

**EXTREME RISK
PROTECTION
ORDER**

**INSTRUCTION FOR COMPLETING
EXTREME RISK 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**

Firearm Example

--Indicate on form which firearms you believe the respondent to have access to.

Law Enforcement Information

--Complete one(1)per Respondent.

Petition For An Order For Protection

--Complete all five(5) pages.

Temporary Protection Order

--Complete all three(3) pages.

Instructions on Surrendering Firearms

--Complete heading.

Proof of Surrender/Receipt For Surrendered Weapons/CPL

--Complete heading.

Return of Service

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

FIREARMS EXAMPLES

HANDGUNS



Semi-Auto Handgun



Revolver

SHOTGUNS



Pump Shotgun



Single Shot Shotgun

RIFLES



Bolt Action Rifle



Lever Action Rifle

ASSAULT RIFLES



Miscellaneous Assault Rifles



Law Enforcement Information - Extreme Risk Protection Order

Do NOT serve or show this sheet to the respondent!

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 Name: _____ County: _____	Case Number: _____
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Respondent's Information (The person to be restrained from owning, possessing, accessing, or obtaining weapons.)

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

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

Has the restrained person had firearms training? No. Yes. If yes, describe (continue on back, if needed):

Current Status Are you and the restrained person living together now? Y N
(Circle Yes, No) 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

Petitioner's Information (This is the person, officer, or law enforcement agency that filed the case. They are not protected.)

Name:		First	Middle	Last
Agency Name, if petitioner is a law enforcement officer or agency:				
Address: (If petitioner is a law enforcement officer, list your agency address.)				Phone(s) w/Area Code
Email address:				
If your information <u>is confidential</u> , you must provide the name, address, and phone number of someone willing to be your "contact."				
If petitioner is represented by an attorney enter attorney's name, WSBA #, address, and phone number.				
Need interpreter? Yes or No Language:				

**Spokane Court of Washington
For Spokane County**

Petitioner

vs.

Respondent

DOB

No. _____

**Petition for an Extreme Risk
Protection Order
(PTXR)**

General Information

- 1.A** I am a family or household member of the respondent. My relationship with the respondent is (check all that apply):
- | | |
|--|--|
| <input type="checkbox"/> Spouse or former spouse | <input type="checkbox"/> Blood relation other than parent or child |
| <input type="checkbox"/> Parent of a child in common | <input type="checkbox"/> Current or former legal guardian |
| <input type="checkbox"/> Current or former domestic partner | <input type="checkbox"/> Stepparent or stepchild |
| <input type="checkbox"/> Current or former cohabitant within the past year | <input type="checkbox"/> Parent or child |
| <input type="checkbox"/> Current or former dating relationship | <input type="checkbox"/> In-law |

- 1.B** I am filing on behalf of _____ law enforcement agency.
- I have already notified the respondent's family or household members and any known 3rd parties who may be at risk of violence; OR
- My agency will make a good faith effort to provide notice to them by telephone email in-person other _____ within a reasonable period of time.

- 2.** I reside in this county.
- I am filing on behalf of a law enforcement agency that is located in this county.
- The respondent resides in this county.

3. Describe below any firearms the respondent currently owns, possesses, has custody of, has access to, or controls.

Type of firearm	How many firearms?	Where is the firearm kept?	Date/time/place you last saw the firearm
<input type="checkbox"/> Handgun			
<input type="checkbox"/> Shotgun / Rifle			

<input type="checkbox"/> Semi-Automatic Assault Rifle			
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Check all the boxes that apply and describe below:

- Respondent has access to someone else's firearm.
- Respondent expressed an intent to obtain a firearm.
- Respondent has unlawfully or recklessly used, displayed, or brandished a firearm.
- Respondent recently acquired a firearm.

Describe:

4. Between the respondent and me: List any criminal or civil protection, restraining or no-contact orders, pending lawsuits, or other legal action: *If you have more than three matters, list details on additional sheet.*

	Case #1	Case #2	Case #3
Case Name			
Case Number			
Court/County/State			
Type of Case			
Protected Person			
Was there any order violation?			

