

# Extreme Risk Protection Orders

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This is Washington's 'red flag' law. An extreme risk protection order (ERPO) requires a person to surrender any firearms they have and makes it illegal for them get firearms. You can get an ERPO against an intimate partner or family or household member who poses a significant danger to themselves or others. Law enforcement can also seek an ERPO.

ERPOs only restrict someone's access to firearms. If you need other protection, such as no harm, no contact, or stay away orders, consider other types of protection orders instead of an ERPO.

## 1. Before you file

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

[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

To ask a judge for an extreme risk protection order (an **ERPO**), you must fill out and file the forms here. The Petition is a request for the judge to order the other person (the **respondent**) to turn their firearms over to law enforcement and not get or try to get other firearms. It lets you ask for a temporary protection order that starts right away, and a full protection order that can last a year, if approved by a judge.

“Judge” here refers to judges and court commissioners.

**Decide if an ERPO is the right choice for you.** Different types of protection orders are effective for many people, but they’re not a good option for everyone.

**Decide where to file.** You can file for an extreme risk protection order in the Washington county where you live or the respondent lives.

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

**Decide which court to file in.** If the respondent is age 18 or older, you should probably file for an ERPO in Superior Court. You can file in Municipal or District Court, but those courts can only give you a temporary order and then transfer your case to Superior Court. If the respondent is under age 18, you may file in Juvenile

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. 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)).

**Decide if you want or need an immediate order.** If you ask for an immediate order, you must explain how the respondent may use firearms in the near future to harm themselves or someone else if you don't get an order now, before the respondent gets notice that you're asking for an ERPO.

**Gather any supporting evidence**, such as written statements, printed photos, or documents, that help prove what you're saying is true. If you have proof that the respondent abuses drugs or alcohol, include it now. If you get other evidence later, you can still file it before your hearing date, but try not to wait until the actual hearing to present evidence for the first time.

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.

## 2. Step-by-step

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1. **Fill out the forms at the end of this guide.** Choose the right Petition depending on whether the respondent is 18 or older, or under age 18.
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 respondent?

Does the judge have reasonable cause to believe that the respondent poses a significant danger of causing personal injury to self or others in the near future?

**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 Extreme Risk 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 respondent 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 Extreme Risk Protection Order in place. The respondent 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.** Law enforcement must deliver the court papers (must serve) the respondent as soon as possible and must try again if they don't locate the person the first time they try to serve them. The clerk's office will send law enforcement a service packet with copies of all the documents to 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 respondent was served with a copy of the order. Law enforcement should keep trying to serve the respondent right up to your hearing date.

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

**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 respondent at that time. You might hear this called a "911 service packet."

**Safety alert!** If the judge issues a Temporary Extreme Risk Protection Order, the respondent 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 respondent still has weapons.

7. **File proof of service.** Law enforcement must fill out and file written proof of service (also called a "return of service" or "affidavit of service").
8. **If the respondent 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 extreme risk 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-programs?field_county_value=All&field_program_catagory_tid=2)), especially around the time the order is served.

9. **Full hearing.** The judge decides here whether to issue a final Extreme Risk Protection Order that will last for a year.

### 3. Firearms surrender

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If a judge orders a temporary or final ERPO, respondent must turn in their firearms to law enforcement. When and how respondent does this depends on how law enforcement serves the respondent with the court papers.

- If law enforcement hand-delivers the papers to respondent (called personal service), the officer will require respondent to immediately turn in all firearms. If the respondent doesn't do this, they may face criminal charges.
- If law enforcement must serve the respondent by other means, respondent must surrender all firearms to the local law enforcement agency within 24 hours of being served.

## 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 respondent hasn't been served 5 court days before your full hearing, you must still go to the hearing if you want the temporary order extended to allow time for service.

