

VULNERABLE

ADULT

PROTECTION

ORDER

PACKET

**INSTRUCTION FOR COMPLETING
VULNERABLE ADULT 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 Vulnerable Order For Protection

--Complete all seven(7) pages.

Notice to the Vulnerable Adult

Complete both 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 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 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
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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: City:	Phone(s) w/Area Code	Need Interpreter? Yes or No Language:
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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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
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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: City:	Phone(s) w/Area Code	Need interpreter? Yes or No Language:
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 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	
							Protected Person	Restrained Person
Name: First	Middle	Last	Sex	Race	Birth date	Resides With		

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

Superior Court of Washington For Spokane County
In re the Matter of: _____
a Vulnerable Adult (Person to be Protected)

Respondent (Person to be Restrained)

No. _____

**Petition for Vulnerable Adult
Order for Protection
(PTORVA)**

<p>1. Identification of Petitioner: My name is (please print) _____.</p> <p><input type="checkbox"/> I am a vulnerable adult filing on my own behalf.</p> <p><input type="checkbox"/> I am filing on behalf of a vulnerable adult, and (select one of the options below):</p> <p style="padding-left: 20px;"><input type="checkbox"/> I am the vulnerable adult's guardian or legal fiduciary.</p> <p style="padding-left: 20px;"><input type="checkbox"/> I am an interested person as defined in RCW 74.34.020(12).</p> <p><input type="checkbox"/> DSHS petitions on behalf of the vulnerable adult who:</p> <p style="padding-left: 20px;"><input type="checkbox"/> Has consented to this petition.</p> <p style="padding-left: 20px;"><input type="checkbox"/> Lacks the capacity or ability to consent to this petition.</p>	<p>2. Respondent's relationship to the vulnerable adult is (check all that apply):</p> <p><input type="checkbox"/> Spouse or former spouse.</p> <p><input type="checkbox"/> Parent of a common child.</p> <p><input type="checkbox"/> Current or former cohabitant as intimate partner.</p> <p><input type="checkbox"/> Other Family Member (describe): _____.</p> <p><input type="checkbox"/> Care Provider.</p> <p><input type="checkbox"/> Guardian.</p> <p><input type="checkbox"/> Trustee.</p> <p><input type="checkbox"/> Payee.</p> <p><input type="checkbox"/> Power of Attorney.</p> <p><input type="checkbox"/> Other: _____.</p>									
<p>3. The vulnerable adult (check all that apply):</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Is over 60 years old and does not have the functional, mental, or physical ability to care for himself or herself. </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Self-directs his or her own care and receives services from a personal aide under RCW 74.39. </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Is receiving in-home services from an individual provider under contract with DSHS </td> </tr> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> Was found incapacitated under chapter 11.88 RCW. </td> <td style="vertical-align: top;"> <input type="checkbox"/> Is receiving services from a home health, hospice, or home care agency licensed or required to be licensed under RCW 70.127. </td> <td style="vertical-align: top;"> <input type="checkbox"/> Has been admitted to a boarding home, nursing home, adult family home, soldiers' home, residential habilitation center or any other facility licensed by DSHS. </td> </tr> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> Has a developmental disability as defined in RCW 71A.10.020. </td> <td></td> <td></td> </tr> </table>		<input type="checkbox"/> Is over 60 years old and does not have the functional, mental, or physical ability to care for himself or herself.	<input type="checkbox"/> Self-directs his or her own care and receives services from a personal aide under RCW 74.39.	<input type="checkbox"/> Is receiving in-home services from an individual provider under contract with DSHS	<input type="checkbox"/> Was found incapacitated under chapter 11.88 RCW.	<input type="checkbox"/> Is receiving services from a home health, hospice, or home care agency licensed or required to be licensed under RCW 70.127.	<input type="checkbox"/> Has been admitted to a boarding home, nursing home, adult family home, soldiers' home, residential habilitation center or any other facility licensed by DSHS.	<input type="checkbox"/> Has a developmental disability as defined in RCW 71A.10.020.		
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<input type="checkbox"/> Has a developmental disability as defined in RCW 71A.10.020.										

