

****ATTENTION****

Civil Protection Order Petitions may be filed 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

OR

Drop-Off in person at the Civil Clerk's Office (Broadway Centre
Building 721 N. Jefferson Spokane WA 8:30am-12:00pm/1:00pm-
5:00pm Monday through Friday)

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

OR

In-Person submission hours are 1:15pm-3:15pm Monday through
Friday in Courtroom 202, Broadway Centre Building 721 N Jefferson
Spokane WA

If you have any questions, please

email: CivilProtectionOrder@spokanecounty.org

Call: (509)-477-2953



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.

Name: _____ Case #: _____

Firearm Identification Worksheet

1. Does the respondent own or have access to firearm(s)? Yes No Unknown
2. Has the respondent used the firearm to threaten or intimidate you? Yes No
****Please describe this threat on Page 5 of 7 of the Petition for Order of Protection**
 - When did they last threaten you with it? _____
 - Did you report the incident to the police? Yes No
 - Which Law Enforcement Agency? _____
3. When was the last time you saw the firearm(s)? _____
4. Where does the respondent keeps the firearm(s)?
On His/Her Person In their Car In their Home Storage Unit In a Safe
5. What does the respondent generally use the firearm for? (Circle all that apply)
Hunting Collecting Target Shooting Protection Other: _____
6. Does the respondent possess explosives? Yes No Unknown

If you recognize any of the guns below as similar to the one(s) the respondent has, **please circle it and write in the circle how many you think they have.**

Semi-automatic Handgun



Revolver



Shotgun



Rifle



Semi-automatic Rifle



Signed: _____ Dated: _____

***Statement must be completed on Page 5 of 7 of the Petition for Order for Protection.**

**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 about Yourself

1. <input type="checkbox"/> I am a victim of domestic violence committed by the respondent.		
2. <input type="checkbox"/> I live in Spokane County. <input type="checkbox"/> I have left my residence because of abuse and Spokane County is my new or former residence.		
3. My age is:	Respondent's age is:	
<input type="checkbox"/> 16 or 17 <input type="checkbox"/> 18 or over	<input type="checkbox"/> 16 or 17 <input type="checkbox"/> 18 or over	
4. My relationship with the respondent is:		
<input type="checkbox"/> spouse or former spouse	<input type="checkbox"/> current or former dating relationship	<input type="checkbox"/> in-law
<input type="checkbox"/> parent of a child in common	<input type="checkbox"/> stepparent or stepchild	<input type="checkbox"/> parent or child
<input type="checkbox"/> current or former domestic partner	<input type="checkbox"/> current or former cohabitant as roommate	<input type="checkbox"/> blood relation other than parent or child
<input type="checkbox"/> current or former cohabitant as part of a dating relationship		

List full names on Law Enforcement Form

5. Identification of Minors (if applicable) No Minors involved.

Name (Initials ONLY)	DOB	Race	Sex	How Related to		Resides with
				Petitioner	Respondent	

6. Other court cases or other restraining, protection or no-contact orders involving me, the minors and the respondent:

Case Name			
Case/Police Report Number			
Court/County			

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 border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Address</td> <td style="width: 20%; text-align: center;">City</td> <td style="width: 20%; text-align: center;">State</td> <td style="width: 10%; text-align: center;">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 _____.

Does an Emergency Exist?

10. What Irreparable Injury Would Result if an Order is not Issued Immediately Without Prior Notice to the Respondent?

I want emergency temporary protection effective immediately, (up to 14 days) until the court hearing:

- An emergency exists as described below. I request that a **Temporary Order for Protection** granting the relief requested in Sections 7 & 8 be issued immediately, without prior notice to the respondent, to be effective until the hearing.
- I also request temporary surrender and prohibition of a firearm or other dangerous weapon without notice to the other party because irreparable injury could result if an order is not issued until the hearing.

NOTE: Protection from Firearms and Other Dangerous Weapons

Prohibited from Possessing Firearms: If the court orders this relief, and the respondent is your spouse or former spouse, current or former domestic partner, the parent of a child in common, or a current or former cohabitant as part of a dating relationship, the respondent will not be able to obtain or possess a firearm, other dangerous weapon, ammunition, or concealed pistol license under state or federal law for the duration of the order.

Surrender of Firearms: If you are the respondent's current or former intimate partner and you and/or your child is protected by the order, after actual notice and an opportunity to be heard at the hearing, the court may be required to order the respondent to surrender firearms, other dangerous weapons, or concealed pistol license.

What irreparable injury would result if an order is not issued immediately without prior notice to the respondent?

