

**APPLICATION PACKET
ORDER OF
PROTECTION
DOMESTIC
VIOLENCE**

**INSTRUCTION FOR COMPLETING
DOMESTIC VIOLENCE PROTECTION ORDERS**

Once the paperwork is complete, all paperwork must be taken to Ex Parte Courtroom 202 between the hours of 9:00-12:00 Wednesday/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

--Complete one(1)per Respondent.

Application For Petition For An Order Of Protection

--Complete this entire document.

Petition For An Order For Protection

(From Domestic Violence)

--Complete all seven(7) pages.

Complete Firearm Identification Worksheet

Child Custody Information Sheet

--Complete this entire document if applicable.

Confidential Information Form(INFO)

--Complete both pages.

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

Temporary Protection Order

--Complete all four(4) 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:

APPLICATION FOR PETITION FOR AN ORDER OF PROTECTION

I am _____ (Print Name)

I certify under penalty of perjury under the Laws of the State of Washington that the following statements are true and correct:

Check if any of the following legal proceedings have been started by either yourself (Petitioner) or Respondent:

- checkbox Petition for Order of Protection (Domestic Violence)
checkbox Petition for Order of Unlawful Harassment
checkbox Petition for Dissolution of Marriage (Divorce)
checkbox Petition for Legal Separation
checkbox Petition for Custody / Paternity
checkbox Any proceeding in Juvenile Court

For each legal proceeding which has been started, please provide the following information:

- (1) Type of Proceeding: _____ (1) Type of Proceeding: _____
(2) Date: Started: _____ (2) Date Started: _____
(3) County and State where Commenced: _____ (3) County and State where Commenced: _____
(4) Cause Number: _____ (4) Cause Number: _____

PETITION FOR ORDER OF PROTECTION AND/OR STALKING

If you previously filed for an Order of Protection, please provide the following information:

If you have been the Respondent in a Petition for Order of Protection, please provide the following information:

- (1) Date Commenced: _____
(2) State and County where Commenced: _____
(3) Cause Number: _____
(4) Title of Court where Petition Filed: _____
(i.e., District Court, Superior Court, Municipal Court (name of city))

- (1) Name of Petitioner: _____
(2) Date Commenced: _____
(3) State and County where Commenced: _____
(4) Cause Number: _____
(5) Title of Court where Petition Filed: _____
(i.e., District Court, Superior Court, Municipal Court (name of city))

Date: _____ Signature: _____

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

Petitioner

vs.

Respondent

No.

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

<p>1. <input type="checkbox"/> I am a victim of domestic violence committed by the respondent. <input type="checkbox"/> A member of my family or household is a victim of domestic violence committed by the respondent. <input type="checkbox"/> I am a <input type="checkbox"/> guardian <input type="checkbox"/> guardian ad litem <input type="checkbox"/> next friend of a minor who is 13 to 15 years of age and is a victim of domestic violence in a dating relationship with a person age 16 or older. The name of the minor victim is _____. This person's identifying information is provided in paragraph 5 below.</p>		
<p>2. <input type="checkbox"/> The victim lives in this county. <input type="checkbox"/> The victim left their residence because of abuse and this is the county of their new or former residence.</p>		
<p>3. The victim's age is: <input type="checkbox"/> Under 16 <input type="checkbox"/> 16 or 17 <input type="checkbox"/> 18 or over</p>	<p>Respondent's age is: <input type="checkbox"/> Under 16 <input type="checkbox"/> 16 or 17 <input type="checkbox"/> 18 or over</p>	
<p>4. The victim's relationship with the respondent is: <input type="checkbox"/> spouse or former spouse <input type="checkbox"/> parent of a child in common <input type="checkbox"/> current or former domestic partner <input type="checkbox"/> current or former cohabitant as part of a dating relationship</p>	<p><input type="checkbox"/> current or former dating relationship <input type="checkbox"/> stepparent or stepchild <input type="checkbox"/> current or former cohabitant as roommate</p>	<p><input type="checkbox"/> in-law <input type="checkbox"/> parent or child <input type="checkbox"/> blood relation other than parent or child</p>

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

Name (First, Middle Initial, Last)	Age	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 Number			
Court/County			

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

¹ **Restrain** respondent from causing any physical harm, bodily injury, assault, including sexual assault, and from molesting, harassing, threatening, or stalking me the minors named in paragraph 5 above these minors only:

(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.)