4. The vulnerable adult lives in this county. *Or* This is the county of the vulnerable adult's new or former residence and he or she left or was removed from his or her previous residence as a result of, or to prevent, abandonment, abuse, personal exploitation, improper use of restraints, neglect, or financial exploitation.

5. My address for receiving legal documents is:

_____.

(If you wish to keep your residential address **confidential**, you may list an alternate address.)

6. My relationship to the vulnerable adult and authority to act:

(If you are filing on your own behalf, or if you are filing as DSHS, go to paragraph 7.)

I am the vulnerable adult's guardian or limited guardian. I was appointed in _____ County, State of _____, Cause No: _____ on or about _____ (date). (Attach a copy of your letters or order appointing guardian, if available.)

On _____ (date) I imposed an emergency restriction on the vulnerable adult's right to associate with the respondent to protect the vulnerable adult.

I am the vulnerable adult's legal fiduciary. I was appointed trustee power of attorney on or about _____ (date). (Attach a copy of your relevant documents, if available.)

I am interested in the welfare of the vulnerable adult. I have a good faith belief that the court's intervention is necessary and that the vulnerable adult is unable at this time to protect his or her own interests, due to incapacity, undue influence, or duress.

Describe the length and nature of your relationship to the vulnerable adult: _____

_____.

Describe the incapacity, undue influence, or duress that makes the vulnerable adult unable to protect his or her own interests: _____

_____.

7. Do you know of any person who is or claims to be the guardian or legal fiduciary (such as, trustee, payee, power of attorney) of the vulnerable adult? no yes. If yes, provide name and address:

_____.

8. Other court cases or other restraining, protection or no-contact orders involving the petitioner, the vulnerable adult or the respondent:

Case Name	Case Number	Court/County

I Request a Vulnerable Adult Protection Order that will grant the relief requested below:

¹ **Restrain** the respondent from committing or threatening to commit physical harm, bodily injury, assault, including sexual assault, against the vulnerable adult and from molesting, harassing, or stalking the vulnerable adult.

(If the court orders this relief after a hearing, and the respondent is the vulnerable adult's spouse or former spouse, the parent of a common child, a current or former cohabitant as intimate partner, the respondent will be prohibited from possessing a firearm or ammunition under federal law for the duration of this order. An exception exists for law enforcement officers and military personnel when carrying department/government-issued firearms. 18 U.S.C. § 925(a)(1).)

² **Restrain** the respondent from committing or threatening to commit acts of abandonment, abuse, personal exploitation, improper use of restraints, neglect, or financial exploitation against the vulnerable adult.

³ **Exclude** the respondent from the vulnerable adult's residence.

⁴ **Restrain** the respondent from coming near and from having any contact with the vulnerable adult, in person or through others, by phone, mail, or any means, directly or indirectly, except through an attorney, or mailing or delivery by a third party of court documents.

⁵ **Prohibit** the respondent from knowingly coming within, or knowingly remaining within _____ (distance) of the vulnerable adult's residence workplace adult day program; the premises of the long-term care facility where the vulnerable adult resides.

other:

⁶ **Require** the respondent to provide an accounting of the disposition of the vulnerable adult's income or other resources.

⁷ **Restrain** the respondent from transferring the vulnerable adult's property for up to 90 Days.

⁸ **Restrain** the respondent from transferring respondent's property for up to 90 Days.

⁹ **Require** the respondent to pay a filing fee, the court costs, including service fees, and costs incurred in bringing this action, including attorney's fees.

¹⁰ **Other:**

Request for a Temporary Vulnerable Adult Protection Order: *An Emergency Exists* as described in the statement below. The vulnerable adult needs a temporary protection order issued immediately, without prior notice to the respondent, that grants the relief requested above.

Request for Special Assistance From Law Enforcement Agencies:

I request the court order the appropriate law enforcement agency to assist the vulnerable adult in obtaining:

A **Vulnerable Adult protection order** is available to protect a vulnerable adult from abandonment, abuse, financial exploitation or neglect.

"Abandonment" means action or inaction by a person or entity with a duty of care for a vulnerable adult that leaves the vulnerable person without the means or ability to obtain necessary food, clothing, shelter, or health care.