5. Between the respondent and any other person: List any criminal or civil protection, restraining or no-contact orders: *If you have more than three matters, list details on additional sheet.*

	Case #1	Case #2	Case #3
Protected Person			
Case Number			
Court/County/State			
Was there any order violation?			

6. Request for an Extreme Risk Protection Order

I want a temporary extreme risk protection order effective immediately, without prior notice to respondent, that lasts up to 14 days, or until the court hearing.

These are the specific facts known to me that cause me to believe the respondent poses a **significant danger in the near future** of causing personal injury to self or others by having custody or control, purchasing, possessing, accessing, or receiving firearms. More detailed information is provided in the Statement in section 7.

After a hearing, where the respondent has a right to be present, I want the court to issue an Extreme Risk Protection Order that lasts for one year.

After the hearing, I want the court to issue an Extreme Risk Protection Order that lasts for one year because the respondent poses a significant danger of causing personal injury to self or others by having custody or control, purchasing, possessing, or receiving a firearm.

My statement below includes the respondent's specific words, actions, or other facts that cause me to have a reasonable fear of **future** dangerous acts by respondent.

7. Statement

To enter an Extreme Risk Protection Order, the court must find it more likely than not that the respondent poses a significant danger of causing personal injury to self or others by having custody or control, purchasing, possessing, accessing, or receiving a firearm.

Complete all sections that apply. Attach additional pages, as needed.

8. Convictions or Arrests. Check all the boxes that apply and describe below:

Respondent has been arrested or convicted of a:

domestic violence crime.

felony or violent crime.

hate crime offense or malicious harassment (threats, physical injury, or property damage based on the victim's race, color, religion, ancestry, national origin, gender, sexual orientation, gender expression or identity, or mental, physical, or sensory disability).

Describe on the next page. Include location, court name, and case number, if known.

11. Corroborated evidence of respondent's alcohol or controlled substance abuse.

Describe any evidence and attach any documents corroborating (supporting) the respondent's abuse of alcohol, legal or illegal drugs.

12. Other important information that you think will help the court make a decision.

13. You must provide an address where you can be served with legal documents. Chose ONE option, then write the address in the line below:

- I can be served with legal documents at the address below: OR
- Disclosing my residential address would risk harm to me or a member of my family or household. I can be served with legal documents at the alternate address below: OR
- I am filing on behalf of a law enforcement agency. Service can be made at the law enforcement agency address listed below:

Address: _____

I declare 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 and if Law enforcement Badge No.

Superior Court of Washington For Spokane County	
Petitioner	
vs.	
Respondent	DOB

No. _____

**Temporary Extreme Risk Protection
Order - Without Notice
(EXRPO)**

Next Hearing Date/Time:
1:30 PM

Court address:
**West 1116 Broadway
Spokane, WA. 99260
Courtroom 202**

Clerk's Action Required page 3

Warning to Respondent! You are prohibited from having a firearm in your custody or control, or from purchasing, possessing, or receiving any firearm. You must surrender any and all firearms including but not limited to the firearms as described below. Under RCW 7.94.120, if you violate this order, you may be charged with a crime and you may not be able to have a firearm for at least five more years after this order expires.

You have the sole responsibility to avoid or refrain from violating this order. Only the court may change this order and only after written application.

Respondent's Distinguishing Features:

Respondent Identifiers		
Sex	Race	Hair
Height	Weight	Eyes

This temporary order expires at the end of the next hearing date listed above.

Respondent: You must immediately surrender all firearms and any concealed pistol licenses listed below. If you have other firearms, you must surrender all of them also:

Attach additional sheet if there are more firearms to list.

Respondent: This order is valid until the date and time noted above. You are required to surrender all firearms in your custody, control, or possession. You may not have in your custody or control, purchase, possess, receive, or attempt to purchase or receive, a firearm while this order is in effect.

You must surrender to the;

- Spokane County Sheriff
- Spokane Police Department
- City of Cheney Police Depart.
- City of Airway Heights Police Dept.
- City of Liberty Lake Police Department
- Other _____

All firearms in your custody, control, or possession and any concealed pistol licenses issued to you under RCW 9.41.070 immediately. A hearing will be held on the date and time noted above to determine if an extreme risk protection order should be issued. Failure to appear at the hearing may result in a court making an order against you that is valid for one year. You may seek the advice of an attorney as to any matter connected with this order.