Even if the respondent 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 hearing

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In deciding whether to issue an ERPO, judge must consider facts about the respondent such as these:

- Recent acts or threats of violence against themselves or others, even if a firearm wasn't involved
- Pattern of violence or threats of violence against themselves or others
- Any behavior that's an imminent threat of harm to themselves or others
- Violation of a protection order or no-contact order
- They've already had an ERPO issued against them

- Conviction for a crime of domestic violence  
(<http://app.leg.wa.gov/RCW/default.aspx?cite=10.99.020>)  
(<http://app.leg.wa.gov/RCW/default.aspx?cite=10.99.020>) or other crime  
(<http://app.leg.wa.gov/RCW/default.aspx?cite=9A.36.080>)
- The respondent owns, intends to own, or has access to firearms
- Past unlawful use of a firearm
- A history of threatening, trying to, or actual use of physical force against someone else, or a history of stalking anyone
- Previous arrest for a felony offense or violent crime
- Proof of the respondent's abuse of drugs or alcohol
- Proof that the respondent has recently gotten firearms

**If the respondent doesn't show up for the hearing** and was properly served at least 5 court days before the full hearing, the judge can go ahead without the respondent. The respondent may need to be served afterwards with any order the judge makes at the hearing.

**If the respondent does show up at the hearing**, the judge may ask you and the respondent questions under oath or take declarations. Stand while speaking. If permitted, 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.

Each of you will get to tell your side of the case. 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.

## 6. After 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 Extreme Risk Protection Order in a statewide computer system. It's enforceable statewide and in other states.

You should **call the police** to report if the respondent breaks (violates) the order. This is a crime. The police must enforce your order and arrest the respondent.

**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/login.cfm>). 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?

The respondent can file a motion to end (to terminate) the order, but only once within every 12-month period that the order is in effect. The respondent must prove that they don't pose a real risk of harm through firearms to self or others. They must prove this by a preponderance of the evidence—that it's more likely true than false. The forms to do this are available on the [Washington Courts website](https://www.courts.wa.gov/forms/?fa=forms.static&staticID=14#ExtrRisk) (<https://www.courts.wa.gov/forms/?fa=forms.static&staticID=14#ExtrRisk>).

Neither party can file a motion to change (to modify) an extreme risk protection order.

## Can the order be renewed?

You should get notice that your ERPO is expiring 105 calendar days beforehand. You can file a motion to renew your ERPO 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.

You can only renew an ERPO for one year at a time. To file this motion, get these forms (<https://www.courts.wa.gov/forms/?fa=forms.static&staticID=14#ExtrRisk>) from the Washington Courts website:

- **XR 151**, Motion to Renew Extreme Risk Protection Order
- **XR 152**, Order Setting Hearing: Motion to Renew Extreme Risk Protection Order
- **XR 155**, Order on Motion to Renew Extreme Risk Protection Order

## 7. Firearms return

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When an ERPO ends, the respondent may ask law enforcement to return their firearms. Law enforcement must first check that the order has ended and there's no other legal reason to keep the firearms from the person.

If you're the respondent's intimate partner, relative, or household member, you can ask law enforcement to let you know that they're returning firearms to the respondent. Law enforcement should give you 5 days' notice of this. Email is best.

## 8. Forms

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Use these forms to file for an ERPO against someone **age 18 or older**. To file against someone under age 18, you must fill out a different petition. You can get the Petition for an Extreme Risk Protection Order – Respondent Under 18 Years (form XR 201) on the Washington Courts website (<https://www.courts.wa.gov/forms/?fa=forms.contribute&formID=106>).

Form attached:

**Petition for Extreme Risk Protection Order** (XR 101)

Form attached:

**Firearm Identification Worksheet** (XR 102)

Form attached:

**Law Enforcement and Confidential Information - Extreme Risk Protection Order** (XR 105)

Form attached:

**Temporary Extreme Risk Protection Order - Without Notice** (XR 121)

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

To ask a judge for an ERPO, you must fill out and file at least the first 3 forms above. You may also 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 or confidential reports, you'll need a Sealed Cover Sheet to protect privacy (keep them out of the public court record)

## Tips for filling out petition

The more specific you can be in the Petition, the better.

In **1. Who is filing this petition**, skip to the second box for “I am an intimate partner or family household member,” check it, and then check everything that applies in that section.

## Tips for filling out Firearm Identification Worksheet

Filling out this worksheet will help law enforcement know what weapons they need to get from the respondent. Answer the questions as best you can.

## **Tips for filling out Law Enforcement and Confidential Information - Extreme Risk Protection Order**

This form goes to your local law enforcement agency so they can enter the Extreme Risk Protection Order into the police computer. **It's not served on the respondent.** Fill out as much of the information requested as you can.

