

**APPLICATION PACKET
FOR
ANTI-HARASSMENT
ORDER OF PROTECTION**

INSTRUCTION FOR COMPLETING
ANTI-HARASSMENT/STALKING PROTECTION PROTECTION ORDERS

The filing fee is \$53.00 cash. If the Petitioner feels that they cannot afford the filing fee, they can apply to have the filing fee waived using a GR34 form. Once the paperwork is complete, all paperwork must be taken to Ex Parte Courtroom 202 between the hours of 9:00-12:00 Wednesday and Friday and/or 1:30 - 4:00, Monday through Friday.

ALL PAPERWORK MUST BE COMPLETED IN BLUE OR BLACK INK
DO NOT WRITE ON THE BACK OF ANY DOCUMENT

Law Enforcement Information Sheet

--Complete one(1) sheet per Respondent.

Petition For An Order For Protection

(From Civil Harassment/Stalking)

--Complete all seven(7) pages.

Confidential Information Form(INFO)

--Complete both pages.

--If you have more than two(2)children involved ask for Addendum.

Temporary protection Order

--Complete three(3) pages.

Return of Service

--Complete the heading portion only.(Name of Petitioner and Respondent).

**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!

This completed form is **required** by law enforcement. This information is **necessary** to serve, enforce, and enter your order into the statewide law enforcement computer. Fill in the following information as completely as possible.

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

Restrained Person's Information

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

Name:	First	Middle	Last	Nickname	Relationship to Protected Person			
Date of Birth	Sex	Race	Height	Weight	Eye Color	Hair Color	Skin Tone	Build
Last Known Address					Phone(s) w/Area Code		Need Interpreter?	
Street:							Yes or No	
City:					State:		Zip:	
Language:								
Email address:								
Employer		Employer's Address			WORK Hours: Phone: ()			
Vehicle License Number	Vehicle Make and Model		Vehicle Color	Vehicle Year	Drivers License or ID number		State	

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
 Assault Assault with Weapons Alcohol/Drug Abuse Other:

Weapons: Handguns Rifles Knives Explosives Other:

Location of Weapons: Vehicle On Person Residence Describe in detail:

Current Status (Circle Yes, No or N/A.)

Is the restrained person a current or former cohabitant as an intimate partner? Y N

Are you and the restrained person living together now? Y N

Does the restrained person know he/she may be moved out of the home? Y N N/A

Does the restrained person know you're trying to get this order? Y N

Is the restrained person likely to react violently when served? Y N

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	Need interpreter? Yes or No Language:
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Email address:

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

Name: First	Middle	Last	Sex	Race	Birth date	Resides With

Below, describe the minor's relationship to the protected or restrained person using terms such as: child, grandchild, stepchild, nephew, none.

Name: First	Middle	Last	Minor's Relationship to Protected Person	Minor's Relationship to Restrained Person

Victim's Household Members or Adult Children Protected

Name:	birth date:

Confidential Information (CIF)

Clerk: Do not file in a public access file

Superior Court of Washington,

County: _____

Case No.: _____

Important! Only court staff 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.

- 1. Who is completing this form? (Name): _____
- 2. Is there a current restraining or protection order involving the parties or children? [] Yes [] No
If yes, who does the order protect? (Name/s): _____
- 3. Does your address information need to be confidential to protect your or your children's health, safety, or liberty? (Check one): [] Yes [] No
If yes, explain why? _____
- 4. **Your Information** - This person is a (check one): [] Petitioner [] Respondent
Interpreter needed? [] Yes [] No Language, if yes: _____

Full name (first, middle, last):		Date of birth (MM/DD/YYYY):	Sex:
Driver's license/Identicard (No., state):	Race:	Relationship to children in this case:	
Mailing address (This address will not be kept private.) (street address or P.O. box, city, state zip):			

If your case is **only** about a protection order, **skip to section 5.**

Home address (check one): [] same as mailing address [] listed below (street, city, state, zip):		
Phone:	Email:	Social Sec. No:
Employer's name:		Employer's phone:
Employer's address:		