Based upon the evidence presented, the court finds reasonable cause to believe the respondent poses a significant danger of causing personal injury to self or others in **the near future** by having in respondent's custody or control, purchasing, possessing, accessing, or receiving firearms based upon **(check all that apply)**:

- a. Respondent has access to someone else's firearm(s).
- b. Respondent expressed intent to obtain a firearm(s).
- c. Respondent has unlawfully or recklessly used, displayed, or brandished a firearm.
- d. Respondent recently acquired a firearm(s).
- e. Respondent violated a civil or criminal protection order, no-contact order, or restraining order issued under chapter 7.90, 7.92, 10.14, 9A.46, 10.99, 26.50, or 26.52 RCW.
- f. Respondent was/is the subject of a previous or current extreme risk protection order.
- g. Respondent violated a previous or current extreme risk protection order.
- h. Respondent has been arrested for or convicted of a domestic violence crime.
- i. Respondent has been arrested for or convicted of a felony offense or violent crime.
- j. Respondent has been convicted of a hate crime offense or malicious harassment under RCW 9A.36.080.
- k. Respondent has recently committed or threatened violence against self or others, whether or not respondent had a firearm.
- l. Respondent has shown, within the past 12 months, a pattern of acts or threats of violence, which can include violent acts against self or others.

- m. Respondent has a history of use, attempted use, or threatened use of physical force against another person.
- n. Respondent has a history of stalking another person.
- o. Respondent has a dangerous mental health issue.
- p. There is corroborative evidence of respondent's abuse of alcohol or controlled substances.
- q. Other: _____

Federal and Washington State Computer-Based System Data Entry
The clerk of court shall forward a copy of this order on the same day the court issues the order to the _____ County Sheriff's Office or _____ City/Town Police Department where respondent lives which shall enter this order into the available federal and state computer-based criminal intelligence information systems per RCW 7.94.110.
Service
<input type="checkbox"/> The clerk of court shall forward a copy of the petition, notice of hearing, and this order on or before the next judicial day to the _____ County Sheriff's Office or _____ City/Town Police Department where respondent lives who will serve a copy of the petition and this order on respondent and return of service with the court.
DOL Notification
The issuing court shall within three judicial days after this order is issued, forward a copy of the respondent's driver's license or identicard, or comparable information along with the date of issuance to DOL.

RESPONDENT: You must appear at the next hearing stated on page one of this order.

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

Presented by:

 Signature of Petitioner/Attorney WSBA No. _____
Print Name / Badge Number, if applicable

The petitioner or petitioner's attorney must complete the *Law Enforcement Information - Extreme Risk Protection Order (LEIS)*, form XR 105.



INSTRUCTIONS ON SURRENDERING FIREARMS



Case Name: _____

Court Case Number: _____

Pursuant to a court order, you have been ordered to surrender all firearms to the City of Spokane Police Department or Sheriff's Department (SPD/SCSO). **You must IMMEDIATELY follow these instructions:**

IF YOU HAVE WEAPONS: IMMEDIATELY TURN IN THE WEAPONS!

Step 1: **DO NOT BRING YOUR WEAPONS TO THE POLICE/SHERIFF DESK. Call Crime Check at 456-2233 or if you are a Cheney resident call Cheney Crime Check at 535-9233 to make arrangements to surrender your firearms.**

You must have a **copy of the court order** with you to give SPD/SCSO officer when you turn in your firearm(s). Also you must bring with you a completed list of all of your firearms that you are turning in on the ***Receipt for Surrendered Weapons and Concealed Pistol License*** (this form is in the packet of documents provided to you by the court.)

Step 2: You must have the law enforcement officer to whom you surrendered the firearms verify and sign the completed ***Receipt for Surrendered Weapons and Concealed Pistol License***.

Step 3: **File** the completed and signed ***Proof of Surrender*** (form provided by the court) and attached ***Receipt for Surrendered Weapons and Concealed Pistol License*** with the clerk of the court from which the order was issued showing your surrender was done.

The Law Enforcement Officer serving this order may accept your weapons at the time of service.