² **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 me the minors named in paragraph 5 above only the minors listed below; members of the victim's household listed below the victim's adult children listed below:

³ **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 me the minors named in paragraph 5 above, subject to any court-ordered visitation these minors only, subject to any court-ordered visitation:

⁴ **Exclude** respondent from our shared residence my residence
 my workplace my school the residence, day care, or school of the minors
named in paragraph 5 above these minors only:

other:

You have a right to keep your residential address confidential.

⁵ **Direct** respondent to vacate our shared residence and restore it to me.

⁶ **Prohibit** respondent from knowingly coming within, or knowingly remaining within
_____ (distance) of our shared residence my residence my
workplace my school the day care or school of the minors named in paragraph
5 above. these minors only:

other:

⁷ **Grant** me possession of essential personal belongings, including the following:

⁸ **Grant** me use of the following vehicle:

Year, Make & Model _____ License No. _____

⁹ **Other.**

Protection involving a minor:

¹⁰ Subject to any court-ordered visitation, **Grant** me the care, custody and control of the
minors named in paragraph 5 above these minors only:

¹¹ **Restrain** respondent from interfering with my physical or legal custody of the minors
named in paragraph 5 above these minors only:

¹² **Restrain** the respondent from removing from the state: the minors named in
paragraph 5 above these minors only:

Additional Requests:

¹³ **Direct** the respondent to participate in appropriate treatment or counseling services.

¹⁴ **Require** the respondent to pay the fees and costs of this action.

¹⁵ **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.

Protection involving pets.

¹⁶ **Grant** me exclusive custody and control of the following pet(s) owned, possessed, leased, kept, or held by me, respondent, or a minor child residing with either me or the respondent. (Specify name of pet and type of animal.):

¹⁷ **Prohibit** respondent from interfering with my efforts to remove the pet(s) named above.

¹⁸ **Prohibit** respondent from knowingly coming within, or knowingly remaining within _____ (distance) of the following locations where the pet(s) are regularly found:

petitioner's residence (You have a right to keep your residential address confidential.)

_____ Park

other: _____

Protection from Firearms and Other Dangerous Weapons

¹⁹ **Require** the respondent to surrender any firearm or other dangerous weapon, or any concealed pistol license, and prohibit the respondent from obtaining or possessing a firearm or other dangerous weapon, or a concealed pistol license.

Notice: If you **are** the respondent's intimate partner, 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.

I want emergency temporary protection effective immediately, that lasts (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 above in 1) through 12) be issued immediately, without prior notice to the respondent, to be effective until the hearing.

I also request temporary surrender 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.

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

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 residence. Possession of the vehicle designated above.

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

other location _____

Describe any violence or threats towards children: _____

Describe any stalking behavior by respondent, including use of telephonic, audiovisual or electronic means to harass or monitor: _____

Describe medical treatment you received and for what: _____

Describe any threats of suicide or suicidal behavior by the respondent: _____

Does the respondent own or possess firearms? Yes No

Does the respondent use firearms, weapons or objects to threaten or harm you? Please describe:

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

Has the respondent previously committed an offense that makes him or her ineligible to possess a firearm under the provisions of RCW 9.41.040? Please describe:

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 any individual? Please describe:

If you are requesting that the protection order lasts longer than one year, describe the reasons why:

Other: _____

(Continue on separate page if necessary.)

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.

Signature of Petitioner

You have a right to keep your residential address confidential. If you have one, please provide an address, other than your residence, where you may receive legal documents: _____