"Abuse" means the willful action or inaction that inflicts injury, unreasonable confinement, intimidation, or punishment on a vulnerable adult. In instances of abuse of a vulnerable adult who is unable to express or demonstrate physical harm, pain, or mental anguish, the abuse is presumed to cause physical harm, pain, or mental anguish. Abuse includes sexual abuse, mental abuse, physical abuse, and personal exploitation of a vulnerable adult, and improper use of restraints against a vulnerable adult, which have the following meanings:

(a) **"Sexual abuse"** means any form of nonconsensual sexual conduct, including but not limited to unwanted or inappropriate touching, rape, sodomy, sexual coercion, sexually explicit photographing, and sexual harassment. Sexual abuse also includes any sexual conduct between a staff person, who is not also a resident or client, of a facility or a staff person of a program authorized under RCW 71A.12, and a vulnerable adult living in that facility or receiving service from a program authorized under RCW 71A.12, whether or not it is consensual.

(b) **"Physical abuse"** means the willful action of inflicting bodily injury or physical mistreatment. Physical abuse includes, but is not limited to, striking with or without an object, slapping, pinching, choking, kicking, shoving, or prodding.

(c) **"Mental abuse"** means a willful verbal or nonverbal action that threatens, humiliates, harasses, coerces, intimidates, isolates, unreasonably confines, or punishes a vulnerable adult. Mental abuse may include ridiculing, yelling, or swearing.

"Isolate" or **"isolation"** means to restrict a vulnerable adult's ability to communicate, visit, interact, or otherwise associate with persons of his or her choosing. Isolation may be evidenced by acts including but not limited to:

- (1) Acts that prevent a vulnerable adult from sending, making, or receiving his or her personal mail, electronic communications, or telephone calls; or
- (2) Acts that prevent or obstruct the vulnerable adult from meeting with others, such as telling a prospective visitor or caller that a vulnerable adult is not present, or does not wish contact, where the statement is contrary to the express wishes of the vulnerable adult.

The term "isolate" or "isolation" may not be construed in a manner that prevents a guardian or limited guardian from performing his or her fiduciary obligations under RCW 11.92 or prevents a hospital or facility from providing treatment consistent with the standard of care for delivery of health services.

(d) "**Personal exploitation**" means an act of forcing, compelling, or exerting undue influence over a vulnerable adult causing the vulnerable adult to act in a way that is inconsistent with relevant past behavior, or causing the vulnerable adult to perform services for the benefit of another.

(e) "**Improper use of restraints**" means the inappropriate use of chemical, physical, or mechanical restraints for convenience or discipline or in a manner that: (i) is inconsistent with federal or state licensing or certification requirements for facilities, hospitals, or programs authorized under RCW 71A.12; (ii) is not medically authorized; or (iii) otherwise constitutes abuse under this section.

"**Chemical restraint**" means the administration of any drug to manage a vulnerable adult's behavior in a way that reduces the safety risk to the vulnerable adult or others, has the temporary effect of restricting the vulnerable adult's freedom of movement, and is not standard treatment for the vulnerable adult's medical or psychiatric condition.

"**Mechanical restraint**" means any device attached or adjacent to the vulnerable adult's body that he or she cannot easily remove that restricts freedom of movement or normal access to his or her body. "Mechanical restraint" does not include the use of devices, materials, or equipment that are (a) medically authorized, as required, and (b) used in a manner that is consistent with federal or state licensing or certification requirements for facilities, hospitals, or programs authorized under RCW 71A.12.

"**Physical restraint**" means the application of physical force without the use of any device, for the purpose of restraining the free movement of a vulnerable adult's body. "Physical restraint" does not include (a) briefly holding without undue force a vulnerable adult in order to calm or comfort him or her, or (b) holding a vulnerable adult's hand to safely escort him or her from one area to another.