IF YOU DO NOT HAVE WEAPONS:

Step 1: **Immediately** complete and sign the ***Declaration of Non-Surrender*** form.

Step 2: **File** the ***Declaration of Non-Surrender*** with the clerk of the court from which the order was issued immediately after signing the declaration.

If you do not surrender your weapons or file the Declaration of Non-Surrender you SHALL appear at the compliance hearing.

IF YOU DO NOT SURRENDER YOUR WEAPONS AS ORDERED BY THE COURT YOU COULD BE FOUND IN CONTEMPT OF COURT, TO HAVE VIOLATED THE NO CONTACT/PROTECTION ORDER, BE CHARGED WITH A MISDEMEANOR OR FELONY, AND PUNISHED ACCORDINGLY. RCW 9.41.040(2) AND RCW 9.41.810.

I acknowledge receipt of the Instructions on Surrendering Firearms:

Signed in Spokane, WA on _____

➤ _____
Signature of Restrained Person

SPOKANE COUNTY SUPERIOR COURT STATE OF WASHINGTON	
_____ Petitioner	_____ Date of Birth
v.	
_____ Respondent /Defendant	_____ Date of Birth

Case Number: _____

**Proof of Surrender
(PRSRW)**

The court has ordered me to surrender any and all firearms and other dangerous weapons that I own or have in my possession or control, and any concealed pistol license.

On (date) _____ at _____ a.m./p.m. I surrendered the firearms, other dangerous weapons, and concealed pistol license to the:

- Spokane County Sheriff
- Spokane Police Department
- City of Cheney Police Dept.
- City of Airway Heights Police Dept.
- City of Liberty Lake Police Dept.

*** I have attached a copy of the completed *Receipt for Surrendered Weapons and Concealed Pistol License* form.**

I certify, under penalty of perjury under the law of the State of Washington, that this statement is true and correct.

Signed on _____ (date) in Spokane, Washington.

Signature of Restrained Person

Print name

**Superior Court of Washington
For Spokane County**

Petitioner
vs.

Respondent

No. _____

**Return of Service–Extreme Risk
(RTS)**

1. Identification of Server:

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

2. Able to personally serve:

I served _____ (name of person served)
on _____ (date) at _____ (time) at this
address:

with the documents checked in paragraph 3.

3. Document list:

(Server: Check the box before the title of each document you serve. Write in the title for any document you serve that is not already listed below.)

<input type="checkbox"/> Petition for an Extreme Risk Protection Order	<input type="checkbox"/> Motion to Renew Extreme Risk Protection Order
<input type="checkbox"/> Temporary Extreme Risk Protection Order - Without Notice	<input type="checkbox"/> Order on Motion to Renew Extreme Risk Protection Order
<input type="checkbox"/> Order Transferring Case and Setting Hearing - Extreme Risk	<input type="checkbox"/> Extreme Risk Protection Order/Renewal
<i>*Document list is continued on next page.</i>	<input type="checkbox"/> Petition for an Extreme Risk Protection Order – Respondent Under 18 Years

<p><i>Document list (continued):</i></p> <p><input type="checkbox"/> Order Reissuing Temporary Extreme Risk Protection Order - Without Notice</p> <p><input type="checkbox"/> Extreme Risk Protection Order</p>	<p><input type="checkbox"/> Temporary Extreme Risk Protection Order - Without Notice – Respondent Under 18 Years</p> <p><input type="checkbox"/> Extreme Risk Protection Order – Respondent Under 18 Years</p> <p><input type="checkbox"/> Other: _____</p> <p>_____</p> <p>_____</p>
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4. Not able to personally serve:

- I was unable to make personal service on the respondent. I notified the petitioner that the respondent was not served.
- I was unable to make personal service on the petitioner. I notified the respondent that petitioner was not served.
- I was unable to make personal service on the minor respondent's parent or guardian. I notified the petitioner that the respondent's parent or guardian was not served.
- I was unable to make personal service on the Department of Children, Youth, and Families (DCYF). I notified the petitioner that DCYF was not served.
- Personal service was attempted on the following date(s) _____
- _____
- _____
- No service was attempted because: _____
- _____
- _____
- _____

5. Other information about service that I want the court to consider:

I declare 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