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.**

<input type="checkbox"/>	<p>This state is the home state of the children because:</p> <input type="checkbox"/> the children lived in Washington with a parent or a person acting as a parent for at least six consecutive months immediately before the beginning of this proceeding. <input type="checkbox"/> the children are less than six months old and have lived in Washington with a parent or a person acting as parent since birth. <input type="checkbox"/> any absences from Washington have been only temporary. <input type="checkbox"/> Washington was the home state of the children within six months before the beginning of this proceeding and the children are absent from the state; but a parent or person acting as a parent continues to live in this state.
<input type="checkbox"/>	<p>The children and the parents, or the children and at least one parent or a person acting as a parent, have significant connections with this state other than mere physical presence; and substantial evidence is available in this state concerning the children's care, protection, training and personal relationships and</p> <input type="checkbox"/> the children have no home state elsewhere. <input type="checkbox"/> the children's home state has declined to exercise jurisdiction on the ground that this state is the more appropriate forum under RCW 26.27.261 or 271.
<input type="checkbox"/>	<p>All courts in the children's home state have declined to exercise jurisdiction on the ground that a court of this state is the more appropriate forum to determine the custody of the children under RCW 26.27.261 or .271.</p>
<input type="checkbox"/>	<p>No other state has jurisdiction.</p>
<input type="checkbox"/>	<p>This court has temporary emergency jurisdiction over this proceeding because the children are present in this state and the children have been abandoned, or it is necessary in an emergency to protect the children because the children, or a sibling or parent of the children is subjected to or threatened with abuse. RCW 26.27.231.</p>

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

Dated _____ at _____, Washington

 Petitioner

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): <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:		

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

The terms of this order shall be effective until:

<p><input type="checkbox"/> 3. Respondent is restrained 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 or service of process of court documents by a 3rd party or contact by respondent's lawyer(s) with <input type="checkbox"/> petitioner <input type="checkbox"/> the minors named in the table above <input type="checkbox"/> these minors only:</p>
<p><input type="checkbox"/> 4. Respondent is restrained from going onto the grounds of or entering petitioner's <input type="checkbox"/> residence <input type="checkbox"/> workplace <input type="checkbox"/> school <input type="checkbox"/> the daycare or school of <input type="checkbox"/> the minors named in the table above <input type="checkbox"/> these minors only:</p> <p><input type="checkbox"/> other:</p> <p><input type="checkbox"/> Petitioner's address is confidential. <input type="checkbox"/> Petitioner waives confidentiality of the address which is:</p>
<p><input type="checkbox"/> 5. Petitioner shall have exclusive right to the residence petitioner and respondent share. The respondent shall immediately vacate the residence. The respondent may take respondent's personal clothing and respondent's tools of trade from the residence while a law enforcement officer is present. <input type="checkbox"/> This address is confidential. <input type="checkbox"/> Petitioner waives confidentiality of this address which is:</p>
<p><input type="checkbox"/> 6. Respondent is prohibited from knowingly coming within, or knowingly remaining within _____ (distance) of: petitioner's <input type="checkbox"/> residence <input type="checkbox"/> workplace <input type="checkbox"/> school <input type="checkbox"/> the daycare or school of <input type="checkbox"/> the minors named in the table above <input type="checkbox"/> these minors only:</p> <p><input type="checkbox"/> other:</p>
<p><input type="checkbox"/> 7. Petitioner shall have possession of essential personal belongings, including the following:</p>
<p><input type="checkbox"/> 8. Petitioner is granted use of the following vehicle: Year, Make, & Model _____ License No. _____</p>
<p><input type="checkbox"/> 9. Other:</p>
<p>Protection for minors:</p>
<p><input type="checkbox"/> 10. Petitioner is granted the temporary care, custody, and control of <input type="checkbox"/> the minors named in the table above <input type="checkbox"/> these minors only:</p>
<p><input type="checkbox"/> 11. Respondent is restrained from interfering with petitioner's physical or legal custody of <input type="checkbox"/> the minors named in the table above <input type="checkbox"/> these minors only:</p>

12. Respondent is **restrained** from removing from the state the minors named in the table above these minors only:

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.)

The respondent is directed to appear and show cause why this temporary order should not be made effective for one year or more and why the court should not order the relief requested by the petitioner or other relief which may include electronic monitoring, payment of costs, and treatment. **Failure to Appear at the Hearing May Result in the Court Granting Such Relief. The Next Hearing Date is Shown on Page One.**

Warnings to Respondent: A violation of provisions 1 through 6 of this order with actual notice of its terms is a criminal offense under chapter 26.50 RCW and will subject you to arrest. If the violation of the protection order involves travel across a state line or the boundary of a tribal jurisdiction, or involves conduct within the special maritime and territorial jurisdiction of the United States, which includes tribal lands, you may be subject to criminal prosecution in federal court under 18 U.S.C. § 2261, 2261A, or 2262.

