

**SEXUAL
ASSAULT
PROTECTION
ORDER
PACKET**

**INSTRUCTION FOR COMPLETING
SEXUAL ASSAULT PROTECTION ORDERS**

Once the paperwork is complete, all paperwork must be taken to Courtroom 304 between the hours of 9:00-12:00 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.

Petition For Sexual Assault Protection Order

--Complete all five(5) pages.

Confidential Information Form(INFO)

--Complete both pages.

Temporary Sexual Assault Protection Order/Note for Hearing

--Complete all 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 state wide law enforcement computer. Fill in the following information as completely as possible.

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

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	<input type="checkbox"/> Male <input type="checkbox"/> Female	Race	Height	Weight	Eye Color	Hair Color	Skin Tone	Build
Last Known Address Street: City:					State:	Zip:	Phone(s) w/Area Code	Need Interpreter? Yes or No Language:
Employer	Employer's Address				WORK Hours: Phone: ()			
Vehicle License Number	Vehicle Make and Model	Vehicle Color	Vehicle Year	Drivers License or ID number	State			

Hazard Information Restrained Person's History Includes:

Mental Health Problems (Commitment, Treatment, Suicide Attempt, Other) Assault Assault with Weapons Alcohol/Drug Abuse

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	<input type="checkbox"/> Male <input type="checkbox"/> Female	Race	Height	Weight	Eye Color	Hair Color	Skin Tone	Build	
If your information is not confidential , you must enter your address and phone number(s).					Phone(s) w/Area Code	Need interpreter? Yes or No Language:			
Current Address Street: City:					State:	Zip:			
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			

If you filed the petition for someone else, list your name, contact phone number and address :

Minor's Information			Describe the minor's relationship using terms such as: child, grandchild, stepchild, nephew, none. →				Minor's Relationship to	
Name: First	Middle	Last	Sex	Race	Birth date	Resides With	Protected Person	Restrained Person

Filled out by: _____ On (date): _____ See Reverse For Additional Information →

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

Petitioner (Person to be protected)
vs.

Respondent (Person to be restrained)

No.

**Petition for Sexual Assault
Protection Order
(PTORSXP)**

1. Petitioner is a victim of nonconsensual sexual conduct or nonconsensual sexual penetration committed by the respondent as described in the statement below.

I am filing on behalf of myself and I am 16 years or older.

I am filing on behalf of a minor, age _____ . My relationship to the minor is _____ . My name is _____ .

I am filing on behalf of a vulnerable adult as defined in RCW 74.34.020 or 74.34.021; or other adult who, because of age, disability, health or inaccessibility, cannot file the petition. My relationship to the vulnerable adult or other adult is _____ .

My name is _____ .

2. Petitioner lives in this city this county.

3. Respondent's age is:

Under 16 16 or 17 18 or over

(Complete this if known.) If the respondent is under age 18, the name(s) of the minor's parent(s) or legal guardian(s) is/are:

4. Is respondent a service member, or a dependent of a service member?

yes no unknown

5. Petitioner's relationship to respondent is:

6. Petitioner may be served with legal documents at: _____ .
_____. (If disclosure of petitioner's address would risk abuse or harassment of the petitioner or the petitioner's family or household members, petitioner must list an alternative address.)

7. Other court cases or other restraining, protection or no-contact orders involving the petitioner and the respondent:

Case Name			
Case Number			
Court/County/State			

Petitioner Requests a Sexual Assault Protection Order, following a hearing, that will grant the relief requested below:

1. **Restrain** respondent from having any contact with petitioner, including but not limited to telephone calls, mail, written notes, email, texting, and social media (such as Facebook, and Twitter), directly, indirectly, or through third parties regardless of whether those third parties know of the order.

2. **Exclude** respondent from the following places:

- Petitioner's residence
- Petitioner's workplace
- Petitioner's school
- Petitioner's day care
- Other:

3. **Prohibit** respondent from knowingly coming within, or knowingly remaining within _____ (distance) of:

- Petitioner's residence
- Petitioner's workplace
- Petitioner's school
- Petitioner's day care
- Other:

4. **Other:**

5. **Restrain** respondent from attending _____ school at _____ (address) attended by the petitioner and **order** respondent to transfer to a different school. (If this relief is granted, respondent or respondent's parents or legal guardians will be responsible for transportation and all other costs associated with change of school.)

6. **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.

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

- An emergency exists as described below. I request that a **Temporary Sexual Assault Protection Order** granting the relief requested above in 1) through 4) be issued immediately, without prior notice to the respondent, to be effective until the hearing.
- I also request a 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?

