

****ATTENTION****

Civil Protection Order Petitions can be filed in person or electronically Monday through Friday.

Please visit our website,
<https://www.spokanecounty.org/2789/Civil-Protection-Orders> to download and fill out the correct petition electronically.

Once fully completed, please email the petition to:
CivilProtectionOrder@spokanecounty.org

After you have emailed your petition, a staff member will contact you within one business day regarding the Judge's decision. Please be watching your email.

If you have any questions, please email
CivilProtectionOrder@spokanecounty.org



SPOKANE COUNTY DISTRICT COURT JURISDICTION QUESTIONNAIRE

CASE NUMBER: _____

VENUE

- Do you reside in Spokane County? Yes No
- Have you left another county to avoid domestic abuse? Yes No

1. Does the Respondent (person you want protection from) live with you?
 - Yes - You must file in Superior Court
 - No - Continue to the next question

2. Would the order interfere with the Respondent's care, custody, or control of his/her minor children?
 - Yes - You must file in Superior Court
 - No - Continue to the next question

3. If you are seeking protection for a child, is the Respondent the biological or adoptive parent or the child's legal guardian?
 - Yes - You must file in Superior Court
 - No - Continue to the next question

4. Are you and the Respondent involved in any Superior Court Case?
 - Yes - You must file in Superior Court
 - No - Continue to the next question

5. Are you or the Respondent under the age of 19 and filing for an Anti-Harassment or Stalking Protection Order?
 - Yes - You must file in Superior Court
 - No - Continue to the next question

6. Are you or the Respondent under the age of 16 and filing for a Domestic Violence or Sexual Assault Protection Order?
 - Yes - You must file in Superior Court
 - No - Continue to the next question

7. Are there any other active or pending restraining orders involving you and the Respondent in any other Court, including criminal No Contact Orders?
 - Yes - Which Court(s)? _____
 - No - Continue to the next question

8. Are you seeking protection for another person who is a Vulnerable Adult?
 - Yes - You must file in Superior Court
 - No - You may file in District Court

Signature: _____

Date: _____

Reviewed by: _____

Date: _____

DOMESTIC VIOLENCE PROTECTION ORDER PETITIONERS

How to Obtain a Police Report

- You must have a DV Protection Order Petition or a DV Temporary Protection Order.
- Be sure it has been stamped with a case number from the District Court Clerk.
- Take the DV Petition or the DV Temporary Order to the Spokane Police Record's Public Window. (1st Floor of the Public Safety Building at 1100 W. Mallon Ave.)
- If the police responded to an incident you wrote about in your petition, provide the Police Report number to the Records Clerk.
- If you do not have an incident report number, give the clerk the following information:
 - Respondent's full name, date of birth (if known), date and location of incident.
- The Records Clerk will give you a copy of the report free of charge. (Most recent incident only)

PETITIONER HELP SHEET

Remember, this is ‘your’ action against the Respondent, so you must provide all the information to the court. Write as if you have the Judge sitting next to you, and you are telling the story. The Judge knows nothing about your situation, so make sure to clearly write out the history of your circumstance so he/she can better understand your case. **To see what you must prove to the court to go forward, please look at the legal definition listed in the petition.**

NEEDED FOR EACH INCIDENT THAT SUPPORTS YOUR PETITION

Always list the most recent activities/incidents, the information should be listed like a timeline moving backwards.

- **WHAT** (explain in detail and make sure to say how the incident caused you substantial injury or emotional distress)
- **WHEN** (date of incident)
- **WHERE** (location of the incident)
- **WHO** (list what was said or done and by whom, including yourself)

ADDITIONAL INFORMATION

- If you are asking the court to grant a Temporary Protection Order for Protection, you must state what irreparable harm will occur if the Temporary Order is not granted.
- Both Petitioners and Respondents are **limited to 20 pages of exhibits**. This limit **does not** include any Court provided forms or Police reports.
- Exhibits must be submitted **four** business days prior to your court hearing. You must provide two copies (one for the court and one for the other party)
- Thumb drives/CDs are to be used for video/voicemail only. You must provide a log that identifies and names the clip, and the clip **must be edited** to show only the pertinent aspect of the video.
 - Audio/video need to be in **.wmv, .wav, .mp4, .ivf, .avi, .mov** or any additional file formats compatible with Windows Media Player 12.

