

## **\*\*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](mailto: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](mailto:CivilProtectionOrder@spokanecounty.org)

**Call:** (509)-477-2953



# SPOKANE COUNTY DISTRICT COURT JURISDICTION QUESTIONNAIRE

CASE NUMBER: \_\_\_\_\_

## VENUE

- Do you reside in Spokane County?  Yes  No
- Have you left another county to avoid domestic abuse?  Yes  No

1. Does the Respondent (person you want protection from) live with you?
  - Yes - You must file in Superior Court
  - No - Continue to the next question
  
2. Would the order interfere with the Respondent's care, custody, or control of his/her minor children?
  - Yes - You must file in Superior Court
  - No - Continue to the next question
  
3. If you are seeking protection for a child, is the Respondent the biological or adoptive parent or the child's legal guardian?
  - Yes - You must file in Superior Court
  - No - Continue to the next question
  
4. Are you and the Respondent involved in any Superior Court Case?
  - Yes - You must file in Superior Court
  - No - Continue to the next question
  
5. Are you or the Respondent under the age of 19 and filing for an Anti-Harassment or Stalking Protection Order?
  - Yes - You must file in Superior Court
  - No - Continue to the next question
  
6. Are you or the Respondent under the age of 16 and filing for a Domestic Violence or Sexual Assault Protection Order?
  - Yes - You must file in Superior Court
  - No - Continue to the next question
  
7. Are there any other active or pending restraining orders involving you and the Respondent in any other Court, including criminal No Contact Orders?
  - Yes - Which Court(s)? \_\_\_\_\_
  - No - Continue to the next question
  
8. Are you seeking protection for another person who is a Vulnerable Adult?
  - Yes - You must file in Superior Court
  - No - You may file in District Court

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

Date: \_\_\_\_\_

# 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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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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(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**

**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.)

<b>Name:</b>	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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<b>Where can the restrained person be served?</b> <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.*

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

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

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

<b>4</b>	<b>Name:</b> 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:
Name:	birth date:
Name:	birth date:
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><b>New Domestic Violence Petition:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Petition for Order for Protection</li> <li><input type="checkbox"/> Temporary Order for Protection and Notice of Hearing</li> <li><input type="checkbox"/> Reissuance of Temporary Order for Protection and Notice of Hearing</li> <li><input type="checkbox"/> Order to Surrender Weapons (issued without notice) and Notice of Hearing</li> <li><input type="checkbox"/> Order Transferring Domestic Violence Case and Setting Hearing</li> <li><input type="checkbox"/> Declaration/s of: _____</li> <li><input type="checkbox"/> Denial Order</li> </ul>	<p><b>New Vulnerable Adult Petition:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Petition for a Vulnerable Adult Order for Protection</li> <li><input type="checkbox"/> Temporary Order for Protection and Notice of Hearing</li> <li><input type="checkbox"/> Reissuance of Temporary Order for Protection and Notice of Hearing</li> <li><input type="checkbox"/> Order to Surrender Weapons (issued without notice) and Notice of Hearing</li> <li><input type="checkbox"/> Notice to Vulnerable Adult</li> <li><input type="checkbox"/> Declaration/s of: _____</li> <li><input type="checkbox"/> Denial Order</li> </ul>
<p><b>New Sexual Assault Petition:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Petition for a Sexual Assault Protection Order</li> <li><input type="checkbox"/> Temporary Sexual Assault Protection Order and Notice of Hearing</li> <li><input type="checkbox"/> Reissuance of Temporary Sexual Assault Protection Order and Notice of Hearing</li> <li><input type="checkbox"/> Order to Surrender Weapons (issued without notice) and Notice of Hearing</li> <li><input type="checkbox"/> Declaration/s of: _____</li> <li><input type="checkbox"/> Denial Order</li> </ul>	<p><b>New Harassment and/or Stalking Petition:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Petition for Order for Protection – Harassment and/or Stalking Respondent Under Age 18</li> <li><input type="checkbox"/> Temporary Order for Protection and Notice of Hearing <input type="checkbox"/> Respondent Under Age 18</li> <li><input type="checkbox"/> Order to Surrender Weapons (issued without notice) and Notice of Hearing</li> <li><input type="checkbox"/> Declaration/s of: _____</li> <li><input type="checkbox"/> Denial Order</li> </ul>

<p><b>After a Full Hearing:</b></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><b>Renewals:</b></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><b>Motions:</b></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><b>After a Motion Hearing:</b></p> <input type="checkbox"/> Order Modifying/Terminating Order for Protection <input type="checkbox"/> Order to Surrender Weapons
<p><b>Other Documents:</b></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)*