(Describe those specific concerns that you believe put you or your minor child at risk of such harm, like: history of violence, physical injuries, access to weapons, threats against family members, drug/alcohol abuse, history of mental health disorders, threats of suicide, sexual violence or threats of sexual violence.) **Go to # 11 to detail specific incidents.**

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? _____

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**

Do NOT serve or show this sheet to the restrained person!
Do NOT FILE in the court file. Give this form to law enforcement.

Type or print clearly! Law enforcement **needs this form** to serve the restrained person and enforce the order if it is violated. They also need it to make sure other courts and law enforcement agencies know about your order. Please fill in as much information as you can. If any information changes, please fill out another copy and give it to the court.

Court:	Case Number:	
<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Sexual Assault	<input type="checkbox"/> Dissolution/Separation/Invalidity/Paternity/Parenting Plan
<input type="checkbox"/> Unlawful Harassment	<input type="checkbox"/> Stalking	<input type="checkbox"/> Vulnerable Adult

Restrained Person's Information

(This is the person that you want the court to restrain.)

Name:	First	Middle	Last	Date of Birth (if DOB unknown give age range)			
Nickname/Alias/AKA ("Also known as")				Relationship to Protected Person			
Sex	Race	Height	Weight	Hair Color	Eye Color	Skin Tone	Build

Phone(s) w/Area Code (voice):	Need Interpreter? <input type="checkbox"/> No <input type="checkbox"/> Yes Language:
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Where can the restrained person be served? <i>List all known contact information.</i>	Last Known Address. Street:
	City: State: Zip:
	Cell number (text):
	Email:
	Social Media Account/s & User Name/s:
Other:	

Employer	Employer's Address	WORK Hours: Phone: ()
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Vehicle Make and Model	Vehicle License Number	Vehicle Color	Vehicle Year	Drivers License or ID number	State
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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 (continue on back, 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 Other:
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

Protected Person's Information
(This is the person you want the court to protect.)

Name: First Middle Last

Date of Birth	Sex	Race	Height	Weight	Eye Color	Hair Color	Skin Tone	Build
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If your information ***is not confidential***, you must enter your address and phone number(s) below.

Current Address Street: City: State: Zip:	Phone(s) w/Area Code
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Email address:	Need interpreter? [] No [] Yes If yes, language:
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If your information ***is confidential***, you must provide the name, address, and phone number of someone willing to be your "contact."

Contact Name	Contact Address	Contact Phone
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If you filed for someone else, list your name, phone number, and address:

Minor's Information

For relationship, use terms such as child, grandchild, stepchild, nephew, or none.

1	Name: First Middle Last		
	Birth Date	Sex	Resides With
	Relationship to Protected Person:		Relationship to Restrained Person:

2	Name: First Middle Last		
	Birth Date	Sex	Resides With
	Relationship to Protected Person:		Relationship to Restrained Person:

3	Name: First Middle Last		
	Birth Date	Sex	Resides With
	Relationship to Protected Person:		Relationship to Restrained Person:

4	Name: First Middle Last		
	Birth Date	Sex	Resides With
	Relationship to Protected Person:		Relationship to Restrained Person:

Victim's Household Members or Adult Children Protected

Name:	birth date:
Name:	birth date:
Name:	birth date:
Name:	birth date:

**SPOKANE COUNTY DISTRICT COURT
STATE OF WASHINGTON**

Petitioner (Protected Person) Date of Birth _____

vs.

Respondent (Restrained Person) Date of Birth _____

No. _____

**Proof of Service
(RTS)**

Proof of Service

Server declares:

1. My name is _____. I am 18 or older.
I am a peace officer not a party to this case.

2. **Able to Serve:**

Personal Service: I served the court documents checked in section 4 for this case
to *(name of party)* _____
on *(date)* _____ at *(time)* _____
by giving the documents directly to them at this address:
_____.

Electronic Service:

Important! Do not use electronic service if your case involves the surrender of firearms, transfer of child custody, removing respondent from the parties' shared residence, or an incarcerated respondent.

I served the court documents checked in section 4 for this case to
(name of party) _____
on *(date)* _____ at *(time)* _____ via

email text social media applications other technology

At the following email address/s, phone number/s, social media application and user name, or other address: _____.

I received a read receipt or other reply from the receiving party *(describe or attach)*: _____.

Service by Mail: I served the court documents checked in section 4 for this case to (name of party) _____ on (date) _____ at (time) _____. I sent **2** copies of the documents, postage prepaid: one by ordinary, first-class mail and one by other mail with certified or tracking information (*attach receipts*). I sent the mail to this/these address/es: _____.

