



# Snohomish County District Court

## Protection Orders

Washington State law allows you to ask a judge for a protection order pursuant to RCW 7.105. If the judge grants a protection order, it will be one of six types:

- |  |   |
|--|---|
| 1. Antiharassment Protection Order   | 4. Sexual Assault Protection Order  |
| 2. Domestic Violence Protection Order  | 5. Stalking Protection Order  |
| 3. Extreme Risk Protection Order ( <i>Transfer to Superior Court after first hearing</i> ) | 6. Vulnerable Adult Protection Order ( <i>Must be filed in Superior Court</i> ) |

You may request a Protection Order using forms provided by the court. This is called “**filing a Petition for Protection Order**.” Forms use the words “petitioner” and “respondent.” The “**petitioner**” is you - the person asking for a protection order. The “**respondent**” is the person you are asking the Court to protect you from.

You may have a lawyer assist you. If you decide to proceed without a lawyer, you must spend time to collect information, fully complete forms, meet service requirements, and appear in court.

## How to Ask for a Protection Order



### Step 1: Determine the Proper Court Division

Snohomish County District Court has four locations to serve you. You may begin your case by obtaining forms and filing in any division, but your hearings will be scheduled at the division serving your specific home address. The clerk will verify the proper division when you file your petition; the following is a general guideline:

<p><b><u>Cascade Division</u></b>  415 E Burke Ave  Arlington, WA 98223  (360) 435-7700  <i>Serving: Arlington, Darrington, Granite Falls, Stanwood</i></p>	<p><b><u>Everett Division*</u></b>  3000 Rockefeller Ave, 3<sup>rd</sup> Floor  Everett, WA 98201  (425) 388-3331  <i>Serving: Most of Everett, Marysville, Mukilteo, West Lake Stevens, Tulalip</i></p>
<p><b><u>Evergreen Division</u></b>  14414 179<sup>th</sup> Ave SE  Monroe, WA 98272  (360) 805-6776  <i>Serving: Gold Bar, Index, East Lake Stevens, Monroe, Snohomish, Sultan</i></p>	<p><b><u>South Division</u></b>  20520 68<sup>th</sup> Ave W  Lynnwood, WA 98036  (425) 744-6800  <i>Serving: Bothell, Brier, Edmonds, South Everett, Lynnwood, Mill Creek, Mountlake Terrace, Woodway</i></p>

*\*Note for Everett Division: If you are alleging domestic violence, file your petition in Snohomish County Superior Court in the same courthouse on the first floor.*



## **Step 2: Obtain and Complete the Forms**

If the forms are not attached to these instructions and you have a printer, obtain the forms from the court's website at [www.SnohomishCountyWA.gov/5989](http://www.SnohomishCountyWA.gov/5989). If you do not have access to a printer, obtain blank forms from the clerk at any of our four locations. All forms must be completed and filed on paper; electronic filing is not currently available.

Read the forms carefully and provide as much relevant and detailed information as possible. Each protection order may protect only one petitioner from one respondent (but children may be included). If you are asking for protection from multiple people, you must file an independent set of documents for each person.

### **The Court will require these two forms be completed in detail:**

1. Law Enforcement and Confidential Information Form. Law enforcement officers rely on this information to update databases and find the respondent for service. Make every effort to provide detailed and accurate information. ***This form will not be provided to the respondent.***
2. Petition for Protection Order. You have the burden of proving the respondent's wrongful conduct. You must include all relevant and detailed information supporting your allegations. The judge will rely heavily on the petition, and you should complete every section; if a section does not apply to you, write "n/a" or "none" or "unknown".

You may choose to attach supporting evidence to your Petition such as declarations, photographs, police reports, screenshots, and audio/video files. If providing documents, do not print on both sides of the paper; all documents should be letter-sized and single-sided.

***IMPORTANT: If you want the judge to consider your evidence, it must first be filed with the court.***



## **Step 3: File the Forms & Prepare for the *ex parte* Hearing**

You must file the forms in person at the clerk's office. You may file in any of the four court locations (*see Step 1*), but the clerk will schedule all hearings before a judge at the proper division based on your home address.

**FEES:** There is a filing fee of **\$83.00** required for some antiharassment order petitions. The judge will decide at your first hearing if you are required to pay this fee. To request a waiver of these fees/surcharges, complete a Motion, Declaration and Order Regarding Fees and Surcharges and a detailed Financial Declaration.



## **Step 4: Appear in Court for the *ex parte* Hearing**

You will likely need to appear before the judge and answer questions about your petition (*in some circumstances, the judge will make a decision based solely on your documents*). The judge will decide if you must pay a filing fee and if your petition is eligible for a “full hearing.” The most common outcomes of the *ex parte* hearing will be:

- A. Temporary Protection Order:** If you are at risk of serious immediate harm or irreparable injury, the judge may issue a Temporary Protection Order. This order is effective after it is served upon the respondent and protects you until the full hearing. The judge may also issue an order that the respondent surrender firearms or other weapons.
- B. Transfer to Superior Court:** The law requires that some cases be transferred to Snohomish County Superior Court for a full hearing. If the judge transfers your case, you will be provided the specific time, date and location of your full hearing.
- C. Denial Order with Full Hearing:** If your petition fails to establish that you are at risk of serious immediate harm or irreparable injury, or if you are not requesting a Temporary Protection Order, the judge will set a hearing in approximately 14 days for both parties to appear. At the full hearing, the judge will decide whether to grant you a Protection Order.
- D. Denial Order with 14 Days to Amend:** If the judge decides that your petition does not support the issuance of a Protection Order, you will be given 14 days to file an amended petition, in which case a new *ex parte* hearing will be scheduled by the clerk.
- E. Denial Order without Full Hearing:** If you fail to appear for the hearing, the petition may be dismissed with no further hearings.