- 5. **Other Party's Information** – This person is a (check one): [] Petitioner [] Respondent
Interpreter needed? [] Yes [] No Language, if yes: _____

Full name (first, middle, last):		Date of birth (MM/DD/YYYY):	Sex:
Driver's license/Identicard (No., state):	Race:	Relationship to children in this case:	
Mailing address (This address will not be kept private.) (street address or PO box, city, state zip):			

If your case is **only** about a protection order, **skip to section 6.**

Home address (check one): <input type="checkbox"/> same as mailing address <input type="checkbox"/> listed below (street, city, state, zip):		
Phone:	Email:	Social Sec. No:
Employer's name:		Employer's phone:
Employer's address:		

➤ **Skip sections 6–9 if your case does not involve children. Sign at the end.**

6. Children's Information (You do not have to fill out the children's Social Security numbers if your case is only about a protection order.)

Child's full name (first, middle, last)	Date of birth (MM/DD/YYYY)	Race	Sex	Soc. Sec. No.	Current location: lives with
1.					<input type="checkbox"/> You <input type="checkbox"/> other party: _____
2.					<input type="checkbox"/> You <input type="checkbox"/> other party: _____
3.					<input type="checkbox"/> You <input type="checkbox"/> other party: _____
4.					<input type="checkbox"/> You <input type="checkbox"/> other party: _____

7. Have the children lived with anyone other than you or the other party during the last five years? (Check one): No Yes If **yes**, fill out below:

Children lived with (name)	That person's current address
1.	
2.	

8. Do other people (not parents) have custody or visitation rights to the children?

(Check one): No Yes If **yes**, fill out below:

Person with rights (name)	That person's current address
1.	
2.	

9. If you are asking for custody and are not the parent, list all other adults living in your home:

1. (Name):	Date of birth (MM/DD/YYYY):
2. (Name):	Date of birth (MM/DD/YYYY):

I declare under penalty of perjury under Washington State law that the information on this form about me is true. The information about the other party is the best information I have or is unavailable because (explain): _____

Check here if you need more space to list other Petitioners, Respondents, or children. Put that information on the *Attachment to Confidential Information*, form FL All Family 002, and attach it to this form.

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

▶ _____
 Petitioner/Respondent signs here Print name here

Spokane Court of Washington For County of Spokane	
Petitioner,	
vs.	
Respondent.	

No. _____

Petition for an Order for Protection -
 Harassment (PTORAH) and/or
 Stalking (PTORSTK)

➤ **This is a Petition for an Order for Protection against Harassment and/or Stalking as checked in the caption.**

I believe:

- I am a victim of stalking.
- _____ (name) is the victim of stalking and he/she is a minor or vulnerable adult.

The respondent has been

- stalking the victim either in person or cyber stalking, **and**
- repeatedly contacting the victim or attempting to contact or monitor the victim for no lawful purpose and his/her actions caused the victim to feel intimidated, frightened, or threatened.

- I am a victim of unlawful harassment.
- _____ (name) is a victim of unlawful harassment and he/she is a minor.

The respondent's actions toward the victim have seriously alarmed, annoyed, or harassed the victim, or are detrimental to the victim and serve no legitimate or lawful purpose. The respondent's actions have caused substantial emotional distress to the victim or caused me to fear for the well-being of my child.

How do the victim and respondent know each other? _____

I have given a detailed explanation below.

1. Who is the petitioner?

My name is (please print) _____ . I am the petitioner.

- I am 18 or older and I am petitioning on my own behalf.
- I am 16 or 17 and I am petitioning on my own behalf.
- I am the parent or guardian of child/ren under age 18 and I am petitioning on their behalf:

Children's Name/s (First, Middle Initial, Last)	Age

- I am not the parent or guardian, but the child/ren live/s with me and I am petitioning on their behalf and the respondent is not a parent.

Children's Name/s (First, Middle Initial, Last)	Age

- I am filing this petition on behalf of petitioner, (name) _____, a vulnerable adult as defined in RCW 74.34.020, who is a victim of stalking. I am an interested person as defined in RCW 74.34.020(10). My relationship to this petitioner is _____.