3. Not Able to Serve:

- I was unable to make personal service on (name of party) _____. I notified the serving party that service was not successful. Personal service was attempted on the following date/s _____.
- Electronic service was attempted at the following address/es but it bounced back or was undeliverable _____.
- I did not mail court documents to (name of party) _____ because I do not know the party's last known address.

4. List of Documents:

Important! You must check or write in the title of **every** document that you served. Use the "Other Documents" box to write in the title of any document not already listed.

I served the following documents (*check all that apply*):

<p>New Domestic Violence Petition:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Petition for Order for Protection <input type="checkbox"/> Temporary Order for Protection and Notice of Hearing <input type="checkbox"/> Reissuance of Temporary Order for Protection and Notice of Hearing <input type="checkbox"/> Order to Surrender Weapons (issued without notice) and Notice of Hearing <input type="checkbox"/> Order Transferring Domestic Violence Case and Setting Hearing <input type="checkbox"/> Declaration/s of: _____ <input type="checkbox"/> Denial Order 	<p>New Vulnerable Adult Petition:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Petition for a Vulnerable Adult Order for Protection <input type="checkbox"/> Temporary Order for Protection and Notice of Hearing <input type="checkbox"/> Reissuance of Temporary Order for Protection and Notice of Hearing <input type="checkbox"/> Order to Surrender Weapons (issued without notice) and Notice of Hearing <input type="checkbox"/> Notice to Vulnerable Adult <input type="checkbox"/> Declaration/s of: _____ <input type="checkbox"/> Denial Order
<p>New Sexual Assault Petition:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Petition for a Sexual Assault Protection Order <input type="checkbox"/> Temporary Sexual Assault Protection Order and Notice of Hearing <input type="checkbox"/> Reissuance of Temporary Sexual Assault Protection Order and Notice of Hearing <input type="checkbox"/> Order to Surrender Weapons (issued without notice) and Notice of Hearing <input type="checkbox"/> Declaration/s of: _____ <input type="checkbox"/> Denial Order 	<p>New Harassment and/or Stalking Petition:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Petition for Order for Protection – Harassment and/or Stalking Respondent Under Age 18 <input type="checkbox"/> Temporary Order for Protection and Notice of Hearing <input type="checkbox"/> Respondent Under Age 18 <input type="checkbox"/> Order to Surrender Weapons (issued without notice) and Notice of Hearing <input type="checkbox"/> Declaration/s of: _____ <input type="checkbox"/> Denial Order

<p>After a Full Hearing:</p> <input type="checkbox"/> Order for Protection <input type="checkbox"/> Sexual Assault Protection Order <input type="checkbox"/> Order for Protection – Vulnerable Adult <input type="checkbox"/> Order for Protection – Harassment <input type="checkbox"/> Respondent Under Age 18 <input type="checkbox"/> Order for Protection – Stalking <input type="checkbox"/> Respondent Under Age 18 <input type="checkbox"/> Order to Surrender Weapons <input type="checkbox"/> Order Realigning Parties and Notice of Hearing	<p>Renewals:</p> <input type="checkbox"/> Petition for Renewal of Order for Protection and Notice of Hearing <input type="checkbox"/> Order Setting Hearing on Renewal <input type="checkbox"/> and Extending Order until Hearing <input type="checkbox"/> Ex Parte Temporary Order for Renewal of Order for Protection and Notice of Hearing <input type="checkbox"/> Order for Renewal of Order for Protection <input type="checkbox"/> Motion and Declaration for Renewal of Sexual Assault Protection Order <input type="checkbox"/> Order Setting Hearing – Sexual Assault <input type="checkbox"/> Order on Motion for Renewal of Sexual Assault Protection Order
<p>Motions:</p> <input type="checkbox"/> Motion to Modify/Terminate Order for Protection <input type="checkbox"/> Motion for Surrender of Weapons <input type="checkbox"/> Notice of Hearing <input type="checkbox"/> Motion to Realign Parties	<p>After a Motion Hearing:</p> <input type="checkbox"/> Order Modifying/Terminating Order for Protection <input type="checkbox"/> Order to Surrender Weapons
<p>Other Documents:</p> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	

5. Fees Charged for Service:

- Does not apply.
- Fees: \$_____ + Mileage \$_____ = Total: \$_____

6. Other: _____

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

Signed at (city and state): _____ Date: _____

▶ _____
Signature of server

Print or type name of server

Law Enforcement Agency (if any)