After the *ex parte* hearing, you will proceed to the front counter at the clerk’s office. If the judge scheduled a full hearing, the clerk will prepare documents for service upon the respondent and you will proceed to step 5.



## **Step 5: Serve the Respondent**

**Service is required – no exceptions.** Service is the act of giving legal papers to someone. Service notifies the other party about a case and lets the court make decisions that affect that person. The law requires that the respondent have a fair chance to appear at the full hearing and to receive the evidence.

The respondent must be served with your petition, notice of the full hearing and any evidence you submit to the court. Also, a protection order cannot be enforced unless the respondent knows about it. It is in your best interest that the respondent be served as soon as possible. **If the respondent is not served correctly, the judge cannot decide the case at the full hearing.**

**You are not allowed to serve the documents – someone must do this for you.** The order issued by the judge at your first hearing will indicate if law enforcement is assigned to serve the respondent or if you are required to arrange service at your expense.

If the judge requires you to arrange for service, you may select any adult not a party to this case and whom you trust to (1) serve the respondent, (2) complete the Proof of Service form correctly and (3) file it with the court before the full hearing. The server will need reliable and detailed information from you to find and serve the respondent. If service is unsuccessful, the server should still file the Proof of Service form with details about attempts to serve and why the attempts were unsuccessful.

If the judge assigns law enforcement for service, officers will rely heavily on the information you provided on the Law Enforcement and Confidential Information Form to find and serve the respondent..

**Proving Service.** You must prove that the respondent was served. If you fail to do so, your case can be delayed or dismissed. You should check in with the clerk prior to your hearing to verify that the Court has received the “Proof of Service” form. If the form has not been filed, you should contact the server to get an update. The judge will ask you about service at the beginning of your full hearing.

**Note!** The deadline for service is at least **5 court days before the hearing**. For example, if your hearing is on a Friday (and there are no holidays), 5 court days before will be a week before, on a Friday.



## **Step 6: Appear in Court for the Full Hearing**

It is important to attend the full hearing or your petition may be dismissed and any court orders previously issued may be terminated. If you are unable to appear for any reason, you should contact the court immediately.

At the full hearing, you and the respondent will see a judge. You will both have a chance to testify and answer questions from the judge. The judge will review evidence submitted by both sides and decide if anyone else may speak or ask questions. If you intend to use audio or video evidence at your hearing, bring a device to play that evidence in open court.

**Be prepared.** You must present your case efficiently and persuasively. Remember, as the Petitioner, you have the burden to prove that the court should grant a protection order.

If the judge grants you a protection order, you and the restrained person will receive copies. The order will tell the other person what they can and cannot do. It also will indicate how long the order will last (usually one year).

State of Washington  
Snohomish County District Court  
 Cascade  Everett  Evergreen  South

\_\_\_\_\_  
Petitioner (*Person starting this case*)                      DOB

vs.

\_\_\_\_\_  
Respondent (*Person responding to this case*)                      DOB

No. \_\_\_\_\_

**Petition for Protection Order**

Clerk's Action: **1**

## Petition for Protection Order

**What kind protection order do you want?** There are different orders within the jurisdiction of District Court based on the type of harm and how the parties know each other. **See definitions in Attachments A and B.**

**1. Choose the type of protection order that best fits your situation. *Check only one.***

Domestic Violence – Protection from an intimate partner or family or household member who has committed domestic violence, nonconsensual sexual conduct or penetration, unlawful harassment, or stalking. (PTORPRT)

Sexual Assault – Protection from someone who has committed sexual assault. (PTORSXP)

Stalking – Protection from someone who has committed stalking. (PTORSTK)

Anti-Harassment – Protection from someone who has committed unlawful harassment. (PTORAH) (*fee may be required*)  
Conduct also includes (*check all that apply*):  stalking  hate crime  
 single act/threat of violence including malicious and intentional threat or presence of firearm/weapon causing substantial emotional distress  
 family or household member engaged in domestic violence  
 nonconsensual sexual conduct or penetration or a sex offense

**2. If more than one of the protection order types listed above fits your situation, list any additional order types here: \_\_\_\_\_**

**3. Who should the order restrain? ("Restrained Person")**

Name: \_\_\_\_\_

Restrained Person's age:  Under 13     13 to 17     18 or over     unknown

**Who should be protected?** Check all that apply. Depending on the type of order, protection can be for yourself and/or children, or you can file for an adult who cannot file for themselves.

**4. Who should the order protect? ("Protected Person") (Check all that apply.)**

**Me.** My name is \_\_\_\_\_  
(You must be age 15 or older.)

**Minor Children.**

I am the minor's  parent  legal guardian  custodian.

I am age 18 or older and the minor is a member of my family or household.  
(For domestic violence petitions only.)

I am age 15 to 17. The minor is a member of my family or household. I have been chosen by the minor and am capable of pursuing their stated interest in this case.