A Sexual Assault Protection Order is available to protect a victim of nonconsensual sexual conduct or nonconsensual sexual penetration, including a single incident of nonconsensual sexual conduct or nonconsensual sexual penetration, from future interactions with the assailant. **Nonconsensual** means a lack of freely given agreement. **Sexual conduct** means any of the following: (a) any intentional or knowing touching or fondling of the genitals, anus, or breasts, directly or indirectly, including through clothing; (b) any intentional or knowing display of the genitals, anus, or breasts for the purposes of arousal or sexual gratification of the respondent; (c) any intentional or knowing touching or fondling of the genitals, anus, or breasts, directly or indirectly, including through clothing, that the petitioner is forced to perform by another person or the respondent; (d) any forced display of the petitioner's genitals, anus, or breasts for the purposes of arousal or sexual gratification of the respondent or others; (e) any intentional or knowing touching of the clothed or unclothed body of a child under the age of 13, if done for the purpose of sexual gratification or arousal of the respondent or others; and (f) any coerced or forced touching or fondling by a child under the age of thirteen, directly or indirectly, including through clothing, of the genitals, anus, or breasts of the respondent or others. **Sexual Penetration** means any contact, however slight, between the sex organ or anus of one person by an object, the sex organ, mouth or anus of another person, or any intrusion, however slight, of any part of the body of one person or of any animal or object into the sex organ or anus of another person, including but not limited to cunnilingus, fellatio, or anal penetration. Evidence of emission of semen is not required to prove sexual penetration.

Statement: The respondent has committed a single act or acts of nonconsensual sexual conduct or nonconsensual sexual penetration, which give rise to a reasonable fear of future dangerous acts, for which relief is sought.

Describe any nonconsensual sexual conduct or nonconsensual sexual penetration, and the approximate date(s). Include any statements or actions of the respondent at the time of the incident(s) or at any other time that caused the petitioner fear: _____

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 the petitioner? Please describe:

Other: _____

(Continue on separate page if necessary.)

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

Print Name

Signature of Person Filing on Behalf of Petitioner

Print Name

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 his/her 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

Full name (first, middle, last):		Date of birth (MM/DD/YYYY):	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Driver's license/Identicard (#, 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, the information below is **not** required. Skip to **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. #:
Employer's name:		Employer's phone:
Employer's address:		

5. Other Party's Information – This person is a (check one): Petitioner Respondent

Full name (first, middle, last):		Date of birth (MM/DD/YYYY):	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Driver's license/Identicard (#, 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, the information below is **not** required. Skip to **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. #:
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. #	Current location: lives with
1.			<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> other: _____
2.			<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> other: _____
3.			<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> other: _____
4.			<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> other: _____
5.			<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> other: _____
6.			<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> other: _____

7. Have the children lived with anyone other than Petitioner or Respondent 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

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

No. _____

Petitioner (Protected Person) **DOB**
vs.

Respondent (Restrained Person) **DOB**

**Temporary Sexual Assault Protection
Order and Notice of Hearing**
(TMORSXP/ORWPN) (JIS Order Code: TSX)

Clerk's Action Required

Next Hearing Date/Time: 1:30 PM
At: West 1116 Broadway Ave.

Spokane, WA. 99260 Courtroom 202

1. **The court finds** by a preponderance of the evidence that Petitioner is a victim of nonconsensual sexual conduct or nonconsensual sexual penetration as defined in RCW 7.90.010 by the respondent; Chapter 26.50 RCW does not apply; and:
 - Petitioner is 16 years of age or older.
 - Petitioner is a minor child, age _____, on whose behalf the petition is brought. Petitioner's parent(s) or legal guardian(s) are bringing this action and are appointed as the petitioner's guardian ad litem for this proceeding.
 - Petitioner is a vulnerable adult as defined in RCW 74.34.020 or 74.34.021; or other adult who, because of age, disability, health, or inaccessibility, cannot file the petition.
2. Respondent is under 16 years of age. The court will determine at the next hearing whether Respondent's parent or guardian or an attorney should be appointed as guardian ad litem to represent the respondent in this proceeding.

The court further finds that there is good cause to grant each remedy, regardless of the lack of prior service of process or of notice upon the respondent, because the harm which each remedy is intended to prevent or the irreparable injury which the surrender of weapons is intended to prevent would be likely to occur if the respondent were given any prior notice, or greater notice than was actually given, of the petitioner's efforts to obtain judicial relief. **It is therefore ordered:**

1. **No Contact:** Respondent is **restrained** from having any contact with the petitioner, including but not limited to telephone calls, mail, written notes, e-mail, texting, and social media (such as Facebook and Twitter), directly, indirectly, or through third parties regardless of whether those third parties know of the order.

