



# Snohomish County District Court

## How to Modify or Terminate a Protection Order



### Step 1: Note the Proper Court Division

Snohomish County District Court has four divisions (below). File your motion at the division where the protection order was issued.

<p><b><u>Cascade Division</u></b>  415 E Burke Ave  Arlington, WA 98223  (360) 435-7700</p>	<p><b><u>Everett Division</u></b>  3000 Rockefeller Ave, 3<sup>rd</sup> Floor  Everett, WA 98201  (425) 388-3331</p>
<p><b><u>Evergreen Division</u></b>  14414 179<sup>th</sup> Ave SE  Monroe, WA 98272  (360) 805-6776</p>	<p><b><u>South Division</u></b>  20520 68<sup>th</sup> Ave W  Lynnwood, WA 98036  (425) 744-6800</p>



### Step 2: Obtain and Complete the Forms

If you have access to 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 one of the four divisions. You may file supporting evidence, along with these mandatory forms:

1. Motion to Modify or Terminate Protection Order
2. Law Enforcement and Confidential Information Sheet



### Step 3: File the Motion

Electronic filing is not available. Complete the Motion to Modify or Terminate Protection Order and an updated Law Enforcement and Confidential Information Sheet. File at the location where the protection order was issued. The clerk will schedule you for an *ex parte* hearing with the judge.



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

It is important to attend the *ex parte* hearing or your motion may be denied. If you are unable to appear for any reason, you should contact the court immediately. You must appear in-person (no remote hearings). The judge will decide whether to grant a full hearing on the merits of your motion (with both parties present).



### **Step 5: Serve the Other Party**

**Service is required if a hearing is scheduled.** Obtain the service packet from the clerk and make arrangements for service. You are not allowed to serve the documents – someone must do this for you. You may select any adult who is 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. The deadline for service is at least **5 court days before the hearing**.



### **Step 6: Appear for the Full Motion Hearing**

It is important to attend the hearing or your motion may be denied. If you are unable to appear for any reason, you should contact the court immediately. You must appear in person (no remote hearings). The judge will consider testimony from both sides and decide whether to grant your motion.

**State of Washington**

**Snohomish County District Court**

Cascade    Everett    Evergreen    South

\_\_\_\_\_  
Petitioner (as listed on Protection Order)

vs.

\_\_\_\_\_  
Respondent (as listed on Protection Order)

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

**Motion to Modify or Terminate  
Protection Order**

(Clerk's Action Required)

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**Motion to Modify or Terminate Protection Order**

**1. Who is filing this motion?**

The protected person.

Someone on behalf of the protected person. My name is \_\_\_\_\_.

I have authority to act on the protected person's behalf because (*explain*):

\_\_\_\_\_

The restrained person. I have not filed any motion to modify or terminate this *Protection Order* within the past 12 months.

**2. What order should be modified or terminated?**

*Temporary Protection Order*, filed on (*date*) \_\_\_\_\_.

*Protection Order*, filed on (*date*) \_\_\_\_\_, which expires on (*date*) \_\_\_\_\_.

Other Order (*title of order*) \_\_\_\_\_, filed on (*date*) \_\_\_\_\_, which expires on (*date, if any*) \_\_\_\_\_.

**3. Do you want to modify or terminate?**

Terminate (end) the order.

Modify. I ask the court to change the order in this way (*specify changes requested*):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**4. Court Hearing**

[ ] *(Protected Person only)* I ask the court to schedule a hearing to decide this motion.

[ ] *(Restrained Person only)* I ask the court to find adequate cause and schedule a hearing.

**Important!** If you are the **restrained person**, when you file this motion you must also ask the court to approve a *Finding of Adequate Cause and Order for Hearing on Restrained Person's Motion to Modify or Terminate Protection Order*, form PO 064. Use form PO 065 *Restrained Person's Notice of Hearing to Decide Adequate Cause*, to ask for an adequate-cause hearing.

**5. Why should the order be modified or terminated?**

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Signed at *(city and state)*: \_\_\_\_\_ Date: \_\_\_\_\_

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

**Important!**  
**To the person filing this motion:** You must have it **served** on the other party along with any order or notice setting a hearing and any supporting evidence. Have the server fill out a *Proof of Service*, form PO 004. File it before the court hearing.  
**To the person receiving this motion:** If you do not agree with the requests in this motion, file a declaration (using form PO 018, *Declaration*) explaining why the court should not approve those requests and attend the hearing.

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

### 5. Minor's Info

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

<b>1</b>	Name: First                                  Middle                                  Last			
	Birth Date	Sex	Race	Resides With
	Relationship to Protected Person:		Relationship to Restrained Person:	
<b>2</b>	Name: First                                  Middle                                  Last			
	Birth Date	Sex	Race	Resides With
	Relationship to Protected Person:		Relationship to Restrained Person:	
<b>3</b>	Name: First                                  Middle                                  Last			
	Birth Date	Sex	Race	Resides With
	Relationship to Protected Person:		Relationship to Restrained Person:	
<b>4</b>	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.)

### 6. 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: \_\_\_\_\_

Sign here

Print name here

## 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**