"**Financial exploitation**" means the illegal or improper use, control over, or withholding of the property, income, resources, or trust funds of the vulnerable adult by any person or entity for any person's or entity's profit or advantage. "Financial exploitation" includes, but is not limited to:

- (a) The use of deception, intimidation, or undue influence by a person or entity in a position of trust and confidence with a vulnerable adult to obtain or use the property, income, resources, or trust funds of the vulnerable adult for the benefit of a person or entity other than the vulnerable adult;
- (b) The breach of a fiduciary duty, including, but not limited to, the misuse of a power of attorney, trust, or a guardianship appointment, that results in the unauthorized appropriation, sale, or transfer of the property, income, resources, or trust funds of the vulnerable adult for the benefit of a person or entity other than the vulnerable adult; or
- (c) Obtaining or using a vulnerable adult's property, income, resources, or trust funds without lawful authority, by a person or entity who knows or clearly should know that the vulnerable adult lacks the capacity to consent to the release or use of his or her property, income, resources, or trust funds.

"**Neglect**" means (a) a pattern of conduct or inaction by a person or entity with a duty of care that fails to provide the goods and services that maintain physical or mental health of a vulnerable

Does the respondent own or possess weapons? Yes No Unknown

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

Explain any additional reasons why this order should be issued immediately. List any immediate and irreparable injury, loss, or damage that would result to the vulnerable adult before the respondent or vulnerable adult can be served and heard:

Efforts to give notice: Did you make efforts to give notice of your request for temporary relief to respondent vulnerable adult? If so, describe how and when notice was given. If no notice was given, explain why not:

Other:

(Continue on separate page if necessary)

Personal service cannot be made upon Respondent within the state of Washington.

You could be required to post a bond or provide alternate security as a condition for obtaining a temporary order. The court may waive the bond in situations in which the vulnerable adult's health or life would be jeopardized. RCW 7.40.080, 74.34.120(5)(a).

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

**Superior Court of Washington
For Spokane County**

In re the Matter of:

A Vulnerable Adult (Person to be Protected)

Respondent (Person to be Restrained)

No. _____

**Notice to the Vulnerable Adult
(NTVA)**

Important Notice

Please Read Carefully

Petitioner _____ (name) filed a petition for a protection order on your behalf in _____ County Superior Court against _____ (name of respondent).

The hearing is scheduled for _____ (time) on _____ (date) at _____ (location).

If the protection order is granted, the judge may grant the request as stated in the petition. This may include requiring _____ (the respondent) to stay away from you and not to talk to you, or not handle your money, for up to five years.

Under the law you have certain rights.

You have the right to go to the court hearing. At the court hearing, the judge will decide whether or not you need protection.

You have the right to tell the judge that you agree or disagree with the petition.

You have the right to have a lawyer represent you.

You have the right to present evidence.

At the hearing, the judge may:

- grant the order for protection;
- dismiss the petition or parts of it;
- get more information to decide if you are unable to protect yourself or your property due to incapacity, undue influence, or duress; or
- require a guardianship petition to be filed. If a guardianship petition is filed, you have the right to have a lawyer appointed for you and you will have other rights.

If you have a disability that makes it hard for you to understand court documents or to be part of the court hearing, you may ask for help (an accommodation). You may use the Request for Reasonable Accommodation form available in the court clerk's office to ask for an accommodation.

For help with a disability accommodation, contact (petitioner must check one and complete):

ADA Designated Contact Person for the Superior Court

Name: _____

Address: _____

Telephone: _____

Court Administrator for the Superior Court

Address: _____

Telephone: _____

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 Spokane County**

In re the Matter of:

A Vulnerable Adult (Protected Person) **DOB**

Respondent (Restrained Person) **DOB**

No. _____

**Temporary Order for Protection and
Notice of Hearing – Vulnerable Adult
(TMORVA)**

(Clerk's Action Required)

Next Hearing Date/Time:

1:30 PM

**at: West 1116 Broadway Spokane, WA 99260
COURTROOM 202.**

Violation of restraint provisions 1, 3, 4 or 5 with actual notice of its terms is a criminal offense under chapter 26.50 RCW and will subject a violator to arrest. RCW 26.50.110

The Petitioner is:

- the vulnerable adult.
- (name) _____,
who filed on behalf of the vulnerable adult
and is:
 - the vulnerable adult's guardian or legal
fiduciary.
 - an interested person as defined in
RCW 74.34.020(12).
 - WA Dep't of Social and Health
Services.

Respondent Identification:

Sex	Race	Hair
Height	Weight	Eyes

Respondent's Distinguishing Features:

Access to weapons: yes no unknown

The terms of this order shall be effective until

the end of the hearing noted above.