2. Is the respondent 18 years of age or older?

Yes No

(If no, use the Petition for Order for Protection Harassment/Stalking Respondent Under Age 18, instead of this petition.)

3. Where do the parties live?

Petitioner lives in _____ County.

Did the petitioner leave their residence because of stalking conduct and that is the county of their new residence?

Yes No

Children named above live in _____ County.

Respondent lives in _____ County.

4. Where did the Conduct take place?

The conduct took place in _____ County.

7. Has the respondent used, displayed, or threatened to use a firearm or other dangerous weapon in a felony? Please describe:

8. Is the respondent ineligible to possess a firearm under the provisions of RCW 9.41.040? Please describe:

9. 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 a victim? Please describe:

10. Do you have any evidence of the harassment or stalking conduct other than testimony?

No

Yes. I have attached the following evidence:

Copy of mail or written notes

Copy of text messages

Copy of email messages

Copy of social media messages

Police report

Declaration or Affidavit from the following witness: _____

Other (describe): _____

11. Has/have the **victim/s or the respondent** ever requested or obtained protection from the other person in a restraining order, civil protection order, or criminal no-contact order? If yes, list the type of order, the name of the court, the approximate date of the order, and whether the request was granted:

12. Is there any other litigation between the victim/s and the respondent? This includes all matters - pending or past - such as parenting plans, landlord-tenant disputes, employment disputes, or property disputes. If yes, provide case number/s if known, type of case, and name of court:

➤ **Requests**

13. I ask the Court for an order approving the following requests for protection:

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

<input type="checkbox"/> No Contact: Restrain the respondent from making any attempts or having any contact, including nonphysical contact, with the person/s to be protected, directly, indirectly, or through third parties, regardless of whether those third parties know of the order, except for mailing of court documents.
<input type="checkbox"/> Surveillance: Prohibit or restrain the respondent from making any attempt to keep or from keeping the person/s to be protected under surveillance, including electronic surveillance.
<input type="checkbox"/> Exclude from places: Exclude the respondent from the <input type="checkbox"/> residence <input type="checkbox"/> workplace <input type="checkbox"/> school <input type="checkbox"/> day care of the person/s to be protected.
<input type="checkbox"/> Stay Away: Prohibit or restrain the respondent from entering or being within, or from knowingly coming within, or knowingly remaining within _____ (distance) of the <input type="checkbox"/> residence <input type="checkbox"/> workplace <input type="checkbox"/> school <input type="checkbox"/> day care of the person/s to be protected. <input type="checkbox"/> other locations: _____.
<input type="checkbox"/> Other:
<input type="checkbox"/> Evaluation: Order the respondent to have a <input type="checkbox"/> mental health <input type="checkbox"/> chemical dependency evaluation. <input type="checkbox"/> other: _____.
<input type="checkbox"/> Pay Fees and Costs: Require the respondent to pay fees and costs of this action, which may include administrative court costs and service fees and petitioner's costs including attorneys' fees.
<input type="checkbox"/> Surrender Firearms: Require the respondent to immediately surrender all firearms, other dangerous weapons, and any concealed pistol licenses, and prohibit the respondent from accessing, obtaining or possessing firearms, or other dangerous weapons, or concealed pistol licenses.
<input type="checkbox"/> Duration: Remain effective longer than one year because respondent is likely to resume acts of unlawful harassment or stalking conduct against the persons to be protected if the order expires in a year.

Emergency temporary protection (up to 14 days) until the court hearing:

- An emergency exists as described below. I request that a **Temporary Protection Order** granting the relief I requested above for a no-contact, surveillance, exclude from places, or stay away order be issued immediately, without prior notice to the respondent, be effective until the hearing.
- I also request a temporary surrender and prohibition of all firearms, other dangerous weapons, and concealed pistol licenses without notice to the other party because irreparable injury could result if an order is not issued until the hearing.

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

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

Dated: _____ at _____ Washington.

Petitioner

Print or type name

I agree to receive legal documents at this address:

_____.

This address is not my home address because my family, household, or I would be at risk of abuse by respondent if I disclosed my home address.

**Superior Court of Washington
For County of Spokane**

Petitioner,

vs.