## **Tips for filling out Temporary Extreme Risk Protection Order**

Some courts ask the petitioner to fill out a proposed order, but others will do this themselves. Ask the court clerk if you should fill out a proposed Temporary Extreme Risk Protection Order.

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                               | No. _____<br><b>Petition for an Extreme Risk<br/>Protection Order<br/>(PTXR)</b> |
| vs.                                               |                                                                                  |
| _____<br>Respondent                               | _____<br>DOB                                                                     |

## Petition for an Extreme Risk Protection Order

### 1. Who is filing this petition?

- ☐ I am filing on behalf of \_\_\_\_\_ **law enforcement agency**.
- ☐ I have already notified the Respondent's intimate partner, family or household members, and any known 3rd parties who may be at risk of violence; OR
- ☐ My agency will make a good faith effort to provide notice to them by  
☐ telephone ☐ email ☐ in-person ☐ other \_\_\_\_\_ within a reasonable period of time.

**For Emergency Domestic Violence ERPO:** (*victim name*)

- 
- ☐ has consented to an emergency domestic violence extreme risk protection order.
- ☐ is incapacitated.
- ☐ I am an **intimate partner or family or household member** of the Respondent. My relationship with the Respondent is (*check all that apply*):

#### **Intimate Partners**

- ☐ 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**

- ☐ 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*) \_\_\_\_\_

**2. What is your connection to this county?**

- ☐ I reside in this county.  
☐ I am filing on behalf of a law enforcement agency that is located in this county.  
☐ The Respondent resides in this county.

**3. Based on your knowledge, what firearms does the Respondent currently own, possess, has custody of, has access to or controls? Please describe.**

| Type of firearm                                       | How many firearms? | Where is the firearm kept? | Date/time/place you last saw the firearm |
|-------------------------------------------------------|--------------------|----------------------------|------------------------------------------|
| <input type="checkbox"/> Handgun                      |                    |                            |                                          |
| <input type="checkbox"/> Shotgun/Rifle                |                    |                            |                                          |
| <input type="checkbox"/> Semi-Automatic Assault Rifle |                    |                            |                                          |
| <input type="checkbox"/> Other                        |                    |                            |                                          |

***Check all the boxes that apply and describe below:***

- ☐ Respondent has access to someone else's firearm.  
☐ Respondent expressed an intent to obtain a firearm.  
☐ Respondent has unlawfully or recklessly used, displayed, or brandished a firearm.  
☐ Respondent recently acquired a firearm.

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

4. **Between the respondent and me:** List any criminal or civil protection, restraining or no-contact orders, pending lawsuits, or other legal action. *If you have more than three matters, list details on additional sheet.*

|                                   | Case #1 | Case #2 | Case #3 |
|-----------------------------------|---------|---------|---------|
| Case Name                         |         |         |         |
| Case Number                       |         |         |         |
| Court/County/<br>State            |         |         |         |
| Type of Case                      |         |         |         |
| Protected<br>Person               |         |         |         |
| Was there any<br>order violation? |         |         |         |

5. **Between the respondent and any other person:** List any criminal or civil protection, restraining or no-contact orders. *If you have more than 3 matters, list details on additional sheet.*

|                                   | Case #1 | Case #2 | Case #3 |
|-----------------------------------|---------|---------|---------|
| Protected<br>Person               |         |         |         |
| Case Number                       |         |         |         |
| Court/County/<br>State            |         |         |         |
| Was there any<br>order violation? |         |         |         |

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### Request for Extreme Risk Protection Order

6. ☐ **Immediate Protection:** I want a temporary *Extreme Risk Protection Order* to start immediately, without prior notice to the Respondent, that lasts up to 14 days, or until the court hearing.

These are the specific facts known to me that cause me to believe the Respondent poses a **significant danger in the near future** of causing personal injury to self or others by having custody or control of, purchasing, possessing, accessing, receiving, or attempting to purchase or receive firearms. More detailed information is provided in the Statement in section 7.