Summary of court order: No contact provisions are on the next page.
The court finds based upon the court record that:

The court has jurisdiction over the parties and the subject matter. The respondent and the vulnerable adult, if not the petitioner, were notified in writing of the ex parte hearing and their opportunity to be heard, or will be served notice of his or her opportunity to be heard at the scheduled hearing noted above. RCW 74.34.110.

After the guardian or limited guardian imposed a restriction on the vulnerable adult's right to associate with the respondent:

Petitioner did timely file the petition in this case within 14 days.

The restraint provisions below are no more restrictive than necessary to protect the vulnerable adult.

Placing reasonable time, place, or manner restrictions is unlikely to sufficiently protect the vulnerable adult.

Additional findings and conclusions of law as required under Title 11.92 RCW follow:

Petitioner did **not** timely file the petition in this case within 14 days. The immediate restriction ended by operation of law on the 14th day. This petition may continue under Title 74.34 RCW.

The court finds that an emergency exists and that a Temporary Protection Order should be issued without notice to the respondent to avoid irreparable harm.

The court orders:

1. The respondent is **restrained** from committing or threatening to commit physical harm, bodily injury, assault, including sexual assault against the vulnerable adult and from molesting, harassing, or stalking the vulnerable adult.

2. The respondent is **restrained** from committing or threatening to commit acts of abandonment, abuse, personal exploitation, improper use of restraints, neglect, or financial exploitation against the vulnerable adult.

3. The respondent is **excluded** from the vulnerable adult's residence. The vulnerable adult's address is confidential. The vulnerable adult waives confidentiality of the address which is:

4. The respondent is **restrained** from coming near and from having any contact with the vulnerable adult, in person or through others, by phone, mail, or any means, directly or indirectly, except through an attorney, or mailing or delivery by a third party of court documents.

5. Respondent is **prohibited** from knowingly coming within, or knowingly remaining within _____ (distance) of the vulnerable adult's residence workplace adult day program; the premises of the long-term care facility where the vulnerable adult resides.

other:

6. The respondent is **required** to provide an accounting of the disposition of the vulnerable adult's income or other resources.

7. The respondent is **restrained** from transferring the vulnerable adult's property until the hearing scheduled on page one.

8. The respondent is **restrained** from transferring respondent's property until the hearing scheduled on page one.

9. **Bond:**

Bond in the amount of \$ _____ as required by the court under RCW 7.40.080 has been posted.

Bond is waived because:

State of Washington is petitioner.

Life or health of vulnerable adult is in jeopardy under RCW 7.40.080.

10. **Other:**

The respondent is directed to appear and show cause why this temporary order should not be made effective for up to five years and why the court should not order the relief requested in the petition. **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: Violation of restraint provisions 1, 3, 4 or 5 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.

Violation of restraint provisions 1, 3, 4, or 5 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 vulnerable adult is that of spouse or former spouse, parent of a common child, or former or current cohabitant as intimate 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) Data 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 the City Police Department **Where the protected person lives** which shall enter it into WACIC.

Service

Petitioner shall arrange for service of the petition and this order on:

- Respondent.
- Vulnerable Adult.
- Vulnerable Adult's guardian.

The following persons appeared, further service is not required:

- Respondent.
- Vulnerable adult.
- Vulnerable adult's guardian.

Service may be done by a law enforcement agency, free of charge, a hired professional process server, or a person 18 or over who is not a party to this action.

Law Enforcement Assistance

Pursuant to RCW 74.34.140, law enforcement shall assist petitioner as follows:

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

Judge/Commissioner

Presented by:

I acknowledge receipt of a copy of this Order:

Petitioner

Date

Respondent

Date

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

Superior Court of Washington For Spokane County	
In re the Matter of:	
_____	DOB _____
A Vulnerable Adult (Protected Person)	
_____	DOB _____
Respondent (Restrained Person)	

No. _____

**Return of Service
(RTS)**

- My name is _____. I am a peace officer 18 years of age or older and not the petitioner.
- I was unable to make personal service on the respondent vulnerable adult vulnerable adult's guardian.
 I have notified the petitioner that respondent vulnerable adult vulnerable adult's guardian was not served.
 Personal service was attempted on the following date(s): _____

