction:** The petitioner has until (*date*) \_\_\_\_\_ to return to (*state/court with jurisdiction over the minors*) \_\_\_\_\_ to seek any court orders about these minors:
- \_\_\_\_\_
- \_\_\_\_\_

The Washington order will terminate on that date for the minors. RCW 26.27.231.

- ☐ **The person who filed is not a parent** of one or more children listed above. (*Important! Complete Protection Order Attachment A: Non-Parent (ICWA), PO 030A/PO 040A.*)

### 7. Other Findings (if any)

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**Temporary Restraints** (*Check all that apply*):

**8. The Court Orders: To the Restrained Person:****General Restraints**

- A. ☐ No Harm:** Do not cause any physical harm, bodily injury, assault, nonconsensual sexual conduct or nonconsensual sexual penetration, and do not harass, threaten, or stalk:

☐ the protected person                      ☐ the minors named in section **3** above

☐ these minors only: \_\_\_\_\_

- B. ☐ No Contact:** Do not attempt or have any contact, including nonphysical contact, directly, indirectly, or through third parties, regardless of whether those third parties know of the order, except for service of court documents with:

☐ the protected person                      ☐ the minors named in section **3** above

☐ these minors only: \_\_\_\_\_

☐ these members of the protected person's household: \_\_\_\_\_

☐ **Exception** (if any): Only this type of contact is allowed: \_\_\_\_\_

\_\_\_\_\_  
Exceptions about minors only, if any, provided in **P** below.

- C. ☐ Stalking Behavior:** Do not harass, follow, monitor, keep under physical or electronic surveillance, cyber harass (as defined in RCW 9A.90.120), or use phone, video, audio, or other electronic means to record, photograph, or track locations or communication, including digital, wire, or electronic communication, of:

☐ the protected person                      ☐ the minors named in section **3** above

☐ these minors only: \_\_\_\_\_

☐ these members of the protected person's household: \_\_\_\_\_

- D. ☐ Exclude and Stay Away:** Do not enter, return to, knowingly come within, or knowingly remain within 1,000 feet or other distance (*specify*) \_\_\_\_\_ of:

☐ the protected person                      ☐ protected person's vehicle

☐ protected person's school                      ☐ protected person's workplace

☐ protected person's residence                      ☐ protected person's adult day program

☐ the shared residence

☐ the residence, daycare, or school of   ☐ the minors named in section **3** above



☐ these minors only: \_\_\_\_\_

☐ other: \_\_\_\_\_

**Address:** The protected person chooses to (*check one*):

☐ keep their address confidential

☐ list their address here:

\_\_\_\_\_

**E. ☐ Vacate Shared Residence:** The protected person has exclusive right to the residence that the protected person and restrained person share. The restrained person must immediately vacate the residence.

**F. ☐ Intimate Images:** Do not possess or distribute intimate images of a protected person, as defined in RCW 9A.86.010. The restrained person must take down and delete all intimate images and recordings of a protected person in the restrained person's possession or control and cease any and all disclosure of those intimate images.

**G. ☐ Electronic Monitoring:** You must submit to electronic monitoring. (*Restrained person must be age 18 or older.*)

Monitoring by (*specify*): \_\_\_\_\_

Term (*if different from expiration of temporary order*): \_\_\_\_\_

☐ Restrained Person must pay cost of electronic monitoring.

**H. ☐ Evaluation:** ☐ To be decided at the full hearing. ☐ Ordered now.

The restrained person shall get an evaluation for: ☐ mental health ☐ chemical dependency (drugs or alcohol) at: \_\_\_\_\_

The evaluation shall answer the following question/s:

\_\_\_\_\_

An evaluation is necessary and it is feasible and appropriate to order an evaluation in this temporary order because:

\_\_\_\_\_

\_\_\_\_\_

**I. ☐ Treatment:** ☐ To be decided at the hearing. ☐ Ordered now.

The restrained person shall participate in state-certified treatment as follows:

☐ domestic violence perpetrator treatment program approved under RCW 43.20A.735 at: \_\_\_\_\_

