

**\*\*ATTENTION\*\***

Starting Monday September 13<sup>th</sup>, 2021, all Civil Protection Order Petitions must 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](mailto:CivilProtectionOrder@spokanecounty.org)

**OR**

Drop-Off in person at the Civil Clerk's Office  
(Broadway Centre Building 721 N. Jefferson Spokane  
WA)

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](mailto:CivilProtectionOrder@spokanecounty.org)

Or 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 Page 5 of 7 of the Petition for Order for Protection.**

**Spokane County District Court  
State of Washington**

\_\_\_\_\_  
Petitioner (Person to be protected)  
vs.

\_\_\_\_\_  
Respondent (Person to be restrained)

**No.**

**Petition for Sexual Assault  
Protection Order  
(PTORSXP)**

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

Message Only: (509) 477-2953 Court Clerk

1. Petitioner is a victim of nonconsensual sexual conduct or nonconsensual sexual penetration committed by the respondent as described in the statement below.  
 I am filing on behalf of myself and I am 16 years or older.  
 I am filing on behalf of a minor, age \_\_\_\_\_ . My relationship to the minor is \_\_\_\_\_ . My name is \_\_\_\_\_ .  
 I am filing on behalf of a vulnerable adult as defined in RCW 74.34.020 or 74.34.021; or other adult who, because of age, disability, health or inaccessibility, cannot file the petition. My relationship to the vulnerable adult or other adult is \_\_\_\_\_ .  
My name is \_\_\_\_\_ .

2. Petitioner lives in  this city  this county.

3. Respondent's age is:  
 Under 16  16 or 17  18 or over  
(Complete this if known.) If the respondent is under age 18, the name(s) of the minor's parent(s) or legal guardian(s) is/are:  
\_\_\_\_\_  
\_\_\_\_\_

4. Is respondent a service member, or a dependent of a service member?  
 yes  no  unknown

5. Petitioner's relationship to respondent is:  
\_\_\_\_\_  
\_\_\_\_\_

6. Petitioner may be served with legal documents at: \_\_\_\_\_  
\_\_\_\_\_. (If disclosure of petitioner's address would risk abuse or harassment of the petitioner or the petitioner's family or household members, petitioner must list an alternative address.)

7. Other court cases or other restraining, protection or no-contact orders involving the petitioner and the respondent:

<b>Case Name</b>			
<b>Case Number</b>			
<b>Court/County/State</b>			

**Petitioner Requests a Sexual Assault Protection Order**, following a hearing, that will grant the relief requested below:

1. **Restrain** respondent from having any contact with petitioner, including but not limited to telephone calls, mail, written notes, email, texting, and social media (such as Facebook, and Twitter), directly, indirectly, or through third parties regardless of whether those third parties know of the order.

2. **Exclude** respondent from the following places:

- Petitioner's residence
- Petitioner's workplace
- Petitioner's school
- Petitioner's day care
- Other:

3. **Prohibit** respondent from knowingly coming within, or knowingly remaining within \_\_\_\_\_ (distance) of:

- Petitioner's residence
- Petitioner's workplace
- Petitioner's school
- Petitioner's day care
- Other:

4. **Other:**

5. **Restrain** respondent from attending \_\_\_\_\_ school at \_\_\_\_\_ (address) attended by the petitioner and **order** respondent to transfer to a different school. (If this relief is granted, respondent or respondent's parents or legal guardians will be responsible for transportation and all other costs associated with change of school.)

6. **Require** the respondent to surrender any firearm or other dangerous weapon, or any concealed pistol license, and prohibit the respondent from obtaining or possessing a firearm or other dangerous weapon, or a concealed pistol license.

**Emergency temporary protection (up to 14 days) until the court hearing:**

- An emergency exists as described below. I request that a **Temporary Sexual Assault Protection Order** granting the relief requested above in 1) through 4) be issued immediately, without prior notice to the respondent, to be effective until the hearing.
- 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.

What irreparable harm would result if an order is not issued immediately without prior notice to the respondent?

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A Sexual Assault Protection Order is available to protect a victim of nonconsensual sexual conduct or nonconsensual sexual penetration, including a single incident of nonconsensual sexual conduct or nonconsensual sexual penetration, from future interactions with the assailant. **Nonconsensual** means a lack of freely given agreement. **Sexual conduct** means any of the following: (a) any intentional or knowing touching or fondling of the genitals, anus, or breasts, directly or indirectly, including through clothing; (b) any intentional or knowing display of the genitals, anus, or breasts for the purposes of arousal or sexual gratification of the respondent; (c) any intentional or knowing touching or fondling of the genitals, anus, or breasts, directly or indirectly, including through clothing, that the petitioner is forced to perform by another person or the respondent; (d) any forced display of the petitioner's genitals, anus, or breasts for the purposes of arousal or sexual gratification of the respondent or others; (e) any intentional or knowing touching of the clothed or unclothed body of a child under the age of 13, if done for the purpose of sexual gratification or arousal of the respondent or others; and (f) any coerced or forced touching or fondling by a child under the age of thirteen, directly or indirectly, including through clothing, of the genitals, anus, or breasts of the respondent or others. **Sexual Penetration** means any contact, however slight, between the sex organ or anus of one person by an object, the sex organ, mouth or anus of another person, or any intrusion, however slight, of any part of the body of one person or of any animal or object into the sex organ or anus of another person, including but not limited to cunnilingus, fellatio, or anal penetration. Evidence of emission of semen is not required to prove sexual penetration.

**Statement:** The respondent has committed a single act or acts of nonconsensual sexual conduct or nonconsensual sexual penetration, which give rise to a reasonable fear of future dangerous acts, for which relief is sought.

Describe any nonconsensual sexual conduct or nonconsensual sexual penetration, and the approximate date(s). Include any statements or actions of the respondent at the time of the incident(s) or at any other time that caused the petitioner fear: \_\_\_\_\_

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Explain any additional reasons why this order should be issued immediately: \_\_\_\_\_

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(Complete this section if the petitioner and the respondent are minors who attend the same school and petitioner requests the court to order the respondent not to attend the same school attended by the petitioner.) Describe any continuing physical danger or emotional distress to the petitioner caused by the respondent's attendance at the same school as the petitioner:

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Has the respondent used, displayed, or threatened to use a firearm or other dangerous weapon in a felony? Please describe:

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Has the respondent previously committed an offense that makes him or her ineligible to possess a firearm under the provisions of RCW 9.41.040? Please describe:

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Does possession of a firearm or other dangerous weapon by the respondent present a serious and imminent threat to public health or safety, or to the health or safety of the petitioner? Please describe:

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Other: \_\_\_\_\_

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(Continue on separate page if necessary.)

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

\_\_\_\_\_  
Signature of Person Filing on Behalf of Petitioner

\_\_\_\_\_  
Print Name



**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 &amp; 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>Fees:</b>
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 # \_\_\_\_\_