Child's Name	Age	Sex	Race	Lives With	How related to you	How related to Restrained Person

**Important!** If the restrained person is a parent of any of the children, complete **Attachment C: Child Custody**. If you are **not** a parent of any of the children, complete **Attachment D: Non-parents protecting children (ICWA)**. You must include these Attachment/s with your Petition if they apply.

**Someone else.** (List your name as Petitioner at the beginning of this form. Describe who you are filing for here.) I am filing to protect:

an adult (name) \_\_\_\_\_  
who does not meet the definition of a vulnerable adult, but who cannot file the petition themselves because of age, disability, health, or inaccessibility.  
**(Do not check this for vulnerable adult or domestic violence petitions.)**  
What is the age, disability, health or inaccessibility concern that makes the adult unable to file themselves? (Examples: the adult is hospitalized, temporarily incapacitated, or in jail/prison.)

5. **Service address.** What is your address for receiving legal documents? You have the right to keep your residential address private. You may use a different mailing address for receiving legal documents.

Mail: \_\_\_\_\_

Email (if you agree to receive legal documents by email): \_\_\_\_\_

6. **Interpreter**

Do you need an interpreter?  No  Yes, Language: \_\_\_\_\_

**How do the parties know each other?**

7. Check all the ways the protected person is connected or related to the restrained person:

**Intimate Partners** – Protected person and restrained person are intimate partners because they are:

- current or former spouses or domestic partners  
 parents of a child-in-common (unless child was conceived through sexual assault)  
 current or former dating relationship (age 13 or older) who  
 never lived together  live or have lived together

**Family or household members** - Protected person and restrained person are family or household members because they are:

- parent and child  stepparent and stepchild  
 grandparent and grandchild  parent's intimate partner and child  
 current or former cohabitants as roommates  
 person who is or has been a legal guardian  
 related by blood or marriage (*specify how*) \_\_\_\_\_

**Other** (examples: coworker, neighbor, acquaintance, stranger)  
\_\_\_\_\_

**Connection to Washington State.** This helps decide if the court has authority (jurisdiction).

8. **Why are you filing in this county and state?** Check *all* that apply.

- The protected person lives in this county now, **or** used to live in this county but left because of abuse, or this is the nearest court to where I live or used to live.  
 An incident that made me want this protection order happened in this county or state.

9. **Restrained Person's residence.** Where does the restrained person live?

- In Washington State in (*city or county*): \_\_\_\_\_  
 Outside of Washington State  Unknown

**Are there other court cases involving the parties or any children?**

**10. Other court cases.** Have there been any other court cases between any of the people involved in this case or about any children? Include court cases happening now and in the past and requests for protection that were denied or have expired. (Examples: criminal no contact order, civil protection order, family law restraining order, protection order from another state, tribal order, military orders, parenting plans, divorce, landlord-tenant, employment, property, assault, police investigations. File copies in this court case of everything you want the court to review.)

No  Yes. If yes, fill out below.

Type of Case (see examples)	Court Location (City or County and State)	Court Type (Superior/ District/Municipal/ Tribal/Military)	Case Number (if known)	Status (active/ dismissed/pending/ expired, unknown)

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

**Do you need immediate protection?** If needed, you can ask for a Temporary Protection Order that starts now, before the restrained person gets notice. This protection can last up to 14 days or until the court hearing (whichever comes first).

**11. Immediate Protection:** Do you need a Temporary Protection Order to start immediately, without prior notice to the restrained person?  Yes  No

**12. Immediate Weapons Surrender:** Do you want a temporary order that requires the restrained person give up all firearms, other dangerous weapons, and concealed pistol licenses right away, and prohibits the restrained person from getting more?  
 Yes  No

**If Yes to 11 or 12, explain why:** What serious immediate harm or irreparable injury could occur if an order is not issued immediately without prior notice to the restrained person?  
(Briefly explain how you or anyone else might be harmed if you do not get protection now.)

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**What protections do you need? Check everything you want the court to order.**

**13. I ask for a protection order with these restraints against the Restrained Person:**

**General Restraints**

A.  **No Harm:** Do not cause any physical harm, bodily injury, assault, nonconsensual sexual conduct or nonconsensual sexual penetration, and do not harass, threaten, or stalk

protected person  the minors named in section 4 above

these minors only: \_\_\_\_\_

B.  **No Contact:** Do not make any attempts or have any contact, including nonphysical contact, directly, indirectly, or through third parties, regardless of whether those third parties know of the order, except for service of court documents with

protected person  the minors named in section 4 above

these minors only: \_\_\_\_\_

these members of the protected person's household: \_\_\_\_\_

**Exception** (if any): Only this type of contact is allowed: \_\_\_\_\_

\_\_\_\_\_  
Exceptions about minors, if any, provided in **P** below.

C.  **Stalking Behavior:** Do not harass, follow, monitor, keep under physical or electronic surveillance, cyber harass (as defined in RCW 9A.90.120), or use phone, video, audio or other electronic means to record, photograph, or track locations or communication, including digital, wire, or electronic communication of

the protected person  the minors named in section 4 above

these minors only: \_\_\_\_\_

these members of the protected person's household: \_\_\_\_\_

D.  **Exclude and Stay Away:** Do not enter, return to, knowingly come within, or knowingly remain within 1,000 feet or other distance (*specify*) \_\_\_\_\_ of

the protected person  protected person's vehicle

protected person's school  protected person's workplace

protected person's residence  protected person's adult day program

the shared residence

the residence, daycare, or school of  the minors named in section 4 above

these minors only: \_\_\_\_\_

other: \_\_\_\_\_

**Address:** The protected person chooses to (*check one*)

keep their address confidential  list their address here:

E.  **Vacate shared residence:** The protected person has exclusive right to the residence that the protected person and restrained person share. The restrained person must immediately vacate the residence. The restrained person may take the restrained person's clothing, personal items needed during the duration of the order, and these items (*specify*): \_\_\_\_\_  
from the residence while a law enforcement officer is present.

