

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 from which firearm 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.

Confidential Information Form(INFO)

--Complete both pages.

Temporary Protection Order

--Complete all three(3) pages.

Instructions on Surrendering Firearms

--Complete heading

Proof of Surrender

--Complete heading

Receipt for Surrendered Weapons and Concealed Pistol License

--Complete heading

Return of Service

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

FIREARMS EXAMPLES

HANDGUNS

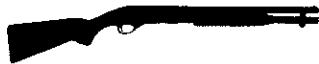


Semi-Auto Handgun



Revolver

SHOTGUNS



Pump Shotgun

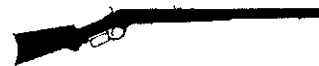


Single Shot Shotgun

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: _____
--	---------------------------

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 (Circle Yes, No)	Are you and the restrained person living together now? Y N 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 is confidential , 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:	

**Superior Court of Washington
For Spokane County**

Petitioner

vs.

Respondent

DOB

No. _____

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

General Information

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

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, 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, or receiving a firearm.

Complete all sections that apply.

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.

Describe (Include location, court name, and case number, if known.)

9. Violence: Check each box that applies and explain below.

- Respondent has recently committed or threatened violence against self or others, whether or not respondent had a firearm.
- 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.
- Respondent has a history of use, attempted use, or threatened use of physical force against another person.
- Respondent has a history of stalking another person.

Explain:

Date/When	Describe what happened.

10. Respondent's mental health

Describe any dangerous mental health issues of the respondent.

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:

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 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 and if Law enforcement Badge No.

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**

Petitioner _____ DOB _____
vs.

Respondent _____ DOB _____

No. _____

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

Next Hearing Date/Time: 1:30 PM

Court address: W.1116 Broadway Ave.
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 all firearms immediately as described in this order. 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. I-149 §13.

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/Gender	Race	Hair
Height	Weight	Eyes

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

Respondent:

1. This order is valid until the date and time noted above.
2. You are required to surrender all firearms in your custody, control, or possession.

3. 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.
4. You must surrender to (local law enforcement agency) all firearms in your custody, control, or possession and any concealed pistol license issued to you under RCW 9.41.070 immediately.
 - Spokane County Sheriff
 - Spokane Police Department
 - City of Cheney Police Depart.
 - City of Airway Heights Police Dept.
5. A hearing will be held at the superior court on the date and at the time noted above. The superior court will determine if an *Extreme Risk Protection Order* should issue for a year.
6. If you fail to appear at that hearing, the superior court may enter an order against you that is valid for one year.
7. You may seek the advice of an attorney for any matter connected with this order.

Respondent: You must surrender all firearms and any concealed pistol license 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: you must surrender all firearms as follows:

If this order is served by a law enforcement officer, surrender immediately the firearm(s) and any concealed pistol license as directed by the officer.

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, 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 recently committed or threatened violence against self or others, whether or not respondent had a firearm.
- k. Respondent has shown, within the past 12 months, a pattern of acts or threats of violence, which include violent acts against self or others.
- l. Respondent has a history of use, attempted use, or threatened use of physical force against another person.
- m. Respondent has a history of stalking another person.
- n. Respondent has a dangerous mental health issue.
- o. There is corroborative evidence of respondent's abuse of alcohol or controlled substances.
- p. 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 I-1491§ 12(2).

Service

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 this order on respondent and return of service with the court.

RESPONDENT: You must appear at the next hearing stated on page 1 of this order.

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

Presented by:

> _____
 Signature of Petitioner WSBA No. Attorney WSBA #

The petitioner or petitioner's attorney must complete the "Respondent" section of a Law Enforcement Information Sheet (LEIS).



INSTRUCTIONS ON SURRENDERING FIREARMS



Case Name: _____ Court Case Number: _____

CLERK'S ACTION REQUIRED

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:

Step 1: Immediately turn in the weapons.

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 within 5 days of the date you were served with the Order to Surrender Firearms.

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 within 5 days of the date you were served with the Order to Surrender Firearms.

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	_____ DOB
vs.	
_____ Respondent	_____ DOB

No. _____

**Return of Service–Extreme Risk
(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 3.

List of Documents:

(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.)

3. The documents

<input type="checkbox"/> Petition for an Extreme Risk Protection Order <input type="checkbox"/> Temporary Extreme Risk Protection Order and Notice of Hearing <input type="checkbox"/> Extreme Risk Protection Order	<input type="checkbox"/> Other: _____ _____ _____ _____ _____
--	---

Not able to serve:

4. 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.
- Personal service was attempted on the following date(s) _____

- No service was attempted because: _____

- I mailed a copy of the documents checked in paragraph 3 to the respondent at his or her last known address: _____

- I did not mail the documents checked in paragraph 3 to the respondent, because I do not know the respondent's last known address.

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