

****ATTENTION****

Civil Protection Order Petitions can be filed in person or electronically Monday through Friday.

Please visit our website,
<https://www.spokanecounty.org/2789/Civil-Protection-Orders> to download and fill out the correct petition electronically.

Once fully completed, please email the petition to:
CivilProtectionOrder@spokanecounty.org

After you have emailed your petition, a staff member will contact you within one business day regarding the Judge's decision. Please be watching your email.

If you have any questions, please email
CivilProtectionOrder@spokanecounty.org

PETITIONER HELP SHEET

Remember, this is 'your' action against the Respondent, so you must provide all the information to the court. Write as if you have the Judge sitting next to you, and you are telling the story. The Judge knows nothing about your situation, so make sure to clearly write out the history of your circumstance so he/she can better understand your case. **To see what you must prove to the court to go forward, please look at the legal definition listed in the petition.**

NEEDED FOR EACH INCIDENT THAT SUPPORTS YOUR PETITION

Always list the most recent activities/incidents, the information should be listed like a timeline moving backwards.

- **WHAT** (explain in detail and make sure to say how the incident caused you substantial injury or emotional distress)
- **WHEN** (date of incident)
- **WHERE** (location of the incident)
- **WHO** (list what was said or done and by whom, including yourself)

ADDITIONAL INFORMATION

- If you are asking the court to grant a Temporary Protection Order for Protection, you must state what irreparable harm will occur if the Temporary Order is not granted.
- Both Petitioners and Respondents are **limited to 20 pages of exhibits**. This limit **does not** include any Court provided forms or Police reports.
- Exhibits must be submitted **four** business days prior to your court hearing. You must provide two copies (one for the court and one for the other party)
- Thumb drives/CDs are to be used for video/voicemail only. You must provide a log that identifies and names the clip, and the clip **must be edited** to show only the pertinent aspect of the video.
 - Audio/video need to be in **.wmv, .wav, .mp4, .ivf, .avi, .mov** or any additional file formats compatible with Windows Media Player 12.

SPOKANE COUNTY DISTRICT COURT STATE OF WASHINGTON	
_____	_____
Petitioner (Protected Party)	Date of Birth
_____	_____
Petitioner Spouse (Protected Party)	Date of Birth
v.	
_____	_____
Respondent (Restrained Party)	Date of Birth

Case Number:

Petition for an Order for Protection -

Harassment (PTORAH)

Return Petitions M-F 1:15pm -3:15pm to -
Broadway Center Building 2nd Floor Rm 202
721 N Jefferson, Spokane WA 99260

Message Only: (509) 477-2953 Court Clerk

➤ This is a **Petition for an Order for Protection against Harassment**

I BELIEVE: *(check only the sections that apply)*

- I am a victim of **UNLAWFUL HARASSMENT**.
- _____ (name) is a victim of **UNLAWFUL HARASSMENT** and he/she is a minor under my care.

The Respondent has engaged in a **knowing and willful course of conduct of unlawful harassment** (RCW 10.14.020 & .080) that is directed at the victim **and:**

1. The course of conduct has **continuity of purpose**,
2. It serves **no legitimate or lawful purpose** (does not include constitutionally protected activity),
3. The conduct **seriously alarmed, annoyed, harassed or was detrimental** to me/the child, **and**
4. Respondent's actions have caused **substantial emotional distress** to me or caused me to fear for the well-being of my child.

1. How do victim and Respondent know each other? _____

2. Who is the Petitioner?

My name is (please print) _____ I am the Petitioner.

- I am 18 or older and I am making this request on my own behalf.
- I am 16 or 17 and I am making this request on my own behalf.
- I am the parent or guardian of child/ren under age 18 and I am petitioning on their behalf:

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.

MINOR(S) needing protection: (only list children under the age of 18 years)

Minor(s) name	DOB	Sex of Minor	Race of Minor	Minor's Relation to Petitioner:	Minor's Relation to Respondent:	Who Child Resides With:

3. Is the Respondent 18 years of age or older? Yes No

District Court **CANNOT** hear cases where (see RCW 10.14.150 & RCW 7.92.050):

- (a) Respondent is under eighteen years of age;
- (b) The action involves title or possession of real property;
- (c) Superior court exercised/is exercising jurisdiction over a proceeding involving the parties; or
- (d) The action would interfere with Respondent's care, control, or custody of Respondent's minor child.

4. Where do the parties live?

Petitioner lives in _____ county.

Did Petitioner(s) 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.