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7. ☐ **After a hearing, where the Respondent has a right to be present, I want the court to issue an *Extreme Risk Protection Order* that lasts for one year.**

After the hearing, I want the court to issue an *Extreme Risk Protection Order* that lasts for 1 year because the Respondent poses a significant danger of causing personal injury to self or others by having custody or control of, purchasing, possessing, accessing receiving, or attempting to purchase or receive firearms.

My statement below includes the Respondent's specific words, actions, or other facts that cause me to have a reasonable fear of **future** dangerous acts by the Respondent.

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#### Statement

To enter an *Extreme Risk Protection Order*, the court must find it more likely than not that the Respondent poses a significant danger of causing personal injury to self or others by having custody or control, purchasing, possessing, accessing, receiving, or attempting to purchase or receive a firearm.

**Complete all of the following sections that apply.** Attach additional pages, as needed.

8. **Convictions or Arrests.** Check all the boxes that apply and describe below:

Respondent has been arrested or convicted of a:

- ☐ domestic violence crime.
- ☐ felony or violent crime.
- ☐ hate crime offense or malicious harassment (threats, physical injury, or property damage based on the victim's race, color, religion, ancestry, national origin, gender, sexual orientation, gender expression or identity, or mental, physical, or sensory disability).

Describe. Include location, court name, and case number, if known.

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**9. Violence and Threats:** Check each box that applies and explain below.

- ☐ Respondent has recently committed or threatened violence against self or others, whether or not the Respondent had a firearm.
- ☐ Respondent has shown, within the past 12 months, a pattern of acts or threats of violence, which can include violent acts against self or others.
- ☐ Respondent has a history of use, attempted use, or threatened use of physical force against another person.
- ☐ Respondent has a history of stalking another person.

Explain:

**Date/When**

**Describe What Happened**

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**10. Respondent's behavior**

Describe any behaviors by the Respondent that present an imminent threat of harm to self or others.

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**11. Corroborated evidence of Respondent's alcohol or controlled substance abuse.**

Describe any evidence and attach any documents corroborating (supporting) the Respondent's abuse of alcohol, legal or illegal drugs.

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**12. Other important information** that you think will help the court make a decision.

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- 13. You must provide an address where you can be served with legal documents.**  
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. Law enforcement petitioners, list your department address.

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

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

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Dated: \_\_\_\_\_ at (*city*) \_\_\_\_\_, Washington

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

\_\_\_\_\_  
Print Name and if Law enforcement

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

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

County: \_\_\_\_\_ Case No: \_\_\_\_\_

## Firearm Identification Worksheet

*(You may attach this to the petition.)*

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

☐ Yes ☐ No ☐ I don't know

Explain how they may have access: \_\_\_\_\_

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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 ☐ I don't know

3. Does the restrained person have a concealed pistol license (CPL)?

☐ Yes ☐ No ☐ I don't know

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 ☐ I don't know

7. How important are the firearms to the restrained person?

☐ 1 (not very important) ☐ 2 ☐ 3 ☐ 4 ☐ 5 (very important) ☐ I don't know

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 ☐ I don't know

10. Does the restrained person own or possess any other dangerous weapons you believe should be surrendered?

☐ Yes ☐ No ☐ I don't know 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.

☐ **Handgun** (how many) \_\_\_\_\_



☐ **Unassembled Firearm** (how many) \_\_\_\_\_



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



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



☐ **Other firearm/s** (describe):

