

****ATTENTION****

Civil Protection Order Petitions may be filed 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

OR

Drop-Off in person at the Civil Clerk's Office (Broadway Centre
Building 721 N. Jefferson Spokane WA 8:30am-12:00pm/1:00pm-
5:00pm Monday through Friday)

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

OR

In-Person submission hours are 1:15pm-3:15pm Monday through
Friday in Courtroom 202, Broadway Centre Building 721 N Jefferson
Spokane WA

If you have any questions, please

email: CivilProtectionOrder@spokanecounty.org

Call: (509)-477-2953

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.

Name: _____ Case #: _____

Firearm Identification Worksheet

1. Does the respondent own or have access to firearm(s)? Yes No Unknown
2. Has the respondent used the firearm to threaten or intimidate you? Yes No
****Please describe this threat on Page 5 of 7 of the Petition for Order of Protection**
 - When did they last threaten you with it? _____
 - Did you report the incident to the police? Yes No
 - Which Law Enforcement Agency? _____
3. When was the last time you saw the firearm(s)? _____
4. Where does the respondent keeps the firearm(s)?
On His/Her Person In their Car In their Home Storage Unit In a Safe
5. What does the respondent generally use the firearm for? (Circle all that apply)
Hunting Collecting Target Shooting Protection Other: _____
6. Does the respondent possess explosives? Yes No Unknown

If you recognize any of the guns below as similar to the one(s) the respondent has, **please circle it and write in the circle how many you think they have.**

Semi-automatic Handgun



Revolver



Shotgun



Rifle



Semi-automatic Rifle



Signed: _____ Dated: _____

***Statement must be completed on Pages 6 - 7 of the Petition for Order for Protection.**

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) initials only. List full name on Law Enforcement Form

Minor(s) Initials ONLY	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.

D. Describe another incident of harassment by Respondent.

Date and time: _____ Location: _____

What did the Respondent *do or say in this incident* that you believe to be harassing behavior?

Add additional pages if necessary for additional incidents - follow same format

7. How did the incidents you describe above make you/minor feel?

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**

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! Law enforcement **needs this form** to serve the restrained person and enforce the order if it is violated. They also need it to make sure other courts and law enforcement agencies know about your order. Please fill in as much information as you can. If any information changes, please fill out another copy and give it to the court.

Court:	Case Number:	
<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Sexual Assault	<input type="checkbox"/> Dissolution/Separation/Invalidity/Paternity/Parenting Plan
<input type="checkbox"/> Unlawful Harassment	<input type="checkbox"/> Stalking	<input type="checkbox"/> Vulnerable Adult

Restrained Person's Information

(This is the person that you want the court to restrain.)

Name:	First	Middle	Last	Date of Birth (if DOB unknown give age range)			
Nickname/Alias/AKA ("Also known as")				Relationship to Protected Person			
Sex	Race	Height	Weight	Hair Color	Eye Color	Skin Tone	Build

Phone(s) w/Area Code (voice):	Need Interpreter? <input type="checkbox"/> No <input type="checkbox"/> Yes Language:
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Where can the restrained person be served? <i>List all known contact information.</i>	Last Known Address. Street:
	City: State: Zip:
	Cell number (text):
	Email:
	Social Media Account/s & User Name/s:
Other:	

Employer	Employer's Address	WORK Hours: Phone: ()
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Vehicle Make and Model	Vehicle License Number	Vehicle Color	Vehicle Year	Drivers License or ID number	State
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Does the restrained person have a disability, brain injury, or impairment requiring special assistance when law enforcement serves the order? No Yes. If yes, describe (continue on back, if needed):

Hazard Information Restrained Person's History Includes:

Involuntary/Voluntary Commitment Suicide Attempt or Threats (How recent? _____) Threats to "suicide by cop"
 Assault Assault with Weapons Alcohol/Drug Abuse Other:

Concealed Pistol License: Yes No
Weapons: Handguns Rifles Knives Explosives Other:
Location of Weapons: Vehicle On Person Residence Describe in detail:

Current Status Is the restrained person a current or former cohabitant as an intimate partner? Yes No
Are you and the restrained person living together now? Yes No
Does the restrained person know they may be moved out of the home? Yes No N/A
Does the restrained person know you are trying to get this order? Yes No
Is the restrained person likely to react violently when served? Yes No

Protected Person's Information
(This is the person you want the court to protect.)

Name: First Middle Last

Date of Birth	Sex	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) below.

Current Address Street: City:	State:	Zip:	Phone(s) w/Area Code
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Email address:	Need interpreter? [] No [] Yes If yes, language:
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If your information ***is confidential***, you must provide the name, address, and phone number of someone willing to be your "contact."

Contact Name	Contact Address	Contact Phone
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If you filed for someone else, list your name, phone number, and address:

Minor's Information

For relationship, use terms such as child, grandchild, stepchild, nephew, or none.

1	Name: First Middle Last			
	Birth Date	Sex	Race	Resides With
	Relationship to Protected Person:		Relationship to Restrained Person:	

2	Name: First Middle Last			
	Birth Date	Sex	Race	Resides With
	Relationship to Protected Person:		Relationship to Restrained Person:	

3	Name: First Middle Last			
	Birth Date	Sex	Race	Resides With
	Relationship to Protected Person:		Relationship to Restrained Person:	

4	Name: First Middle Last			
	Birth Date	Sex	Race	Resides With
	Relationship to Protected Person:		Relationship to Restrained Person:	

Victim's Household Members or Adult Children Protected

Name:	birth date:

**SPOKANE COUNTY DISTRICT COURT
STATE OF WASHINGTON**

Petitioner (Protected Person) Date of Birth _____

vs.

