

Motions to Modify or Terminate Instructions

FILLING OUT YOUR MOTION PACKET

- Petitioner and respondent remain the same even if you are the moving party. Petitioner will always be the petitioner, respondent will always be the respondent.
- Make sure to include your case number on all forms.
- Fill out **ALL the document** in the packet. Incomplete submissions will be rejected.

HOW TO FILE

The Snohomish County Clerk is currently accepting filings in person, by e-mail, or fax per the instructions below. Motions with 25 pages or more must be filed in person at 3000 Rockefeller Avenue, in room 1-530 (1530) on the first floor of the Snohomish County Courthouse in Everett.

File by Email to PROTECTION.ORDER@SNOCO.ORG

- **In the subject line please write the following:** Your Last Name / Case Number / Date of Hearing / Motion you are filing (i.e., Renew, Terminate, Modify)
- **IMPORTANT:** You must send your filing as an attached **PDF FILE or WORD DOCUMENT**. For security reasons we are unable to access all other file types. This includes attached or embedded image files. We won't be able to access attached photos of documents unless they are scanned as a PDF file. Additionally, we are unable to access documents saved in your personal storage drive. Do not send links to files shared from your Google Drive, iCloud drive etc. **DO NOT SEND MULTIPLE PDF'S!** We are not responsible for organizing your filing.
- You should receive an email from us indicating we have received your documents – you may need to check your junk mail. If you do not receive an email, please send it again.

File in Person in room 1-530 on the 1st floor of Snohomish County Superior Court. Please note that we are prohibited from helping parties draft their pleadings.

File by Fax to 425-388-3127. Please call during business hours to verify that your fax transmission was received. Please include a coversheet with your name, phone number and/or email.

SERVICE

SERVICE: Once a hearing date has been scheduled and a Notice of Hearing signed by the Commissioner the other party will need to be served with these documents and proof of service will need to be filed prior to your hearing.

***** IMPORTANT *****

You should monitor your phone and email once you submit your documents. We may need to obtain additional information from you - multiple attempts WILL NOT be made to contact you. This could result in your motion not being processed in a timely manner. Once an order setting hearing is signed you will receive a copy of the order and any additional information by email.

➤ **QUESTIONS? YOU MAY CONTACT US BY:**

EMAIL: protection.orders@snoco.org
PHONE: 425-388-3638
FAX: 425-388-3127
WEBSITE: www.po.snoco.org

Superior Court of Washington, County of Snohomish

	No.:
Petitioner	Motion to Modify/Terminate Civil Protection Order
vs.	(PTMD)
Respondent	(Clerk's Action Required)

I am the:

Petitioner

Respondent. I affirm that I have not filed any motion to modify or terminate this Order for Protection within the past 12 months.

I request that the court enter an order to modify terminate the terms and conditions of the:

Temporary Order for Protection, filed on _____ (date).

Order for Protection, filed on _____ (date).

_____, filed on _____ (date).

The order referenced above should be modified/terminated because: _____

[] The terms and conditions of the order referenced above should be modified as follows:

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

Dated: _____ at _____, Washington.

Signature of Party making the request

**This document must be served on the other party, and
proof of service must be in the court file prior to the hearing.**

Superior Court of Washington, County of Snohomish

In re:

Petitioner/s (*person/s who started this case*):

And Respondent/s (*other party/parties*):

No. _____

Notice of Appearance
(for a party without a lawyer)
(APPS)

**Notice of Appearance
(for a party without a lawyer)**

- 1. My name is: _____.
- 2. I am filing this notice to appear in this case. I must be notified of any court hearings and receive copies of any papers filed in this case.
- 3. I agree to accept legal papers for this case at the following address (*this does not have to be your home address*):

_____ *street address or PO box* _____ *city* _____ *state* _____ *zip*

- 4. (*Optional*) I also agree to accept legal papers for this case at the following email address:

_____.

▶ _____
Sign here

Date

If this address changes before the case ends, you **must** notify all parties and the court clerk in writing. You may use the form *Notice of Address Change* (FL All Family 120). You must also update your *Confidential Information* form (FL All Family 001) if this case involves parentage or child support.

**Law Enforcement and
Confidential Information
(LECIF)**

**Clerk: Do not file in a public access file.
Give to law enforcement.**

Superior Court of Washington
County: SNOHOMISH

Case No.: _____

Do NOT serve or show this sheet to the Restrained Person!

Type or print clearly!

If law enforcement cannot read this form, they cannot serve or enforce your order!

Restrained Person's Information – Fill out as much as you can. If you do not know, write "unknown."

Name: 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:		

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

Current Known Physical Address (include unit/apt #): Street:

City: _____ State: _____ Zip: _____

Last known address (include unit/apt #):

City: _____ State: _____ Zip: _____

Is the Respondent currently in jail or a healthcare/treatment facility? Yes No

If so, where? _____ Release date, if known: _____

Cell number (text):

Email:

Social Media Account/s & User Name/s:

Other:

Employer	Employer's Address		Employer's Phone
Work Hours	Drivers License or ID number		State
Vehicle Make & Model	Vehicle License Number	Vehicle Color	Vehicle Year

Disability, hazard, and weapon info about the Restrained Person

Law enforcement needs this info to serve your 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

Protected Person's Information (or minor if you are filing for a Sexual Assault protection order)

Name: First	Middle	Last	Date of Birth
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Previous Name (i.e. Maiden names, other married names)

Sex	Race	Height	Weight
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:
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If your info **is confidential**, you must give a name, address and phone of someone willing to be your "contact" below:

Contact Name/Attorney:	
Contact Address	Contact Phone

If you are filing for someone else (i.e. on behalf of a vulnerable adult or are the parent filing a sexual assault protection order on behalf of your minor – provide the following information below:

Name: _____	Date of Birth: _____
Phone: _____	
Address: _____	City: _____ Zip: _____

EMAIL ADDRESS: _____

Minor's Info

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

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

More than 4 minors are protected. (Attach a page to list more children and their details.)

Protected Household Members or Adult Children

Name:	birth date:
Name:	birth date:
Name:	birth date:
Name:	birth date:

Privacy Notice: Only court staff, law enforcement, and some state agencies may see this form. The other party and their lawyer may not see this form unless a court order allows it. State agencies may disclose the information in this form according to their own rules.

Changes: If any information changes, fill out another copy of this form and file it with the court clerk.

I declare under penalty of perjury under the laws of the State of Washington that: 1) the information on this form about me is true and correct; 2) the information about the other party is the legitimate, current, or last known contact information.

I have attached ____ pages.

Signed at (*City and State*): _____ Date: _____

Protected or Restrained person signs here _____ Print name here _____

NOTICE!

Filing and Receiving documents by e-mail:

The **Law Enforcement Information Sheet** and **Confidential Information Form** included in this packet are confidential. When you file/receive documents to and from the Clerk's Office by **e-mail** you understand and agree that you are sending/receiving via a non-secure system and these documents may be subject to a public record request under Washington's Public Records Act (PRA). However, most of this information is readily publicly available in your court file or online, and any confidential personal identifying information may be exempt from PRA requests.

- By checking this box you are agreeing that you understand this possibility.