- F.  **Intimate Images:** Do not possess or distribute intimate images of a protected person, as defined in RCW 9A.86.010. The restrained person must take down and delete all intimate images and recordings of a protected person in the restrained person's possession or control and cease any and all disclosure of those intimate images.
- G.  **Electronic Monitoring:** The restrained person must submit to electronic monitoring. Example: location tracking via ankle bracelet. *(Restrained person must be age 18 or older.)*
- H.  **Evaluation:** The restrained person shall get an evaluation for:  
 mental health                       chemical dependency (drugs)
- I.  **Treatment:** The restrained person shall participate in state-certified treatment for:  
 sex offender                       domestic violence perpetrator
- J.  **Personal Belongings:** The protected person shall have possession of essential personal belongings, including the following:

\_\_\_\_\_

\_\_\_\_\_

- K.  **Assets:** Do not transfer jointly owned assets.  
 **Finances:** Provide the following financial relief: \_\_\_\_\_
- L.  **Vehicle:** The protected person shall have use of the following vehicle:  
Year, Make & Model \_\_\_\_\_ License No. \_\_\_\_\_
- M.  **Restrict Abusive Litigation:** Do not engage in abusive litigation as set forth in chapter 26.51 RCW or in frivolous filings against the protected person, making harassing or libelous communications about the protected person to third parties, or making false reports to investigative agencies.
- N.  **Pay Fees and Costs:** The restrained person must pay fees and costs of this action. This may include administrative court costs, service fees, and the protected person's costs including lawyer fees.

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**Firearms and Other Dangerous Weapons**

- O.  **Surrender Weapons:** The restrained person must immediately surrender to law enforcement and not access, possess, have in their custody or control, purchase, receive, or attempt to purchase or receive firearms, other dangerous weapons, or concealed pistol licenses.

**Important!** *The court may be required to order the restrained person to surrender firearms, other dangerous weapons, or concealed pistol licenses even if you do not request it.*

Does the restrained person have or own firearms?

Yes  No  I don't know

Complete **Attachment E: Firearms Identification** if Yes.

Would the restrained person's use of firearms or other dangerous weapons be a serious and immediate threat to anyone's health or safety?

Yes  No  I don't know

Even if the restrained person does not have firearms now, has the restrained person ever used firearms, other weapons, or objects to threaten or harm you?

Yes  No

If Yes, describe what happened.

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Is the restrained person already not allowed to have firearms?

Yes  No  I don't know

If Yes, why? \_\_\_\_\_

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### Minors

- P.**  **Custody:** The protected person is granted temporary care, custody, and control of  
 the minors named in section **4** above  
 these minors only: \_\_\_\_\_

Exceptions for Visitation and Transportation (including exchanges, meeting location, and pickup and dropoff) of Minors (if any): \_\_\_\_\_

Visitation listed here is an exception to any No Contact provision in **B** above.

*(Only for children the protected and restrained person have together.)*

- Q.**  **Interference:** Do not interfere with the protected person's physical or legal custody of:  
 the minors named in section **4** above  
 these minors only: \_\_\_\_\_

- R.**  **Removal from State:** Do not remove from the state:  
 the minors named in section **4** above  
 these minors only: \_\_\_\_\_

- S.**  **School Enrollment:** Do not enroll or continue attending as a student in the elementary, middle, or high school that a protected person attends: *(name of school)*

\_\_\_\_\_  
*(Only if both the restrained person and a protected person are students at the same school. Can apply to students 18 or older. Includes public and private schools.)*

Describe any continuing physical danger, emotional distress, or educational disruption to a protected person that would happen if the restrained person attends the same school.

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**Pets**

T.  **Custody:** The protected person shall have exclusive custody and control of the following pet/s owned, possessed, leased, kept, or held by the protected person, restrained person, or a minor child who lives with either the protected or restrained person. *(Specify name of pet and type of animal.):*

\_\_\_\_\_

U.  **Interference:** Do not interfere with the protected person's efforts to get the pet/s named above.

V.  **Stay Away:** Do not knowingly come within, or knowingly remain within *(distance)* \_\_\_\_\_ of the following locations where the pet/s are regularly found:

Protected person's residence *(home address may be kept confidential.)*

Other *(specify):* \_\_\_\_\_

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**Other**

W. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Do you need help from law enforcement? They may help you get the things you asked for.**

14. **Law Enforcement Help:** Do you want the court to order the appropriate law enforcement agency to help you with any of the things listed below?

*Check all that apply.*

Possession of my residence.

Possession of the vehicle I asked for in section **L** above.