Respondent (Restrained Person) Date of Birth _____

No. _____

**Proof of Service
(RTS)**

Proof of Service

Server declares:

1. My name is _____. I am 18 or older.
I am a peace officer not a party to this case.

2. **Able to Serve:**

Personal Service: I served the court documents checked in section 4 for this case
to *(name of party)* _____
on *(date)* _____ at *(time)* _____
by giving the documents directly to them at this address:
_____.

Electronic Service:

Important! Do not use electronic service if your case involves the surrender of firearms, transfer of child custody, removing respondent from the parties' shared residence, or an incarcerated respondent.

I served the court documents checked in section 4 for this case to
(name of party) _____
on *(date)* _____ at *(time)* _____ via

email text social media applications other technology

At the following email address/s, phone number/s, social media application and user
name, or other address: _____.

I received a read receipt or other reply from the receiving party *(describe or
attach)*: _____.

Service by Mail: I served the court documents checked in section 4 for this case to (name of party) _____ on (date) _____ at (time) _____. I sent **2** copies of the documents, postage prepaid: one by ordinary, first-class mail and one by other mail with certified or tracking information (*attach receipts*). I sent the mail to this/these address/es: _____.

3. Not Able to Serve:

- I was unable to make personal service on (name of party) _____. I notified the serving party that service was not successful. Personal service was attempted on the following date/s _____.
- Electronic service was attempted at the following address/es but it bounced back or was undeliverable _____.
- I did not mail court documents to (name of party) _____ because I do not know the party's last known address.

4. List of Documents:

Important! You must check or write in the title of **every** document that you served. Use the "Other Documents" box to write in the title of any document not already listed.

I served the following documents (*check all that apply*):

<p>New Domestic Violence Petition:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Petition for Order for Protection <input type="checkbox"/> Temporary Order for Protection and Notice of Hearing <input type="checkbox"/> Reissuance of Temporary Order for Protection and Notice of Hearing <input type="checkbox"/> Order to Surrender Weapons (issued without notice) and Notice of Hearing <input type="checkbox"/> Order Transferring Domestic Violence Case and Setting Hearing <input type="checkbox"/> Declaration/s of: _____ <input type="checkbox"/> Denial Order 	<p>New Vulnerable Adult Petition:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Petition for a Vulnerable Adult Order for Protection <input type="checkbox"/> Temporary Order for Protection and Notice of Hearing <input type="checkbox"/> Reissuance of Temporary Order for Protection and Notice of Hearing <input type="checkbox"/> Order to Surrender Weapons (issued without notice) and Notice of Hearing <input type="checkbox"/> Notice to Vulnerable Adult <input type="checkbox"/> Declaration/s of: _____ <input type="checkbox"/> Denial Order
<p>New Sexual Assault Petition:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Petition for a Sexual Assault Protection Order <input type="checkbox"/> Temporary Sexual Assault Protection Order and Notice of Hearing <input type="checkbox"/> Reissuance of Temporary Sexual Assault Protection Order and Notice of Hearing <input type="checkbox"/> Order to Surrender Weapons (issued without notice) and Notice of Hearing <input type="checkbox"/> Declaration/s of: _____ <input type="checkbox"/> Denial Order 	<p>New Harassment and/or Stalking Petition:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Petition for Order for Protection – Harassment and/or Stalking Respondent Under Age 18 <input type="checkbox"/> Temporary Order for Protection and Notice of Hearing <input type="checkbox"/> Respondent Under Age 18 <input type="checkbox"/> Order to Surrender Weapons (issued without notice) and Notice of Hearing <input type="checkbox"/> Declaration/s of: _____ <input type="checkbox"/> Denial Order

<p>After a Full Hearing:</p> <input type="checkbox"/> Order for Protection <input type="checkbox"/> Sexual Assault Protection Order <input type="checkbox"/> Order for Protection – Vulnerable Adult <input type="checkbox"/> Order for Protection – Harassment <input type="checkbox"/> Respondent Under Age 18 <input type="checkbox"/> Order for Protection – Stalking <input type="checkbox"/> Respondent Under Age 18 <input type="checkbox"/> Order to Surrender Weapons <input type="checkbox"/> Order Realigning Parties and Notice of Hearing	<p>Renewals:</p> <input type="checkbox"/> Petition for Renewal of Order for Protection and Notice of Hearing <input type="checkbox"/> Order Setting Hearing on Renewal <input type="checkbox"/> and Extending Order until Hearing <input type="checkbox"/> Ex Parte Temporary Order for Renewal of Order for Protection and Notice of Hearing <input type="checkbox"/> Order for Renewal of Order for Protection <input type="checkbox"/> Motion and Declaration for Renewal of Sexual Assault Protection Order <input type="checkbox"/> Order Setting Hearing – Sexual Assault <input type="checkbox"/> Order on Motion for Renewal of Sexual Assault Protection Order
<p>Motions:</p> <input type="checkbox"/> Motion to Modify/Terminate Order for Protection <input type="checkbox"/> Motion for Surrender of Weapons <input type="checkbox"/> Notice of Hearing <input type="checkbox"/> Motion to Realign Parties	<p>After a Motion Hearing:</p> <input type="checkbox"/> Order Modifying/Terminating Order for Protection <input type="checkbox"/> Order to Surrender Weapons
<p>Other Documents:</p> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	

5. Fees Charged for Service:

- Does not apply.
- Fees: \$_____ + Mileage \$_____ = Total: \$_____

6. Other: _____

I declare under penalty of perjury under the laws of the state of Washington that the statements on this form are true.

Signed at (city and state): _____ Date: _____

▶ _____
Signature of server

Print or type name of server

Law Enforcement Agency (if any)