☐ sex offender treatment program approved under RCW 18.155.070 at: \_\_\_\_\_

It is feasible and appropriate to order treatment in this temporary order because:

\_\_\_\_\_

\_\_\_\_\_

**J. ☐ Personal Belongings:** The protected person shall have possession of essential personal belongings, including the following:

\_\_\_\_\_

---

K. ☐ **Transfer of Assets:** Do not transfer jointly owned assets.

☐ **Finances:** The following financial relief is ordered: \_\_\_\_\_

---

L. ☐ **Vehicle:** The protected person shall have use of the following vehicle:

Year, Make, & Model \_\_\_\_\_ License No. \_\_\_\_\_

M. **Restrict Abusive Litigation:** To be decided at the hearing, if requested.

N. **Pay Fees and Costs:** To be decided at the hearing, if requested.

---

### Firearms and Other Dangerous Weapons

O. ☐ **Surrender Weapons:** **Important!** Also use form *Order to Surrender and Prohibit Weapons*, WS 001.

**The court finds** that (*check all that apply*):

- ☐ Irreparable injury could result if the *Order to Surrender and Prohibit Weapons* is not issued.
- ☐ The restrained person's possession of a firearm or other dangerous weapon presents a serious and imminent threat to public health or safety or the health or safety of any individual.
- ☐ Irreparable injury could result if the restrained person is allowed to access, obtain, or possess any firearms or other dangerous weapons, or obtains or possesses a concealed pistol license.

The restrained person must:

- Immediately surrender to law enforcement and not access, possess, have in their custody or control, purchase, receive, or attempt to purchase or receive firearms, other dangerous weapons, or concealed pistol licenses; and
  - Comply with the ***Order to Surrender and Prohibit Weapons***, filed separately.
- 

### Minors

P. ☐ **Custody:** The protected person is granted temporary care, custody, and control of:

☐ the minors named in section **3** above.

☐ these minors only: \_\_\_\_\_

Exceptions for Visitation and Transportation, if any (including exchanges, meeting location, pickup, and dropoff): \_\_\_\_\_

---

Visitation listed here is an exception only to No Contact and Stay Away provisions about the children in **B** and **D** above.

(*Only for children the protected and restrained person have together.*)

To comply with the Child Relocation Act, anyone with majority or substantially equal residential time (at least 45 percent) who wants to move with the child must notify every other person who has court-ordered time with the child. Specific exemptions

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from notification may be available if the court finds unreasonable risk to health or safety. Persons entitled to time with the child under a court order may object to the proposed relocation. See RCW 26.09.405 - .560 for more information.

- Q. ☐ Interference:** Do not interfere with the protected person's physical or legal custody of:
- ☐ the minors named in section **3** above
  - ☐ these minors only: \_\_\_\_\_
- R. ☐ Removal from State:** Do not remove from the state:
- ☐ the minors named in section **3** above
  - ☐ these minors only: \_\_\_\_\_
- S. ☐ School Enrollment:** Do not enroll or continue attending the elementary, middle, or high school that a protected person attends (*name of school*) \_\_\_\_\_.  
(Only if both the restrained person and a protected person are students at the same school. Can apply to students 18 or older. Includes public and private schools. Complete form PO 040B Attachment B School Transfer.)

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### Pets

- T. ☐ Custody:** The protected person shall have exclusive custody and control of the following pet/s owned, possessed, leased, kept, or held by the protected person, restrained person, or a minor child who lives with either the protected or restrained person. (*Specify name of pet and type of animal.*): \_\_\_\_\_
- U. ☐ Interference:** Do not interfere with the protected person's efforts to get the pet/s named above.
- V. ☐ Stay Away:** Do not knowingly come within, or knowingly remain within (*distance*) \_\_\_\_\_ of the following locations where the pet/s are regularly found:
- ☐ Protected person's residence (*home address may be kept confidential*)
  - ☐ Other (*specify*) \_\_\_\_\_

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### Vulnerable Adult

- W. ☐ Safety:** Do not commit or threaten to commit acts of abandonment, neglect, financial exploitation, or abuse, including sexual abuse, mental abuse, physical abuse, personal exploitation, and improper use of restraints against the vulnerable adult.
- X. ☐ Accounting:** You must provide an accounting of the disposition of the vulnerable adult's income or other resources by (*date*) \_\_\_\_\_
- Y. ☐ Property Transfer:** Do not transfer the property of ☐ the vulnerable adult ☐ the restrained person. This restraint is valid for up to 90 days.