Possession of my essential personal belongings that are located at:

the shared residence

the restrained person's residence

other location: \_\_\_\_\_

Custody of:  the minors named in section **4** above

these minors only: \_\_\_\_\_

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

**How long do you need this order to last?**

15. **Length of Order**

*(The order will last for **at least one year** unless you ask for something different. Orders restraining a parent from contacting their own children may not exceed one year.)*

I need this order to last for:  1 year  more than 1 year  less than 1 year *(specify how long):* \_\_\_\_\_

If you checked more or less than one year, briefly explain why.

\_\_\_\_\_

\_\_\_\_\_







I certify under penalty of perjury under the laws of the state of Washington that all the information provided in this petition and any attachments is true and correct.

[ ] I have attached (*number*): \_\_\_\_\_ pages.

Signed at (*City and State*): \_\_\_\_\_ Date: \_\_\_\_\_

▶ \_\_\_\_\_  
*Sign here* *Print name*



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## Attachment A: Definitions (*Always include with petition.*)

**"Domestic violence"** means:

- (a) Physical harm, bodily injury, assault, or the infliction of fear of physical harm, bodily injury, or assault; nonconsensual sexual conduct or nonconsensual sexual penetration; coercive control; unlawful harassment; or stalking of one intimate partner by another intimate partner; or
- (b) Physical harm, bodily injury, assault, or the infliction of fear of physical harm, bodily injury, or assault; nonconsensual sexual conduct or nonconsensual sexual penetration; coercive control; unlawful harassment; or stalking of one family or household member by another family or household member.

**"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 16, if done for the purpose of sexual gratification or arousal of the respondent or others; or any coerced or forced touching or fondling by a child under the age of 16, 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.

**"Stalking"** means any of the following:

- (a) Any act of stalking as defined under RCW 9A.46.110;
- (b) Any act of cyber harassment as defined under RCW 9A.90.120; or
- (c) Any course of conduct involving repeated or continuing contacts, attempts to contact, monitoring, tracking, surveillance, keeping under observation, disrupting activities in a harassing manner, or following of another person that:
  - (i) Would cause a reasonable person to feel intimidated, frightened, under duress, significantly disrupted, or threatened and that actually causes such a feeling;
  - (ii) Serves no lawful purpose; and
  - (iii) The respondent knows, or reasonably should know, threatens, frightens, or intimidates the person, even if the respondent did not intend to intimidate, frighten, or threaten the person.

**"Unlawful harassment"** means:

- (a) A knowing and willful course of conduct directed at a specific person that seriously alarms, annoys, harasses, or is detrimental to such person, and that serves no legitimate or lawful purpose. The course of conduct must be such as would cause a reasonable person to suffer substantial emotional distress, and must actually cause substantial emotional distress to the petitioner; or
- (b) A single act of violence or threat of violence directed at a specific person that seriously alarms, annoys, harasses, or is detrimental to such person, and that serves no legitimate or lawful purpose, which would cause a reasonable person to suffer substantial emotional distress, and must actually cause substantial emotional distress to the petitioner. A single threat of violence must include:
  - (i) A malicious and intentional threat as described in RCW 9A.36.080(1)(c); or
  - (ii) the presence of a firearm or other weapon.

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## Attachment C: Child Custody

**Only complete** this attachment if you are asking to protect any of the restrained person's children. **If not**, skip or remove this attachment.

**Does a Washington Court have authority over the children?** Before the court can protect a child, you must tell the court about the children's connection to Washington State. See instructions for help.

### 1. Children's Home/s

At any time during the past 5 years, have the children lived:

- on an Indian reservation,
- outside Washington state,
- in a foreign country, or
- with anyone who is not a party to this case?

No. (*Skip to 2*)

Yes. (*Fill out below to show where the children have lived during the last 5 years.*)

Dates	Children	Lived with	In which state, Indian reservation, or foreign country
From: To:	<input type="checkbox"/> All children <input type="checkbox"/> ( <i>Initials</i> ):	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Other ( <i>name</i> ):	
From: To:	<input type="checkbox"/> All children <input type="checkbox"/> ( <i>Initials</i> ):	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Other ( <i>name</i> ):	
From: To:	<input type="checkbox"/> All children <input type="checkbox"/> ( <i>Initials</i> ):	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Other ( <i>name</i> ):	
From: To:	<input type="checkbox"/> All children <input type="checkbox"/> ( <i>Initials</i> ):	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Other ( <i>name</i> ):	
From: To:	<input type="checkbox"/> All children <input type="checkbox"/> ( <i>Initials</i> ):	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Other ( <i>name</i> ):	

### 2. Other people with a legal right to spend time with the children

Do you know of anyone besides yourself and Respondent who has or claims to have a legal right to spend time with the children?

No.

Yes. (*Name/s*) \_\_\_\_\_ has or claims to have a legal right to spend time with the children because:

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3. **Authority over the children (Jurisdiction)** (RCW 26.27.201 – .221, .231, .261, .271)

The court can make an order protecting the children because:

**Exclusive, continuing jurisdiction** – A Washington court has already made a custody order or parenting plan for the children and the court still has authority to make other orders for the children.

**Home state jurisdiction** – Washington is the child’s home state because *(check all that apply)*:

The children lived in Washington with a parent or someone acting as a parent for at least the 6 months just before this case was filed, or if a child is less than 6 months old, the child has lived in Washington with a parent or someone acting as a parent since birth.

There were times the children were not in Washington in the 6 months just before this case was filed (or since birth if a child is less than 6 months old), but those were temporary absences.