**SPOKANE COUNTY DISTRICT COURT
STATE OF WASHINGTON**

Petitioner 1 (DOB)

Petitioner 2 (DOB) *This line for legal spouses only
List Minors in Section 4*

vs.

Respondent (DOB)

No. _____

**Petition for Domestic Violence Order
for Protection
(PTORPRT)**

Return Petitions M-F 1:15pm – 3:15pm to -
Broadway Center Building, 2nd Floor Rm 202
721 N Jefferson, Spokane WA 99260

Message Only : (509) 477-2953 Court Clerk

What is Domestic Violence?

RCW 26.50.010(3): “Domestic Violence” means:

- (a) Physical harm, bodily injury, assault, or the infliction of fear of imminent physical harm, bodily injury or assault, between family or household members;
- (b) Sexual assault of one family or household member by another; or
- (c) Stalking as defined in RCW 9A.46.110 of one family or household member by another family or household member.

RCW 26.50.010(6): “Family or Household Members” means: spouses, domestic partners, former spouses, former domestic partners, persons who have a child in common regardless of whether they have been married or have lived together at any time, adult persons related by blood or marriage, adult persons who are presently residing together or who have resided together in the past, persons sixteen years of age or older who are presently residing together or who have resided together in the past and who have or have had a dating relationship, persons sixteen years of age or older with whom a person sixteen years of age or older has or has had a dating relationship, and persons who have a biological or legal parent-child relationship, including stepparents and stepchildren and grandparents and grandchildren.

Tell the Court What You're Requesting

7. I Request an Order for Protection following a hearing that will:

<input type="checkbox"/> Restrain respondent from causing any physical harm, bodily injury, assault, including sexual assault, and from molesting, harassing, threatening, or stalking <input type="checkbox"/> me <input type="checkbox"/> the minors named in paragraph 5 above:										
<input type="checkbox"/> Restrain respondent from harassing, following, keeping under physical or electronic surveillance, cyberstalking as defined in RCW 9.61.260, and using telephonic, audiovisual, or other electronic means to monitor the actions, locations, or wire or electronic communication of <input type="checkbox"/> me <input type="checkbox"/> the minors named in paragraph 5.										
<input type="checkbox"/> Restrain respondent from coming near and from having any contact whatsoever, in person or through others, by phone, mail, or any means, directly or indirectly, except for mailing of court documents, with <input type="checkbox"/> me <input type="checkbox"/> the minors named in paragraph 5 above.										
<input type="checkbox"/> PROHIBIT respondent from knowingly coming within, or knowingly remaining within: WRITE DISTANCE HERE <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 20px;"></td> <td><input type="checkbox"/> Residence:</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Workplace (Name & Address):</td> </tr> <tr> <td></td> <td><input type="checkbox"/> School (Name & Address):</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Minor's day care or school (Name & Address):</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Other (Name & Address):</td> </tr> </table>		<input type="checkbox"/> Residence:		<input type="checkbox"/> Workplace (Name & Address):		<input type="checkbox"/> School (Name & Address):		<input type="checkbox"/> Minor's day care or school (Name & Address):		<input type="checkbox"/> Other (Name & Address):
	<input type="checkbox"/> Residence:									
	<input type="checkbox"/> Workplace (Name & Address):									
	<input type="checkbox"/> School (Name & Address):									
	<input type="checkbox"/> Minor's day care or school (Name & Address):									
	<input type="checkbox"/> Other (Name & Address):									
<div style="background-color: #cccccc; padding: 5px; margin-bottom: 10px;">YOU HAVE A RIGHT TO KEEP YOUR RESIDENTIAL ADDRESS CONFIDENTIAL</div> <input type="checkbox"/> If you want to keep your residential address confidential, please check this box and provide an address other than your residence where you may receive legal documents:										
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 50%;"></td> <td style="border-bottom: 1px solid black; width: 20%;"></td> <td style="border-bottom: 1px solid black; width: 20%;"></td> <td style="border-bottom: 1px solid black; width: 10%;"></td> </tr> <tr> <td style="font-size: small;">Address</td> <td style="font-size: small;">City</td> <td style="font-size: small;">State</td> <td style="font-size: small;">Zip</td> </tr> </table>					Address	City	State	Zip		
Address	City	State	Zip							
8. Additional Requests										
<input type="checkbox"/> Direct the respondent to participate in appropriate treatment or counseling services.										
<input type="checkbox"/> Require the respondent to pay the fees and costs of this action.										
<input type="checkbox"/> Remain Effective longer than one year because respondent is likely to resume acts of domestic violence against me if the order expires in a year										