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### Other

**Z.** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Other Orders** (Check all that apply):

**9. ☐ Law enforcement must help the protected person with** (RCW 7.105.320(1)):

- ☐ Possession of the protected person's residence.
- ☐ Possession of the vehicle listed in section **L** above.
- ☐ Possession of the protected person's essential personal belongings located at:
  - ☐ the shared residence
  - ☐ the restrained person's residence
  - ☐ other location \_\_\_\_\_
- ☐ Custody of ☐ the minors named in section **3** above
  - ☐ these minors only \_\_\_\_\_

☐ Other: \_\_\_\_\_

- ☐ **Law enforcement must be present while the restrained person collects** personal clothing, personal items needed during the duration of this order, and these other items (*specify*) \_\_\_\_\_  
from the shared residence that restrained person has been ordered to vacate in **D** or **E** above. RCW 7.105.320(3).

**10. Washington Crime Information Center (WACIC) and Other Data Entry**

**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

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

**11. Service on the Restrained Person**

- ☐ **Required.** The restrained person must be served with a service packet, including a copy of this order, the petition, and any supporting materials filed with the petition.

- ☐ The **law enforcement agency** where the restrained person lives or can be served shall serve the restrained person with the service packet 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

- ☐ **Personal service by law enforcement is required because** (*check all that apply*):

- ☐ Order to Surrender and Prohibit Weapons
- ☐ Restrained person must vacate shared residence
- ☐ Child custody transfer ordered
- ☐ Restrained person is incarcerated

☐ Other

☐ Electronic service is authorized by RCW 7.105.150.

☐ 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.*)

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

**Clerk's Action.** The court clerk shall forward a service packet on or before the next judicial day to the agency and/or party checked above. The court clerk shall also provide a copy of the service packet to the protected person but the protected person is only responsible for service if checked above.

☐ **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 4 above for appearances. (*May apply even if the restrained person left before a final ruling is issued or signed.*)

**12. ☐ Service on Others (Vulnerable Adult or Restrained Person under age 18)**

Service on the ☐ vulnerable adult ☐ adult's guardian/conservator ☐ 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.

**13. Other Orders (if any):**

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**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><br>Contact: _____<br>_____                                                                                                                                                                                                            |
|         | <b>Ask for disability accommodation, if needed.</b><br>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 attended the hearing remotely and have actual notice of this order. It was explained to me on the record:

▶ \_\_\_\_\_  
Signature of Respondent \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

▶ \_\_\_\_\_  
Signature of Respondent's Lawyer \_\_\_\_\_ WSBA No. \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_



\_\_\_\_\_  
Signature of Petitioner

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date



\_\_\_\_\_  
Signature of Petitioner's Lawyer

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

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**Important! Protected Person:** Law enforcement must notify you before firearms are returned to the Restrained Person. Keep your contact information up to date with the law enforcement agency. The *Proof of Surrender* in the court file should say which agency has the firearms. RCW 9.41.340.

**Certificate of Compliance With VAWA.** This protection order meets all "full faith and credit" requirements of the Violence Against Women Act, 18 U.S.C. § 2265 (1994) (VAWA) upon notice to the restrained person. This court has jurisdiction over the parties and the subject matter; the restrained person has been or will be given notice and a timely opportunity to be heard as provided by the laws of this jurisdiction. This order is enforceable in all 50 states, Indian tribal lands, the District of Columbia, the Commonwealth of Puerto Rico, the U.S. Virgin Islands, American Samoa, the Northern Mariana Islands, and Guam, as if it were an order of that jurisdiction.