►  
Sign here

Print name

Date

**Law Enforcement and  
Confidential  
Information – Extreme  
Risk Protection Order  
(LECIF)**

**Clerk: Do not file in a  
public access file. Give  
to law enforcement.**

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

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

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

***Do NOT serve or show this sheet to the Respondent***

**Type or print clearly!** If law enforcement cannot read this form, they cannot serve or enforce your order!

**Respondent's Info** – Fill out as much as you can. If you do not know, write “unknown.”

|                                                                                |                              |               |                                                                                         |                  |
|--------------------------------------------------------------------------------|------------------------------|---------------|-----------------------------------------------------------------------------------------|------------------|
| <b>Name:</b> First Middle Last                                                 |                              |               | Date of Birth<br>(if unknown give age range)                                            |                  |
| Nickname/Alias/AKA (“Also known as”)                                           |                              |               | Relationship to Petitioner                                                              |                  |
| Sex                                                                            | Race                         |               | Height                                                                                  | Weight           |
| Eye Color                                                                      | Hair Color                   |               | Skin Tone                                                                               | Build            |
| Phone/s with Area Code (voice):                                                |                              |               | Need Interpreter?<br><input type="checkbox"/> Yes <input type="checkbox"/> No Language: |                  |
| <b>Where can the Respondent be served?</b> List all known contact information. |                              |               |                                                                                         |                  |
| Last Known Address. 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                                                                     | Drivers License or ID number |               |                                                                                         | State            |
| Vehicle Make and Model                                                         | Vehicle License Number       | Vehicle Color |                                                                                         | Vehicle Year     |

| <b>Disability, hazard, and weapon info about the Respondent</b><br>Law enforcement needs this info to serve your order safely                                                                                                                                                                                                                                                                                                                                                                                      |           |      |                                                                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------|-------------------------------------------------------------------------------------------------------|
| <b>Does the Respondent have a disability, brain injury, or impairment requiring special assistance</b> when law enforcement serves the order? <input type="checkbox"/> No <input type="checkbox"/> Yes. If yes, describe (add pages, if needed): _____                                                                                                                                                                                                                                                             |           |      |                                                                                                       |
| <b>Hazard Information</b> Respondent's History includes:<br><input type="checkbox"/> Involuntary/Voluntary Commitment <input type="checkbox"/> Suicide Attempt or Threats (How recent? _____)<br><input type="checkbox"/> Threats to "suicide by cop" <input type="checkbox"/> Assault <input type="checkbox"/> Assault with Weapons <input type="checkbox"/> Alcohol/Drug Abuse<br><input type="checkbox"/> Other: _____                                                                                          |           |      |                                                                                                       |
| <b>Concealed Pistol License:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                          |           |      |                                                                                                       |
| <b>Weapons:</b> <input type="checkbox"/> Handguns <input type="checkbox"/> Rifles <input type="checkbox"/> Knives <input type="checkbox"/> Explosives <input type="checkbox"/> Unknown<br><input type="checkbox"/> Other (include unassembled firearms and specify): _____                                                                                                                                                                                                                                         |           |      |                                                                                                       |
| <b>Location of Weapons:</b> <input type="checkbox"/> Vehicle <input type="checkbox"/> On Person <input type="checkbox"/> Residence Describe in detail: _____                                                                                                                                                                                                                                                                                                                                                       |           |      |                                                                                                       |
| Has the respondent had advanced or military firearms training <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown<br>If yes, describe below (continue on separate sheet, if needed): _____                                                                                                                                                                                                                                                                                   |           |      |                                                                                                       |
| <b>Current Status</b><br>Is the respondent a current or former cohabitant as an intimate partner? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Are you and the respondent living together now? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Does the respondent know you are trying to get this order? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Is the respondent likely to react violently when served? <input type="checkbox"/> Yes <input type="checkbox"/> No |           |      |                                                                                                       |
| Petitioner's Info                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |           |      |                                                                                                       |
| <b>Name:</b> First Middle Last                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |           |      | Date of Birth                                                                                         |
| Sex                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Race      |      | Height                                                                                                |
| Weight                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Skin Tone |      | Build                                                                                                 |
| If your information <b>is not confidential</b> , 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"/> Yes <input type="checkbox"/> No<br>If yes, language: _____ |
| If your info <b>is confidential</b> , you must give a name, address, and phone of someone willing to be your "contact."                                                                                                                                                                                                                                                                                                                                                                                            |           |      |                                                                                                       |
| Contact Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |           |      |                                                                                                       |
| Contact Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |           |      | Contact Phone                                                                                         |
| If petitioner is represented by an attorney, enter the attorney's name, WSBA #, address, and phone number: _____                                                                                                                                                                                                                                                                                                                                                                                                   |           |      |                                                                                                       |
| <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.                                                                                                                                                                                                                                 |           |      |                                                                                                       |