The children do not live in Washington right now, but Washington was the children’s home state sometime in the 6 months just before this case was filed, and a parent or someone acting as a parent of the children still lives in Washington.

The children do not have another home state.

**No home state or home state declined** – No court of any other state (or tribe) has the jurisdiction to make decisions for the children **or** a court in the children’s home state (or tribe) decided it is better to have this case in Washington **and**:

- The children and a parent or someone acting as a parent have ties to Washington beyond just living here; **and**
- There is a lot of information (substantial evidence) about the children’s care, protection, education, and relationships in this state.

**Other state declined** – The courts in other states (or tribes) that might be the children’s home state have refused to take this case because it is better to have this case in Washington.

**Temporary emergency jurisdiction** – The court can make decisions for the children because the children are in this state now **and** were abandoned here **or** need emergency protection because the children (or their parent, brother, or sister) were abused or threatened with abuse. *(Check one)*:

A custody case involving the children was filed in the children’s home state *(name of state or tribe)*:\_\_\_\_\_. Washington should take temporary emergency jurisdiction over the children until the Petitioner can get a court order from the children’s home state (or tribe).

There is **no** valid custody order or open custody case in the children’s home state *(name of state or tribe)*:\_\_\_\_\_. If no case is filed in the children’s home state *(or tribe)* by the time the children have been in Washington for 6 months, *(date)*:\_\_\_\_\_, Washington should have final jurisdiction over the children.

Other reason *(specify)*:\_\_\_\_\_

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## Attachment D: Non-Parents Protecting Children (ICWA)

**Only complete** this attachment if you are asking to protect any children who are **not** your own. **If not**, skip or remove this attachment.

**Non-Parents must comply with the Indian Child Welfare Acts (ICWA).** If you are not a legal parent of a minor child you are asking to protect, you must find out if the minor is or may be an Indian child. If so, the federal and state Indian Child Welfare Acts will apply to your case. This does not apply to parents.

**Parents:** you do **not** have to answer these questions about your own children.

### 1. Tribal Heritage

*If there is a reason to know that a child has **tribal heritage** (including ancestry or familial political affiliation), the court must treat the child as an Indian child unless and until the affected tribe/s decide otherwise or decline to respond after receiving proper notice.*

*An **Indian child** is a child who is a member of an Indian tribe, or who is the biological child of an Indian tribe member and is eligible for membership. Tribes decide their own membership.*

**Could any of the children be Indian children?** (Check all that apply)

**No.** These children are not Indian children (*name/s*): \_\_\_\_\_

\_\_\_\_\_

I know this because (*explain if the children have no tribal heritage, or if any possible tribal heritage has already been explored and decided in another court proceeding that complied with ICWA. Attach orders*): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Yes or maybe.** These children are or may be Indian children. They have or may have heritage from the tribe/s listed below:

Children	Tribes
<input type="checkbox"/> All <input type="checkbox"/> ( <i>name/s</i> ):	
<input type="checkbox"/> All <input type="checkbox"/> ( <i>name/s</i> ):	

I will provide the *Indian Child Welfare Act Notice* (form GDN M 401) and a copy of this *Petition* to the tribe/s named above and other necessary people or agencies.

**I do not know** if any of the children are Indian children or have tribal heritage. I have done the following things to find out:

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**Warning!** You must find out if any of these children have tribal ancestry before a full order is issued.

**2. Authority Over Indian Children (Jurisdiction)**

- Does not apply. None of the children are Indian children.
- A state court can decide this case for any children who are or may be Indian children because:
  - (Children's Initials): \_\_\_\_\_ are **not** domiciled or living on an Indian reservation, and are not wards of a tribal court. (25 U.S.C. § 1911)
  - (Children's Initials): \_\_\_\_\_ are domiciled or living on an Indian reservation, and (check all that apply):
    - The children's tribe agrees to Washington State's concurrent jurisdiction.
    - The children's tribe decided not to use its exclusive jurisdiction (expressly declined). (RCW 13.38.060)
    - Washington State should exercise **emergency jurisdiction** for Indian children temporarily located off the reservation to protect the children from immediate physical damage or harm. (RCW 13.38.140)

## Attachment E: Firearms Identification

**Only complete** this attachment if the restrained person owns or has access to firearms or other dangerous weapons. **If not**, skip or remove this attachment.

1. Does the restrained person own or have access to any firearms?  Yes  No  Unknown
2. Does the restrained person purchase, own or have access to parts that could be assembled into a working firearm (example: ghost guns)?  Yes  No  Unknown
3. Does the restrained person have a concealed pistol license (CPL)?  Yes  No  Unknown
4. When was the last time you saw the firearm/s? \_\_\_\_\_
5. Do you know where the restrained person keeps the firearm/s?  Yes  No  
If yes, check all that apply:  
 On their Person  In their Car  In their Home  Storage Unit  In a Safe
6. To the best of your knowledge, are the guns typically loaded?  Yes  No  Unknown
7. How important are the firearms to the restrained person?  
 1 (not very important)  2  3  4  5 (very important)  Unknown
8. What does the restrained person generally use the firearms for, if known? (*check all that apply*)  
 Hunting  Collecting  Target Shooting  Protection  Other: \_\_\_\_\_
9. Does the respondent possess explosives?  Yes  No  Unknown
10. Does the restrained person own or possess any other dangerous weapons you believe should be surrendered?  Yes  No  Unknown. If yes, list them here: \_\_\_\_\_

The pictures below are examples of the most common guns. If you recognize any of the pictures below as similar to the one/s the restrained person has, please check it and write in how many they have of each.