A violation of provisions 1 through 6 of this order is a gross misdemeanor unless one of the following conditions apply: Any assault that is a violation of this order and that does not amount to assault in the first degree or second degree under RCW 9A.36.011 or 9A.36.021 is a class C felony. Any conduct in violation of this order that is reckless and creates a substantial risk of death or serious physical injury to another person is a class C felony. Also, a violation of this order is a class C felony if you have at least two previous convictions for violating a protection order issued under Titles 7, 10, 26 or 74 RCW.

If the court issues a final protection order, and your relationship to the petitioner is that of spouse or former spouse, parent of a common child, or former or current cohabitant as intimate partner, including a current or former registered domestic partner, you may not possess a firearm or ammunition for as long as that final protection order is in effect. 18 U.S.C. § 922(g)(8). A violation of this federal firearms law carries a maximum possible penalty of 10 years in prison and a \$250,000 fine. An exception exists for law enforcement officers and military personnel when carrying department/government-issued

firearms. 18 U.S.C. § 925(a)(1). If you are convicted of an offense of domestic violence, you will be forbidden for life from possessing a firearm or ammunition. 18 U.S.C. § 922(g)(9); RCW 9.41.040.

You Can Be Arrested Even if the Person or Persons Who Obtained the Order Invite or Allow You to Violate the Order's Prohibitions. You have the sole responsibility to avoid or refrain from violating the order's provisions. Only the court can change the order upon written application.

Pursuant to 18 U.S.C. § 2265, a court in any of the 50 states, the District of Columbia, Puerto Rico, any United States territory, and any tribal land within the United States shall accord full faith and credit to the order.

Warning: A person may be guilty of custodial interference in the second degree if they violate provisions 10, 11, or 12.

Washington Crime Information Center (WACIC) Date Entry

It is further ordered that the clerk of the court shall forward a copy of this order 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 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.
- [] (Only if surrender of weapons not ordered) Petitioner has made private arrangements for service of this order.

Law Enforcement Assistance

- [] Law enforcement shall assist petitioner in obtaining:
- [] Possession of petitioner's [] residence [] personal belongings located at: [] the shared residence [] respondent's residence [] other: _____
- [] Custody of the above-named minors, including taking physical custody for delivery to petitioner (if applicable).
- [] Other: _____

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

Presented by:

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

The petitioner or petitioner's lawyer must complete a Law Enforcement Information Sheet (LEIS).

SPOKANE COUNTY SUPERIOR COURT STATE OF WASHINGTON	
NAME _____	DOB _____
Petitioner(s), v.	
NAME _____	DOB _____
Respondent.	

CASE NO. _____

RETURN OF SERVICE

Spokane County Superior Court
1116 W. Broadway, Spokane, WA 99260
Telephone Number: (509) 477-2211

This section completed by court clerk: _____ (Clerk's initials)
on _____, sent the documents checked below to police records or other for service.

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

2. Check all documents to be served:

<input type="checkbox"/> Temporary Protection Order & Notice of Hearing including Petition	<input type="checkbox"/> Reissuance of Temporary Protection Order & of Hearing
<input type="checkbox"/> Temporary Protection Order & Notice of Hearing	<input type="checkbox"/> Order to Surrender Weapons
<input type="checkbox"/> Petition for Protection Order	<input type="checkbox"/> Order Modifying-Terminating- Extending Protection Order
<input type="checkbox"/> Protection Order	<input type="checkbox"/> Proof of Surrender
<input type="checkbox"/> Note of Hearing	<input type="checkbox"/> Receipt of Surrendered Weapons
<input type="checkbox"/> Order to Surrender Weapons issues without a notice	<input type="checkbox"/> Motion to Modify- Terminate- Extend Protection Order & Notice of Hearing
<input type="checkbox"/> Instructions on Surrendering Firearms	
<input type="checkbox"/> Declaration of Non Surrender	<input type="checkbox"/> Other: _____

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 _____	Signature of Server
Total _____	_____
	List Law Enf. Agency or Private Process Server Phone #