**Changes:** 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: \_\_\_\_\_



\_\_\_\_\_  
Petitioner or Respondent signs here

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

|       |                                                                         |
|-------|-------------------------------------------------------------------------|
| <hr/> | <b>No.</b> _____                                                        |
| <hr/> | <b>Temporary Extreme Risk Protection Order - Without Notice (EXRPO)</b> |
| <hr/> | <b>Next Hearing Date/Time:</b> _____                                    |
| <hr/> | <b>Court address:</b>                                                   |
| <hr/> | <b>At:</b> _____                                                        |
| <hr/> | <hr/>                                                                   |
| <hr/> | <b>Clerk's Action Required: 4, 5, 6, 7</b>                              |

**Warning to Respondent!** You are prohibited from having a firearm in your custody or control, or from purchasing, possessing, accessing, receiving, or attempting to purchase or receive any firearm. You must surrender any and all firearms including but not limited to the firearms as described below. If you violate this order, you may be charged with a crime and you may not be able to have a firearm for at least 5 more years after this order expires. RCW 7.105.460(2).

### Respondent's Distinguishing Features:

| Respondent Identifiers |        |      |
|------------------------|--------|------|
| Sex                    | Race   | Hair |
| Height                 | Weight | Eyes |
|                        |        |      |

RCW 7.105.215, .330, .460,  
10.99.040  
*Mandatory (07/2023)*  
**XR 121**

**Respondent:** You must immediately surrender all firearms and any concealed pistol licenses listed below. If you have other firearms, you must surrender all of them also:

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

Attach additional sheet if there are more firearms to list.

**Respondent:** This order is valid until the date and time noted above. You are required to surrender all firearms in your custody, control, or possession. You may not have in your custody or control, access, possess, purchase, receive, or attempt to purchase or receive, a firearm, or a concealed pistol license, while this order is in effect. You must surrender to the (*name of local law enforcement agency*) \_\_\_\_\_ all firearms in your custody, control, or possession and any concealed pistol license issued to you under RCW 9.41.070 immediately. A hearing will be held on the date and time noted above to determine if an *Extreme Risk Protection Order* should be issued. Failure to appear at the hearing may result in a court making an order against you that is valid for 1 year. You may seek the advice of an attorney as to any matter connected with this order.

**Respondent:**

**1. Firearms Surrender. You must immediately surrender all firearms by these deadlines:**

- A. Personally served:** If this order is served by a law enforcement officer, immediately surrender all firearm/s and any concealed pistol license/s to the serving officer.
- B. Attended the hearing:** If you attended the hearing where the court issued this order, surrender the firearm/s and concealed pistol license/s to the law enforcement agency listed in this order on the same day as the hearing. Contact the law enforcement agency for directions on how to surrender the firearm/s. Do not bring weapons to the courthouse for surrender.
- C. Alternative service:** If you are served by other means, you must surrender all firearm/s to the control of local law enforcement agency within 24 hours of being served.

**2. 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"/> Petitioner   | <input type="checkbox"/> in person | <input type="checkbox"/> by phone | <input type="checkbox"/> by video |
| <input type="checkbox"/> Respondent   | <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 |

**3. Based upon the evidence presented, the court finds** reasonable cause to believe Respondent poses a significant danger of causing personal injury to self or others **in the near future** by having in Respondent's custody or control, purchasing, possessing, accessing, receiving, or attempting to purchase or receive firearms based upon (**check all that apply**):

- a. ☐ Respondent has access to someone else's firearm/s.
- b. ☐ Respondent owns a firearm/s or has expressed intent to obtain a firearm/s.
- c. ☐ Respondent has unlawfully or recklessly used, displayed, or brandished a firearm.
- d. ☐ Respondent recently acquired a firearm/s.
- e. ☐ Respondent violated a civil or criminal protection order, no-contact order or restraining order.
- f. ☐ Respondent was/is the subject of a previous or current *Extreme Risk Protection Order*.
- g. ☐ Respondent violated a previous or current extreme risk protection order.
- h. ☐ Respondent has been arrested for or convicted of a domestic violence crime as defined in RCW 10.99.020.
- i. ☐ Respondent has been arrested for or convicted of a felony offense or violent crime.
- j. ☐ Respondent has been convicted of a hate crime under RCW 9A.36.080.
- k. ☐ Respondent has recently committed or threatened violence against self or others, whether or not Respondent had a firearm.
- l. ☐ Respondent has shown, within the past 12 months, a pattern of acts or threats of violence, which can include violent acts against self or others.
- m. ☐ Respondent has a history of use, attempted use, or threatened use of physical force against another person.
- n. ☐ Respondent has a history of stalking another person.
- o. ☐ Respondent's behaviors present an imminent threat of harm to self.
- p. ☐ Respondent's behaviors present an imminent threat of harm to others.
- q. ☐ There is corroborative evidence of Respondent's abuse of ☐ alcohol or ☐ controlled substances.
- r. ☐ Other: \_\_\_\_\_