<input type="checkbox"/> <b>Handgun</b> (how many) _____ 	<input type="checkbox"/> <b>Unassembled Firearm</b> (how many) _____ 
<input type="checkbox"/> <b>Semi-automatic Rifle</b> (how many) _____ 	

**Rifle/Shotgun** (how many) \_\_\_\_\_



**Other firearm/s** (describe):

# Law Enforcement and Confidential Information (LECIF)

**Clerk: Do not file in a public access file. In criminal cases, do not file. Give to law enforcement.**

Snohomish County District Court

Case No.: \_\_\_\_\_

**Law Enforcement: Do not serve or show a **completed** LECIF to the other party.**

**Instructions – Protected Person must** complete this form. Fill out **all** sections as much as you can. If you do not know, write “unknown.” Complete Attachment A if the Restrained Person is under age 18. Type or print clearly! If law enforcement cannot read this form or identify the person, they cannot serve or enforce your order!

## 1. Restrained Person’s Info

<b>Name:</b> First Middle Last			Date of Birth (if unknown give age range)	
Nickname/Alias/AKA (“Also known as”)			Relationship to Protected Person	
Sex	Race		Height	Weight
Eye Color	Hair Color		Skin Tone	Build
Phone/s with Area Code (voice):			Need Interpreter? [ ] No [ ] Yes Language:	

## 2. Where can the Restrained Person be served? List all known contact information.

Last Known Address. <b>Street:</b>			
City:		State:	Zip:
Cell number (text):		Email:	
Social Media Account/s & User Name/s:			
Other:			
Employer	Employer’s Address		Employer’s Phone
Work Hours	Driver’s License or ID number		State
Vehicle Make and Model	Vehicle License Number	Vehicle Color	Vehicle Year



### 3. Disability, hazard, and weapon info about the Restrained Person

Law enforcement needs this info to serve the order safely

**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 (add pages, 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  Unknown

Other (include unassembled firearms and specify): \_\_\_\_\_

**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

### 4. Protected Person's Info

(If only minors are protected, list them in 5. Provide contact information in this section for the person filing.)

Name: First Middle Last			Date of Birth	
Sex	Race		Height	Weight
Driver's license or ID number	Eye Color	Hair Color	Skin Tone	Build

If your information **is not confidential**, you must enter your address and phone number/s below.

Current Address. Street:			Phone(s) w/Area Code	
City:	State:	Zip:		
Email address:			Need interpreter? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, language:	

If your info **is confidential**, you must give a name, address, and phone of someone willing to be your "contact."  
 If you filed **for someone else**, list your information as the contact.

Contact Name:	
Contact Address	Contact Phone
Contact Email Address	Date of Birth (if you are Petitioner)

How can law enforcement contact you and other protected household members **if firearms are returned** to the restrained person? (Email/s preferred. Update law enforcement with any changes.)

email above  phone number above  address above  other: \_\_\_\_\_



## Attachment A: Restrained Person is a Minor

**Only complete** this attachment if the Restrained Person is under age 18. **If not**, skip or remove this attachment.

1. Restrained Person's PARENT or GUARDIAN's Info			
Name: First Middle Last			Date of Birth (if unknown give age range)
Nickname/Alias/AKA ("Also known as")			Relationship to Restrained Person <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian
Sex	Race	Height	Weight
Eye Color	Hair Color	Skin Tone	Build
Phone/s with Area Code (voice):		Need Interpreter? <input type="checkbox"/> No <input type="checkbox"/> Yes Language:	
2. Where can the Restrained Person's PARENT or GUARDIAN be served?			
List all known contact information.			
Last Known Address. <b>Street:</b>			
City:		State:	Zip:
Cell number (text):		Email:	
Social Media Account/s & User Name/s:			
Other:			
Employer	Employer's Address		Employer's Phone
Work Hours	Driver's License or ID number		State
Vehicle Make and Model	Vehicle License Number	Vehicle Color	Vehicle Year
3. Disability, hazard, and weapon info about Restrained Person's PARENT or GUARDIAN			
Law enforcement needs this info to serve the order safely			
Does the PARENT or GUARDIAN have a disability, brain injury, or impairment requiring special assistance when law enforcement serves the order? <input type="checkbox"/> No <input type="checkbox"/> Yes. If yes, describe (add pages, if needed):			
Hazard Information PARENT or GUARDIAN's history includes:			
<input type="checkbox"/> Involuntary/Voluntary Commitment <input type="checkbox"/> Suicide Attempt or Threats (How recent?)			
<input type="checkbox"/> Threats to "suicide by cop" <input type="checkbox"/> Assault <input type="checkbox"/> Assault with Weapons <input type="checkbox"/> Alcohol/Drug Abuse			
<input type="checkbox"/> Other:			
Concealed Pistol License: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Weapons: <input type="checkbox"/> Handguns <input type="checkbox"/> Rifles <input type="checkbox"/> Knives <input type="checkbox"/> Explosives <input type="checkbox"/> Unknown			
<input type="checkbox"/> Other (include unassembled firearms and specify):			

**Location of Weapons:**     Vehicle    On Person    Residence   Describe in detail:  
\_\_\_\_\_  
\_\_\_\_\_

**Current Status**  
Is the PARENT or GUARDIAN living with the restrained person now?  **Yes**  **No**  
Are you and the PARENT or GUARDIAN living together now?  **Yes**  **No**  
Does the PARENT or GUARDIAN know you are trying to get this order?  **Yes**  **No**  
Is the PARENT or GUARDIAN likely to react violently when served?  **Yes**  **No**

**State of Washington**  
**Snohomish County District Court**  
 Cascade  Everett  Evergreen  South

\_\_\_\_\_  
Petitioner (Protected Person),  
  
vs.  
  