<input type="checkbox"/> 2. Exclude from place: Respondent is excluded from the following places: <input type="checkbox"/> Petitioner's residence <input type="checkbox"/> Petitioner's workplace <input type="checkbox"/> Petitioner's school <input type="checkbox"/> Petitioner's day care <input type="checkbox"/> Other:
<input type="checkbox"/> 3. Stay Away: Respondent is prohibited from knowingly coming within, or knowingly remaining within _____ (distance) of: <input type="checkbox"/> Petitioner's residence <input type="checkbox"/> Petitioner's workplace <input type="checkbox"/> Petitioner's school <input type="checkbox"/> Petitioner's day care <input type="checkbox"/> Other:
<input type="checkbox"/> 4. Other:

<input type="checkbox"/> Surrender of Weapons Respondent must turn in any firearms and other dangerous weapons as stated in the Order to Surrender Weapons Issued Without Notice filed separately.

The respondent may petition the court to reopen the order if the respondent did not receive actual prior notice of the hearing and if the respondent alleges that he or she had a meritorious defense to the order or that the order or its remedy is not authorized by chapter 7.90 RCW.

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 _____ <input type="checkbox"/> County Sheriff's Office <input type="checkbox"/> Police Department where Petitioner lives which shall enter it into WACIC.

Service
<input type="checkbox"/> The clerk of the court shall also forward a copy of the summons, petition, and order on or before the next judicial day to _____ <input type="checkbox"/> County Sheriff's Office <input type="checkbox"/> Police Department where Respondent lives which shall personally serve the respondent with a copy of the summons, petition and order and shall promptly complete and return to this court proof of service.

- The clerk of the court shall also forward a copy of the summons, petition and order on or before the next judicial day to _____ County Sheriff's Office Police Department for service of the summons, petition and order upon _____ (Respondent's Parent(s) or Legal Guardian(s)) at: _____ and shall promptly complete and return to this court a Return of Service.
- Petitioner has made private arrangements for service of the summons, petition, and order. (A Return of Service shall be filed with the court at or before the next hearing.)
- Respondent appeared and was served a copy of the summons, petition, and order by the court; further service is not required.

The respondent is directed to appear and show cause why this temporary sexual assault protection order should not be made effective for up to two years and why the court should not order the relief requested by the petitioner. If Respondent is under 16 years of age then his or her parent(s) or legal guardian(s) shall also appear.

Failure to appear at the hearing may result in the court granting all of the relief requested in the petition.

Warnings to the Respondent: A knowing violation of this sexual assault protection order is a criminal offense under chapter 26.50 RCW and *will subject a violator to arrest.* You can be arrested even if any person protected by the order invites or allows 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.

This temporary sexual assault protection order is effective until the next hearing date shown on page one.

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

Presented by:

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

➤ _____
 Signature of Person Filing on Behalf of Petitioner Print Name

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

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

Petitioner (Protected Person)

vs.

Respondent (Restrained Person)

No.

**Return of Service
(RTS)**

Identification of Server:

1. My name is _____. I am a peace officer 18 years of age or older and not the petitioner or the respondent.

Able to serve:

2. I served _____ (name of person served)
On _____ (date) at _____ (time) at this
address:

with the documents checked in paragraph 4.

Not able to serve:

3. I was unable to make personal service on the respondent. I have notified the petitioner that respondent was not served.
 I was unable to make personal service on the petitioner. I have notified the respondent that petitioner was not served.
 Personal service was attempted on the following date(s) _____

- No service was attempted because _____

I mailed a copy of the documents checked in paragraph 4 to the respondent at his or her last known address: _____

I did not mail the documents checked in paragraph 4 to the respondent, because I do not know the respondent's last known address.

List of Documents:

4. The documents

<input type="checkbox"/> Summons	<input type="checkbox"/> Sexual Assault Protection Order
<input type="checkbox"/> Petition for Sexual Assault Protection Order	<input type="checkbox"/> Motion to Modify/Terminate Sexual Assault Protection Order
<input type="checkbox"/> Temporary Sexual Assault Protection Order and Notice of Hearing	<input type="checkbox"/> Order Modifying/Terminating Sexual Assault Protection Order
<input type="checkbox"/> Reissuance of Temporary Sexual Assault Protection Order and Notice of Hearing	<input type="checkbox"/> Motion for Renewal of Sexual Assault Protection Order
<input type="checkbox"/> Respondent's Petition to Reopen Temporary Sexual Assault Protection Order	<input type="checkbox"/> Order on Renewal of Sexual Assault Protection Order
<input type="checkbox"/> Order on Respondent's Petition to Reopen Temporary Sexual Assault Protection Order	<input type="checkbox"/> Other: _____

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

Print or Type Name

Total _____

Law Enforcement Agency