#### 4. **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).

#### 5. **Service**

- ☐ **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.
- ☐ **Personal Service Required.** This is a domestic violence emergency order. The court has **not** verified that all firearms and any concealed pistol license have been temporarily removed by law enforcement.

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

**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.

- ☐ **Alternative Service Allowed.** The court authorizes alternative service by separate order (specify): \_\_\_\_\_.
- ☐ **Not required.** The restrained person appeared at the hearing, in person or remotely, and received notice of the order. No further service is required. See section 2 above for appearances. (May apply even if the restrained person left before a final ruling is issued or signed.)

**6. ☐ Service on Others**

Service on the adult's guardian/conservator (name/s) \_\_\_\_\_ is:

☐ **Required.**

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

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

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

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

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

**7. DOL Notification**

The issuing court shall, within 3 judicial days after this order is issued, forward a copy of the Respondent's driver's license, identicard, or comparable information along with the date of issuance to DOL. If respondent has a concealed pistol license, DOL must immediately notify a law enforcement agency that the court has directed the revocation of the license.

**8. Transfer to Superior Court**

- ☐ This case is transferred to Superior Court and all actions in this case will be handled in the Superior Court listed below.

**Court Hearing.** A hearing is scheduled in \_\_\_\_\_ County Superior Court  
on (date) \_\_\_\_\_, at (time) \_\_\_\_\_ a.m./p.m.  
at (location): \_\_\_\_\_

See **How to Attend** below.

**9. After-Hours Order - Law Enforcement Petitions**

- ☐ The below named judicial officer directs the Petitioner to affix the judge's signature below, to signify that the judicial officer has reviewed the petition and evidence presented and found that it established reasonable cause for the issuance of this *Temporary Extreme Risk Protection Order – Without Notice*. Permission to affix the judicial officer's signature was communicated by:

☐ telephone ☐ email ☐ fax ☐ other reliable method (*specify*): \_\_\_\_\_

**10. RESPONDENT:** You must appear at the next hearing stated on page 1 of this order.

**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><br>Judge/Commissioner: _____ Courtroom: _____<br><br>Address: _____                                                                                                                                                                                                |
|  | <b>Online (audio and video)</b> App: _____<br><br><input type="checkbox"/> Log-in: _____<br><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><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)<br><br>_____<br><br>_____                                                                                                                                                                       |

|                                                                                            |                                                                      |                                                                                   |                                                                             |
|--------------------------------------------------------------------------------------------|----------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
|           | <b>Ask for an interpreter, if needed.</b><br>Contact: _____<br>_____ |  | <b>Ask for disability accommodation, if needed. Contact:</b> _____<br>_____ |
| Ask for an interpreter or accommodation as soon as you can. Do not wait until the hearing! |                                                                      |                                                                                   |                                                                             |

This order may be extended pursuant to RCW 10.99.040(3).

Voluntarily surrendering firearms or providing testimony regarding the surrender of firearms pursuant to an extreme risk protection order may not be used against you in any criminal prosecution under chapters 7.105, 9.41, or 9A.56.310 RCW.

Dated: \_\_\_\_\_ at \_\_\_\_\_ a.m./p.m. \_\_\_\_\_  
**Judge/Commissioner**

Presented by: \_\_\_\_\_  
 \_\_\_\_\_  
 Print Judge/Commissioner Name

\_\_\_\_\_  
 Signature of Petitioner/Attorney WSBA No. \_\_\_\_\_  
 \_\_\_\_\_  
 Print Name/Badge Number, if applicable

|                                                                                                                                                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>The Petitioner or Petitioner's attorney must complete the <i>Law Enforcement and Confidential Information – Extreme Risk Protection Order</i>, form XR 105.</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|