Respondent.

No. _____

**Temporary Protection Order and
Notice of Hearing – Harassment
(TMORAH)**

(Clerk's action required)

Next Hearing Date and Time:

Warning to the Respondent: Violation of the provisions of this order with actual notice of its terms is a criminal offense under chapter 10.14 RCW and will subject a violator to arrest. Willful disobedience of the terms of this order may also be contempt of court and subject you to penalties under chapter 7.21 RCW.

Minors addressed in this order:

Name (First, Middle Initial, Last)	Age	Race	Sex

Based upon the petition, testimony, and case record, the court finds that the respondent committed unlawful harassment as defined in RCW 10.14.080, and that great or irreparable injury to the protected person/s will result if this order is not granted. **It is therefore ordered that:**

No Contact: Respondent is **restrained** from making any attempts to contact petitioner and any minors named in the above table.

Surveillance: Respondent is **restrained** from making any attempts to keep under surveillance petitioner and any minors named in the above table.

Stay-Away: Respondent is **restrained** from entering or being within _____
(distance) of petitioner's residence place of employment other:

The address is confidential Petitioner waives confidentiality of the address which is:

Other: _____

Surrender and Prohibition of Weapons Order

The court finds that:

- Irreparable injury could result if the order to surrender weapons is not issued.

- Respondent's possession of a firearm or other dangerous weapon presents a serious and imminent threat to public health or safety or the health or safety of any individual.

- Irreparable injury could result if the Respondent is allowed to access, obtain, or possess any firearms or other dangerous weapons, or obtaining or possessing a concealed pistol license.

The Respondent must comply with the **Order to Surrender Weapons (and Prohibit Weapons if checked below) Issued Without Notice**, filed separately, which states:

Respondent shall immediately surrender all firearms, other dangerous weapons, and any concealed pistol licenses.

- Respondent is prohibited from accessing, obtaining, or possessing any firearms or other dangerous weapons, or obtaining or possessing a concealed pistol license.

(Note: Also use form number All Cases 02-030.)

Washington Crime Information Center (WACIC) Data Entry

It is ordered that the clerk of the court shall forward a copy of this order, and any order to surrender and prohibit weapons, on or before the next judicial day to:

_____ County Sheriff's Office Police Department
where petitioner lives which shall enter it into WACIC.

Service

The clerk of the court shall also electronically forward a copy of this order, and any order to surrender and prohibit weapons, on or before the next judicial day to:

_____ County Sheriff's Office Police Department **where Respondent lives** which shall personally serve the Respondent with a copy of this order and shall promptly complete and return to this court proof of service.

Or

(Only if surrender of weapons not ordered) Petitioner shall make private arrangements for service of this order.

The **Respondent** is directed to appear and show cause why the court should not enter an order for protection effective for one year or more and order the relief requested by the petitioner or other relief the court deems proper, which may include payment of costs.

Failure to appear at the hearing or to otherwise respond will result in the court issuing an order for protection pursuant to RCW 10.14 effective for a minimum of one year from the date of the hearing. The next hearing date and time is shown below the caption on page one.

A copy of this *Temporary Protection Order and Notice of Hearing - Harassment* has been filed with the clerk of the court.

This Temporary Order for Protection is effective until the next hearing date and time shown below the caption on page one.

Dated _____ at _____ a.m./p.m. _____
Judge/Court Commissioner

I acknowledge receipt of a copy of this Order:

➤ _____
Signature of Respondent/Lawyer WSBA No. _____ Print Name _____ Date _____

➤ _____
Signature of Petitioner/Lawyer WSBA No. _____ Print Name _____ Date _____

Petitioner or Petitioner's Lawyer must complete a Law Enforcement Information Sheet (LEIS).

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: _____

No service was attempted because _____

4. I served Respondent _____ at _____ with
(must list name of person served) (must list location of service)
documents listed above, on _____ (date served) at _____ a.m./p.m. (must list time of service).

5. Other: _____

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

DATED _____ at _____, Washington.

Fees: Service _____

Mileage _____

Total _____

Signature of Server

List Law Enf. Agency or Private Process Server Phone #