 No service was attempted because: _____

- I served _____ with the following documents:
 (name of person served)

<input type="checkbox"/> Petition for Order for Protection	<input type="checkbox"/> Notice to the Vulnerable Adult
<input type="checkbox"/> Temporary Order for Protection and Notice of Hearing	<input type="checkbox"/> Motion to Modify/Terminate Order for Protection

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IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON
IN AND FOR THE COUNTY OF SPOKANE

In Re Marriage or Parentage)	
Of:)	
)	
Petitioner,)	No.
)	
and)	COURT'S AUTOMATIC
)	TEMPORARY ORDER
)	
Respondent.)	(TMRO)
)	

I. NOTICE TO PARTIES

1.1 An action has been started in this court that affects your marriage, and/or seeks the establishment of a parenting plan. Both parties are now required to obey the following order unless the court changes it. Either of you may ask the court to modify this order upon filing a motion and properly serving it on the other party. Should either party violate this order, a party may request sanctions including, but not limited to, requesting that the other party pay their attorney's fees and costs for having to bring the violation before the court.

II. ORDER

IT IS ORDERED:

1 **2.1 TEMPORARY ORDERS FOR ALL PARTIES:**

2 (a) Both parties are restrained from harassing or disturbing
3 the peace of the other party. (Per LSPR 94.04(a)(11)(h)
4 this order will not be filed in the law enforcement data
5 base.)

5 **2.2 TEMPORARY ORDERS FOR ALL PARTIES INVOLVED IN A**
6 **DISSOLUTION CASE:**

7 (a) Both parties are restrained from transferring, removing,
8 encumbering, concealing, damaging or in any way
9 disposing of any property except in the usual course of
10 business or for the necessities of life or as agreed in
11 writing by the parties. Each party shall notify the
12 other of any extraordinary expenditures made after this
13 order is issued. This order does not preclude a party
14 from accessing funds in a reasonable amount to retain
15 counsel;

12 (b) Both parties are restrained from assigning,
13 transferring, borrowing, lapsing, surrendering or
14 changing entitlement of any insurance policies of either
15 or both parties or of any dependent children, whether
16 medical, health, life or auto insurance, except as
17 agreed in writing by the parties;

16 (c) Unless the court orders otherwise, both parties are
17 responsible for their own future debts whether incurred
18 by credit card, loan, security interest or mortgage,
19 except as agreed in writing by the parties;

19 (d) Both parties must have access to all tax, financial,
20 legal, and household records. Reasonable access to
21 records shall not be denied without order of the court;

21 **2.3 TEMPORARY ORDERS FOR PARTIES WITH MINOR CHILDREN IN**
22 **COMMON:**

22 (a) Both parents are restrained from changing the primary
23 residence of the child(ren) until further court order,
24 except as agreed in writing by the parties;

- 1
- 2 (b) Each parent shall have full access to the child(ren)'s
3 educational and medical records, unless otherwise
4 ordered by the court;
- 5 (c) Each parent shall insure that the child(ren) is(are)not
6 exposed to negative comments about the other parent.
7 Neither parent shall make negative comments about the
8 other parent in the presence of the child(ren);
- 9 (d) Each parent shall attend a SHARING THE CHILDREN seminar,
10 pursuant to LSPR 94.03, within 60 days of receipt of
11 this order. Upon completion of the seminar, each party
12 shall file with the court the seminar completion
13 certificate provided by the sponsoring agency or
14 provider;

15 **2.4 Guardian ad Litem**

16 If a party believes a Guardian ad Litem (GAL) needs to
17 be appointed for the minor child(ren), the party must
18 make a motion for the appointment of a GAL within 30
19 days of filing or service of the petition.

20 **2.5 EFFECTIVE DATE OF ORDER**

21 The Petitioner is subject to this order from the time of
22 filing the Petition. **The Petitioner shall serve a copy
23 of this on Respondent and file proof of service.** The
24 Respondent is subject to this order from the time that
25 it is served. This order shall remain in effect unless
expressly changed by further court order or entry of
final documents.

DONE IN OPEN COURT this day, of _____, 20__