5. Where did the conduct take place?

The conduct took place in _____ county.

STATEMENT DESCRIBING NEED FOR PROTECTION FROM RESPONDENT:

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

6. Describe what the Respondent did or said that you think is harassment.

- You *must* describe what the Respondent **actually said** and any response from you/child.
- Specify how the Respondent made the statements. For example: in person, mail/written notes, e-mail, text, messenger, phone, through social media (such as Facebook/Twitter.)
- You *must* describe what the Respondent **actually did** and any response from you/child.

12. Do you have any **evidence** of the harassment conduct other than testimony?

No

Yes. I have attached the following evidence *and* indicated what incident it supports:

Copy of mail or written notes

Copy of text messages

Copy of email messages

Copy of social media messages

Police report

Declaration or Affidavit from the following witness(s): _____

Other (*list below the name of each document/exhibit you are attaching/submitting*)

13. 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 had a criminal No Contact Order**?

No

Yes. If yes, list the type of order, the name of the court, the approximate date, who was the protected party and whether the request was granted:

14. Are there any other cases or litigation between the victim/s and Respondent? List 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:

➤ **My Requests for Protection:**

15. I ask the Court for an order approving the following protection after a hearing:

I Request a **hearing** and an **Order for Protection** that will:

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 by a lawyer.

Surveillance: prohibit or restrain the Respondent from making any attempt to keep or from following or keeping the person/s to be protected under surveillance, including electronic surveillance.

Prohibit or restrain the Respondent from knowingly entering, coming within or remaining within _____ (distance) of **ANY KNOWN LOCATION** of Petitioner(s).

Prohibit or restrain the Respondent from knowingly entering, coming within or remaining within _____ (distance) of Petitioner(s) **RESIDENCE** (current & future).
_____ (list address)

Prohibit or restrain the Respondent from knowingly entering, coming within or remaining within _____ (distance) of Petitioner(s) **WORKPLACE** (current & future):
_____ (list address)

Prohibit or restrain the Respondent from knowingly entering, coming within or remaining within _____ (distance) of Petitioner(s) **SCHOOL/DAYCARE** (current & future):
_____ (list address)

Prohibit or restrain the Respondent from knowingly entering, coming within or remaining within _____ (distance) of **OTHER LOCATIONS:** (state why you need protection at each location) _____

Surrender Firearms: Require the Respondent to surrender any firearm or other dangerous weapon, or any concealed pistol license and prohibit Respondent from obtaining or possessing a firearm or other dangerous weapon, or a concealed pistol license for the reasons stated in **Section 11.**

Duration: I am requesting the protection remain in place for _____ (time period)

If you are requesting the protection remain in place for **longer than one year** because Respondent is likely to resume acts of unlawful harassment conduct if the order expires in a year, then you **must** explain why you believe this is necessary:

Respondent be ordered to Pay Filing Fees and Attorney Fees if I am successful in this action:

- Require Respondent to reimburse me for the \$73 Harassment Petition filing fee.
- Require Respondent to reimburse me for attorney fees/costs.

Request for immediate **EMERGENCY TEMPORARY** PROTECTION:

(Up to 14 days - until the hearing)

An **emergency exists** as described below. I request that a **Temporary Protection Order** granting the relief I requested above without prior notice to Respondent, to be effective until the hearing because irreparable harm or injury will occur without immediate protection.

You **MUST** explain **WHAT IRREPARABLE HARM OR INJURY** would occur without a temporary order:

I also request a **temporary surrender and prohibition 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.

You **MUST** explain what **IRREPARABLE HARM OR INJURY** would occur without temporary gun restrictions:

I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Petitioner's Signature

Petitioner's Signature

Counsel for Petitioner(s) WSBA#

LAW ENFORCEMENT INFORMATION **Amended:**Do NOT serve or show this sheet to the restrained person!
CLERK – Do NOT FILE in the court file. This form to law enforcement only.This form is **required** by law enforcement to serve, enforce and enter order into the statewide law enforcement system.District Court Case No. +: No Contact Order/Protection Order Type: (check all that apply)
 Domestic Violence Harassment Stalking Sexual Assault**Restrained Person's Information:** (The person you are seeking protection from)

Respondents Full Name			DOB	Nickname	Relationship to Petitioner	Needs Interpreter?
Sex	Race	Hair	Eye	Height	Weight	
Last known address (Street, City, State)			Phone No.		Email	
Employer and Employer Address				Work Hours		
Vehicle Make & Model		License #	Veh. Color	Veh. Year	Drivers License/ID No. & State	