9. Request for Special Assistance from Law Enforcement Agencies: I request the court order the appropriate law enforcement agency to assist me in obtaining:

Possession of my essential personal belongings at the shared residence respondent's residence

other location _____.

Tell the Court about the Situation

Statement: The respondent has committed acts of domestic violence and/or sexual assault and/or stalking as follows. (Describe specific acts of domestic violence and/or sexual assault and/or stalking and their approximate dates, beginning with the most recent act. You may want to include police responses.)

If police responded, please note police incident report number, obtain a copy of the report from police records (directions in packet), and attach to petition.

11. Describe the Most Recent Violent Act, Fear or Threat of Violence:

Date & Time: _____
Location: _____
What happened?

_____ Continued on additional page

12. Describe Past Incidents Where You Experienced Violence and Where You Were Afraid of Injury or Where the Respondent Threatened to Harm or Kill You:

Date & Time: _____
Location: _____
What happened?

Date & Time: _____
Location: _____
What happened?

13. Describe Any Violence or Threats Towards Children:

Date & Time: _____

Location: _____

What Happened? _____

14. Describe Any Violence or Threats Made to Family Pets:

Date & Time: _____

Location: _____

What happened? _____

15. Describe any Stalking Behavior by Respondent, Including Use of Telephonic, Audiovisual or Any Other Means to Harass or Monitor: (Describe what was used, such as texts, voicemail, and/or social media: (Provide copies of any text message or social media postings)

Date & Time: _____

16. Describe Medical Treatment You Received and For What:

Date & Time: _____

Where you were treated: _____

Injury & treatment: _____

17. Describe any Threats of Suicide or Suicidal Behavior by the Respondent:

Date & Time: _____

How were the threats made known to you? _____

18. Does the Respondent Own or Possess Firearms? Yes No

19. Does the Respondent Use Firearms, Weapons or Objects to Threaten or Harm You? Please Describe:

Date & Time: _____

Location: _____

What happened?

20. Has the Respondent Ever Been Arrested for Using, Displaying, or Threatening to Use a Firearm or Other Dangerous Weapon in a Felony? Please describe:

21. Has the Respondent Previously Committed any Offense that Makes Him or Her Ineligible to Possess a Firearm Under the Provisions of RCW 9.41.040? (Includes crimes involving domestic violence) Please describe:

22. Does Possession of a Firearm or Other Dangerous Weapon by the Respondent Present a Serious and Imminent Threat to Public Health or Safety, or to the Health or Safety of You or Any of Your Family Members? Please describe:

23. If You are Requesting that the Protection Order Lasts Longer than One Year, Describe the Reasons Why:

Check box if substance abuse is involved: alcohol drugs other

Personal service cannot be made upon respondent within the state of Washington.

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

Dated: _____ at _____, Washington.
MONTH, DAY, YEAR CITY NAME

Signature of Petitioner 1

Signature of Petitioner 2

Married persons jointly seeking protection must both be present and sign the petition.