\_\_\_\_\_  
Respondent (Restrained Person).

No. \_\_\_\_\_  
  
**Motion, Declaration and Order  
Regarding Filing Fees and  
Surcharges – Protection Order**  
  
Clerk's Action Required (4)

**1. Motion**

I am asking the Court not to require a filing fee or surcharges in this case.

**2. Declaration**

Type of Order: I am the Petitioner. I am requesting the following type of protection order:

- Domestic Violence Protection Order.
- Sexual Assault Protection Order.
- Stalking Protection Order.
- Antiharassment Protection Order.

The harassment includes (*check all that apply, if any*):

- an allegation involving a single act of violence
- a single threat of violence that is a hate crime based on perception of race, color, religion, ancestry national origin, gender, sexual orientation, gender expression or identity, or mental, physical or sensory disability
- a single threat of violence involving a firearm or weapon

Financial Hardship:

I cannot afford to meet my necessary household living expenses and pay the filing fees and surcharges. I understand that I must file a Financial Statement with this motion.

In addition to the Financial Statement, I would like the court to consider the following:

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

Signed at (city) \_\_\_\_\_, (state) \_\_\_\_\_ on (date) \_\_\_\_\_.

Petitioner's Signature: \_\_\_\_\_

**3. Judge's Findings and Order** *(To be completed by the Judge)*

**Fees Prohibited.** RCW 7.105 prohibits the imposition of filing fees and surcharges. The Petition alleges domestic violence, sexual assault, stalking, an allegation involving a single act of violence, a single threat of violence that is a hate crime, or a single threat of violence involving a firearm.

**Fees Waived.** Fees and surcharges shall be waived because the petitioner is indigent

**Fees Required.** Filing fees and surcharges must be paid prior to a hearing on the merits. The petition does not allege domestic violence, sexual assault, or stalking, nor does it allege harassment that includes a single act of violence, a single threat of violence that is a hate crime, or a single threat of violence involving a firearm. Additionally, Petitioner is not indigent.

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

**Ordered.**

Dated: \_\_\_\_\_

\_\_\_\_\_  
Judicial Officer

Name: \_\_\_\_\_ Case Number: \_\_\_\_\_

<b>Financial Declaration</b>			
1. Including you, how many people live in your household?			
2. <input type="checkbox"/> I provide support to people who live with me: How many? _____ Age(s): _____			
3. Education: Highest grade completed or degree achieved: _____			
<b>3. My Income:</b>		<b>7. My Monthly Household Expenses:</b>	
<input type="checkbox"/> Unemployed Late date worked: _____ Why not working: _____		Rent/Mortgage:	\$ _____
<input type="checkbox"/> Employed How long? _____ Employer Name: _____ Monthly income: _____		Food/Household Supplies:	\$ _____
		Utilities:	\$ _____
		Transportation:	\$ _____
		Ordered Maintenance actually paid:	\$ _____
		Ordered Child Support actually paid:	\$ _____
<b>4. Other Sources of Household Income Per Month</b>		Clothing	\$ _____
Source	\$ _____	Child Care:	\$ _____
Source	\$ _____	Education Expenses:	\$ _____
Source	\$ _____	Insurance (car, health):	\$ _____
<b>5. Total Income (Section 3 &amp; 4)</b>		Medical Expenses:	\$ _____
<b>6. My Household Assets</b>		Other:	\$ _____
Cash on hand	\$ _____	Other:	\$ _____
Checking Account Balance	\$ _____	Total Monthly Expenses	\$ _____
Savings Account Balance:	\$ _____	<b>8. My Other Debts with Monthly Payments</b>	
Auto #1 (Value less loan):	\$ _____		\$ _____
Auto #2 (Value less loan):	\$ _____		\$ _____
Home (Value less mortgage):	\$ _____		\$ _____
Other:	\$ _____	Total Other Debts	\$ _____
Total Household Assets	\$ _____	<b>Total Monthly Expenses</b>	\$ _____
<b>9. I Receive the Following Needs Based Benefits:</b>			
<input type="checkbox"/> Temporary Assistance for Needy Families (TANF)		<input type="checkbox"/> State assistance as unemployable (GA-U or GA-X)	
<input type="checkbox"/> Federal Supplemental Security Income (SSI)		<input type="checkbox"/> Federal poverty-related veteran's benefits	
<input type="checkbox"/> Food Stamp Program (FSP)		<input type="checkbox"/> Aged, blind, or disabled assistance benefits	
<input type="checkbox"/> Medicaid / Medical services		<input type="checkbox"/> Pregnant women assistance benefits	
<input type="checkbox"/> Refugee resettlement benefits		<input type="checkbox"/> Other:	
I declare under penalty of perjury under the law of Washington that the foregoing is true and correct.			
Dated _____ Signed at _____			
		City	State
Printed Name _____		Signature _____	