Does Restrained Person have a: disability brain injury impairment requiring assistance when served with order?**HAZARD Information** to assist Law Enforcement in serving Respondent:Restrained Person's History Includes: Mental Health Problems (voluntary/involuntary commitment, Suicide attempt/threats)
 Alcohol/Drug Abuse Assault Assault with Weapons; (Details):**Respondent/Defendant Weapons access:** Handguns (circle type) Rifles (circle type) Knives Explosives**Location of Weapons:** Vehicle On Person Residence Describe **location:**Do you believe the weapons will be **surrendered** if ordered by the court? Yes No**Current Relationship Status:**Is restrained person a current or former cohabitant and intimate partner (dating relationship)? Yes NoAre you and restrained person living together now? Yes NoDoes restrained person know you're trying to get this order? Yes NoIs restrained person likely to react violently when served? Yes No**Protected Person's Information:** (The person you want the court order to protect)

Petitioner's Full Name			Pet. DOB	Petitioner's Spouse's Name		Pet. Spouse DOB
Sex	Race	Hair	Eye	Height	Weight	
Address (Street, City, State)			Phone No.		Email	Need Interpreter?

If your address is **confidential** you must provide name, address & phone number of someone willing to be your contact person:

PROTECTED Minor(s) name	DOB(age)	Sex of Minor	Race of Minor	Minor's Relation to Petitioner:	Minor's Relation to Respondent:	Who Child Resides With:
				Child	None	Petitioner(s)

Petitioner's Signature & Date Signed:

Name/Signature/Date of Person who filled form out form:

FILED

SPOKANE COUNTY
DISTRICT COURT

**SPOKANE COUNTY DISTRICT COURT
STATE OF WASHINGTON**

Case Number: _____

RETURN OF SERVICE

Petitioner(s) (persons protected), (DOB) _____
vs.

Respondent (person restrained) (DOB) _____

Public Safety Building 2nd Floor
1100 W. Mallon, Spokane WA 99210-2352
Telephone Number: (509) 477-4770
Email: CivilProtectionOrder@spokanecounty.org

This section completed by court clerk: _____ (Clerk's full name)

On _____, sent the documents checked below to:

Law Enforcement Records Petitioner to arrange for Private Service Faxed/E-Mailed to agency in _____ for service

Other: _

Law Enforcement Information Sheet (LE/Records Only) Amended LEI (LE/Records Only)

1. Choose type of Order: DV, Anti-Harassment, Sexual Assault, Stalking

2. Check all documents to be **SERVED** and list number of pages for each document:

<input type="checkbox"/> Temporary Protection Order & Notice of Hearing including Petition ____ pages	<input type="checkbox"/> Motion to Modify/Terminate/ Extend Protection Order & Notice of Hrg __ __ pgs
<input type="checkbox"/> Temporary Protection Order & Notice of Hearing ____ pages	<input type="checkbox"/> Order to Surrender Weapons issued without notice ____ pages
<input type="checkbox"/> Petition for Protection Order ____ pages	<input type="checkbox"/> Instructions on Firearm Surrender __pg
<input type="checkbox"/> Protection Order ____ pages	<input type="checkbox"/> Declaration of Non Surrender ____ pgs
<input type="checkbox"/> Note of Hearing ____ pages	<input type="checkbox"/> Order to Surrender Weapons ____ pgs
<input type="checkbox"/> Reissuance of Temporary Protection Order & Notice of Hearing ____ pages	<input type="checkbox"/> Proof of Surrender ____ pgs
<input type="checkbox"/> Order Modifying-Terminating- Extending Protection Order ____ pages	<input type="checkbox"/> Receipt of Surrendered Weapons __pgs
	<input type="checkbox"/> Attachments/Exhibits ____ pages
	<input type="checkbox"/> Other: _____ ____ pages

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:
Date: _____ Location: _____
Date: _____ Location: _____
Date: _____ Location: _____
Date: _____ Location: _____

I believe the Respondent is evading service based on the following specific facts:

4. **NO SERVICE** was attempted because _____

5. I **SERVED** Respondent _____
(must list name of person served)
at _____
(address, city, state and zip code of service)

With the documents listed above, on _____ at _____ a.m./p.m.
(date of service) (must list time of service).

6. Other: _____

Fees:
Service _____
Mileage _____
Total _____

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 Server: _____

List Law Enf. Agency or Private Process Server's Phone # _____