LAW ENFORCEMENT INFORMATION **Amended:**Do NOT serve or show this sheet to the restrained person!
CLERK – Do NOT FILE in the court file. This form to law enforcement only.This form is **required** by law enforcement to serve, enforce and enter order into the statewide law enforcement system.District Court Case No. +: No Contact Order/Protection Order Type: (check all that apply)
 Domestic Violence Harassment Stalking Sexual Assault**Restrained Person's Information:** (The person you are seeking protection from)

Respondents Full Name			DOB	Nickname	Relationship to Petitioner	Needs Interpreter?
Sex	Race	Hair	Eye	Height	Weight	
Last known address (Street, City, State)			Phone No.		Email	
Employer and Employer Address				Work Hours		
Vehicle Make & Model		License #	Veh. Color	Veh. Year	Drivers License/ID No. & State	

Does Restrained Person have a: disability brain injury impairment requiring assistance when served with order?**HAZARD Information** to assist Law Enforcement in serving Respondent:Restrained Person's History Includes: Mental Health Problems (voluntary/involuntary commitment, Suicide attempt/threats)
 Alcohol/Drug Abuse Assault Assault with Weapons; (Details):**Respondent/Defendant Weapons access:** Handguns (circle type) Rifles (circle type) Knives Explosives**Location of Weapons:** Vehicle On Person Residence Describe **location:**Do you believe the weapons will be **surrendered** if ordered by the court? Yes No**Current Relationship Status:**Is restrained person a current or former cohabitant and intimate partner (dating relationship)? Yes NoAre you and restrained person living together now? Yes NoDoes restrained person know you're trying to get this order? Yes NoIs restrained person likely to react violently when served? Yes No**Protected Person's Information:** (The person you want the court order to protect)

Petitioner's Full Name			Pet. DOB	Petitioner's Spouse's Name		Pet. Spouse DOB
Sex	Race	Hair	Eye	Height	Weight	
Address (Street, City, State)			Phone No.		Email	Need Interpreter?

If your address is **confidential** you must provide name, address & phone number of someone willing to be your contact person:

PROTECTED Minor(s) name	DOB(age)	Sex of Minor	Race of Minor	Minor's Relation to Petitioner:	Minor's Relation to Respondent:	Who Child Resides With:
				Child	None	Petitioner(s)

Petitioner's Signature & Date Signed:

Name/Signature/Date of Person who filled form out form:

FILED

SPOKANE COUNTY
DISTRICT COURT

**SPOKANE COUNTY DISTRICT COURT
STATE OF WASHINGTON**

Case Number: _____

RETURN OF SERVICE

Petitioner(s) (persons protected), (DOB) _____
vs.

Respondent (person restrained) (DOB) _____

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

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

On _____, sent the documents checked below to:

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

Other: _

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

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

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

<input type="checkbox"/> Temporary Protection Order & Notice of Hearing including Petition ____ pages	<input type="checkbox"/> Motion to Modify/Terminate/ Extend Protection Order & Notice of Hrg __ __ pgs
<input type="checkbox"/> Temporary Protection Order & Notice of Hearing ____ pages	<input type="checkbox"/> Order to Surrender Weapons issued without notice ____ pages
<input type="checkbox"/> Petition for Protection Order ____ pages	<input type="checkbox"/> Instructions on Firearm Surrender __pg
<input type="checkbox"/> Protection Order ____ pages	<input type="checkbox"/> Declaration of Non Surrender ____ pgs
<input type="checkbox"/> Note of Hearing ____ pages	<input type="checkbox"/> Order to Surrender Weapons ____ pgs
<input type="checkbox"/> Reissuance of Temporary Protection Order & Notice of Hearing ____ pages	<input type="checkbox"/> Proof of Surrender ____ pgs
<input type="checkbox"/> Order Modifying-Terminating- Extending Protection Order ____ pages	<input type="checkbox"/> Receipt of Surrendered Weapons __pgs
	<input type="checkbox"/> Attachments/Exhibits ____ pages
	<input type="checkbox"/> Other: _____ ____ pages

PROCESS SERVER MUST COMPLETE THE FOLLOWING:

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

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

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

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

4. **NO SERVICE** was attempted because _____

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

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

6. Other: _____

Fees:
Service _____
Mileage _____
Total _____

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

DATED _____ at _____, Washington.

Signature of Server: _____

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