

**APPLICATION PACKET  
FOR  
STALKING  
ORDER OF PROTECTION**

**INSTRUCTION FOR COMPLETING  
ANTI-HARASSMENT/STALKING 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 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 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 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.)

<b>Name:</b> First Middle Last			Nickname	Relationship to Protected Person
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Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	Race	Height	Weight	Eye Color	Hair Color	Skin Tone	Build
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Last Known Address Street:				Phone(s) w/Area Code	Need Interpreter? Yes or No Language:
City:		State:	Zip:		

Employer	Employer's Address	WORK Hours: Phone: ( )
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Vehicle License Number	Vehicle Make and Model	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  
 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.)

<b>Name:</b> First Middle Last		
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Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	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).

Current Address Street:				Phone(s) w/Area Code	Need interpreter? Yes or No Language:
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
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If you filed for someone else, list your name, 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 Protected Person	
Name: First	Middle	Last	Sex	Race	Birth date	Resides With	Person	Person

Victim's Household Members or Adult Children Protected		Name:	birth date:
Name:	birth date:	Name:	birth date:

<b>Superior Court of Washington For County of Spokane</b>	
<div style="text-align: right; margin-bottom: 5px;">DOB: _____</div> Petitioner,	
vs.	
<div style="text-align: right; margin-bottom: 5px;">DOB: _____</div> 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, or the minor or vulnerable adult I am petitioning for is, a victim of stalking because
  - the respondent and I, or the minor or vulnerable adult I am petitioning for, are not and never have been related by blood or marriage, lived together, or been in a dating relationship, and
  - the respondent has been
    - stalking me either in person or (cyber stalking), and
    - repeatedly contacting me or attempting to contact or monitor me for no lawful purpose and his/her actions caused me to feel intimidated, frightened or threatened.
  
- I am, or the minor I am petitioning for is, a victim of unlawful harassment because the respondent's actions toward me have seriously alarmed, annoyed or harassed me, or are detrimental to me and they serve no legitimate or lawful purpose. The respondent's actions have caused me substantial emotional distress or caused me to fear for the well-being of my child.
  - The respondent and I:
    - are or have been related by blood or marriage, lived together, or been in a dating relationship
    - have not been and are not now related by blood or marriage, lived together, or been in a dating relationship.

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. Who is the respondent?**

The Respondent/s is/are 18 years of age or older.

**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.

**• Statement describing the victim/s need for protection from the respondent**

- Write clearly. If you need more space below, attach additional page/s. Do not write on the back.





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

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8. 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:

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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:

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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 emailed 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 and the approximate date, and whether the request was granted:

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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:

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➤ **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"/> <b>No-Contact:</b> 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"/> <b>Surveillance:</b> 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"/> <b>Exclude from places:</b> 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"/> <b>Stay Away:</b> 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"/> <b>Other:</b>
<input type="checkbox"/> <b>Evaluation:</b> Order the respondent to have a <input type="checkbox"/> mental health <input type="checkbox"/> chemical dependency evaluation. <input type="checkbox"/> other: _____.
<input type="checkbox"/> <b>Pay Fees and Costs:</b> 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"/> <b>Surrender Firearms:</b> 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.
<input type="checkbox"/> <b>Duration:</b> 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, 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?

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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

\_\_\_\_\_  
Print or type name

My address for the purpose of receiving service of legal documents is:

\_\_\_\_\_.

This is not my residence address. My family, household or I would be at risk of abuse by respondent if I disclosed my residence address. I agree to receive service of process at this address.



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 3<sup>rd</sup> party or contact by respondent's lawyer(s) with  petitioner  the minors named in the table above  these minors only:

4. Respondent is **restrained** from going onto the grounds of or entering petitioner's  residence  workplace  school  the day care or school of  the minors named in the table above  these minors only:  
  
 other:  
 Petitioner's address is confidential.  Petitioner waives confidentiality of the address which is:

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.  This address is confidential.  Petitioner waives confidentiality of this address which is:

6. Respondent is **prohibited** from knowingly coming within, or knowingly remaining within \_\_\_\_\_ (distance) of: petitioner's  residence  workplace  school  the day care or school of  the minors named in the table above  these minors only:  
  
 other:

7. Petitioner shall have possession of essential personal belongings, including the following:

8. Petitioner is granted use of the following vehicle:  
Year, Make & Model \_\_\_\_\_ License No. \_\_\_\_\_

9. **Other:**

Protection for minors:

10. Petitioner is **granted** the temporary care, custody, and control of  the minors named in the table above  these minors only:

11. Respondent is **restrained** from interfering with petitioner's physical or legal custody of  the minors named in the table above  these minors only:

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

**Surrender of Weapons**

The 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 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.

**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 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.
- 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).**

## 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 <b>not</b> 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 <b>not</b> 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 <b>current</b> 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 <b>current</b> 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

<b>SPOKANE COUNTY SUPERIOR COURT STATE OF WASHINGTON</b>	
_____  DOB _____  <div style="text-align: right;">Petitioner(s),</div> v.  _____  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,  Stalking

2. Check all documents to be served:

<input type="checkbox"/> Temporary Protection Order & Notice of Hearing including Petition <input type="checkbox"/> Temporary Protection Order & Notice of Hearing <input type="checkbox"/> Petition for Protection Order <input type="checkbox"/> Protection Order <input type="checkbox"/> Note of Hearing <input type="checkbox"/> Order to Surrender Weapons issues without a notice <input type="checkbox"/> Instructions on Surrendering Firearms <input type="checkbox"/> Declaration of Non Surrender	<input type="checkbox"/> Reissuance of Temporary Protection Order of Hearing <input type="checkbox"/> Order to Surrender Weapons <input type="checkbox"/> Order Modifying-Terminating- Extending Protection Order <input type="checkbox"/> Proof of Surrender <input type="checkbox"/> Receipt of Surrendered Weapons <input type="checkbox"/> Motion to Modify- Terminate- Extend Protection Order & Notice of Hearing <input type="checkbox"/> Other: _____ _____
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**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 _____	_____
	Signature of Server
Mileage _____	
Total _____	_____
	List Law Enf. Agency or Private Process Server Phone #