

# EXTREME RISK PROTECTION ORDER PROTECTION ORDER

An Extreme Risk Protection Order is designed to prevent individuals who are at high risk of harming themselves or others from accessing firearms by allowing an intimate partner, family, household members, and law enforcement to obtain a court order when there is demonstrated evidence that the person poses a significant danger, including danger as a result of threatening or violent behavior. **This type of order doesn't provide protections to the petitioner.** It cannot order restraints against the respondent such as "do not harm," "stay away from," and "do not contact" the petitioner. The court can order that the respondent surrender firearms and any concealed pistol licenses, and that respondent not possess or purchase firearms. If the respondent is under 18 years old, use the form "Petition for Extreme Risk Protection Order – Respondent Under 18 Years."

If you feel like you need protection from the person you are seeking the order against you may want to look at one of the other types of protection orders available to you.

All attached forms are **REQUIRED**. The petition and Law Enforcement Information Form (LECIF) must be complete and signed by the petitioner. Before filing your documents, make sure the information provided on the **LECIF is clearly written and that your email address and phone number are accurate.** We communicate mostly by email, including sending copies of your orders using the information you provide on this form. Your phone **MUST** have voicemail that is set up and can receive messages. If your voicemail is full, we will be unable to leave a message. You should also make every effort to secure all your accounts and devices. If your address is confidential (the respondent does know where you reside) or you are in an address confidentiality program, **you must still provide an alternative physical address or email address where you agree to accept service of legal documents. DO NOT write your confidential address on the forms.** For detailed instructions on how to complete the petition go to [po.snoco.org](http://po.snoco.org).

## How to File Your Documents with the Snohomish County Clerk's Protection Order Office

Review all forms **PRIOR** to filing. We cannot process incomplete documents.

*(These instructions do not apply to other courts.)*

- ⇒ **Email to [protection.orders@snoco.org](mailto:protection.orders@snoco.org):** In the subject line indicate Protection Order Filing and your last name. Documents must be submitted in WORD or PDF format. For security reasons we are unable to access any other file types. This includes attached or embedded images, documents saved in a personal storage drive, shared documents or images from your Google or iCloud drive, etc.
- ⇒ **In-Person:** Bring completed forms the Protection Order Office (address provided below), room 1-530. Petitions received after 10:30 am may not be processed until the next business day. Most petitions are considered in chambers without oral presentation. However, if you are interested in presenting your petition in-person, contact our office and we can explain the process to you.
- ⇒ **Fax to 425-388-3127:** Provide a coversheet with your name, phone number and email. Please call during our business hours to confirm that we received it.

## What Happens Once You File Your Documents

- ⇒ **Once Submitted** – New petitions are processed in the order they are received. Once processed it will be provided to a Judicial Officer for consideration. We make every effort to process your request/petition the day we receive it. **However, petitions received AFTER 10:30 am my not be processed until the next business day.**
- ⇒ **Once An Order is Signed** – Once the Judicial Officer has signed an order, we will process the documents and notify you by email. This email contains important information along with our order. Please review the email and documents so you are aware of what is happening with your case.
- ⇒ **Haven't heard from us?** If you have not received an email from us within 2 business days of filing and you have checked your primary and junk email and have no voicemails from us, contact our office. It could mean we have been trying to reach you and do not have good contact information or we may not have received your petition.

Please monitor your phone and email. We may have questions about your submission.

**MULTIPLE ATTEMPTS WILL NOT BE MADE TO REACH YOU – FAILURE TO RESPOND TO OUR REQUESTS FOR INFORMATION COULD RESULT IN YOUR PETITION NOT BEING PRESENTED TO THE COURT.**



**Snohomish County Superior Court Clerk – Protection Order Office**

3000 Rockefeller Avenue, Room 1-530, Everett, WA 98201

Phone: 425-388-3638 / Website: [po.snoco.org](http://po.snoco.org)

Office Hours: 8:30-4:30 / Closed for lunch 12-12:45

## Superior Court of Washington, County of Snohomish

\_\_\_\_\_  
Petitioner

vs.

\_\_\_\_\_  
Respondent

DOB \_\_\_\_\_

No.

**Petition for an Extreme Risk  
Protection Order  
(PTXR)**

### Petition for an Extreme Risk Protection Order

#### 1. Who is filing this petition?

- I am filing on behalf of \_\_\_\_\_ law enforcement agency.
- I have already notified the respondent's intimate partner, family or household members, and any known 3rd parties who may be at risk of violence; OR
- My agency will make a good faith effort to provide notice to them by  
 telephone  email  in-person  other \_\_\_\_\_ within a reasonable period of time.
- I am an intimate partner or family or household member of the respondent. My relationship with the respondent is (*check all that apply*):

#### Intimate Partners

- 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

- 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*) \_\_\_\_\_

**2. What is your connection to this county?**

- I reside in this county.
- I am filing on behalf of a law enforcement agency that is located in this county.
- The Respondent resides in this county.

**3. Based on your knowledge, what firearms does the respondent currently own, possess, has custody of, has access to or controls? Please describe.**

Type of firearm	How many firearms?	Where is the firearm kept?	Date/time/place you last saw the firearm
<input type="checkbox"/> Handgun			
<input type="checkbox"/> Shotgun / Rifle			
<input type="checkbox"/> Semi-Automatic Assault Rifle			
<input type="checkbox"/> Other			

**Check all the boxes that apply and describe below:**

- Respondent has access to someone else's firearm.
- Respondent expressed an intent to obtain a firearm.
- Respondent has unlawfully or recklessly used, displayed, or brandished a firearm.
- Respondent recently acquired a firearm.

Describe:

**4. Between the respondent and me:** List any criminal or civil protection, restraining or no-contact orders, pending lawsuits, or other legal action: *If you have more than three matters, list details on additional sheet.*

	Case #1	Case #2	Case #3
Case Name			
Case Number			
Court/County/State			
Type of Case			
Protected Person			
Was there any order violation?			

5. **Between the respondent and any other person:** List any criminal or civil protection, restraining or no-contact orders: *If you have more than 3 matters, list details on additional sheet.*

	Case #1	Case #2	Case #3
Protected Person			
Case Number			
Court/County/ State			
Was there any order violation?			

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**Request for Extreme Risk Protection Order**

6.  **Immediate Protection:** I want a temporary Extreme Risk Protection Order to start immediately, without prior notice to the respondent, that lasts up to 14 days, or until the court hearing.

These are the specific facts known to me that cause me to believe the respondent poses a **significant danger in the near future** of causing personal injury to self or others by having custody or control of, purchasing, possessing, accessing, receiving, or attempting to purchase or receive firearms. More detailed information is provided in the Statement in section 7.

7.  **After a hearing, where the respondent has a right to be present, I want the court to issue an Extreme Risk Protection Order that lasts for one year.**

After the hearing, I want the court to issue an Extreme Risk Protection Order that lasts for 1 year because the respondent poses a significant danger of causing personal injury to self or others by having custody or control of, purchasing, possessing, accessing receiving, or attempting to purchase or receive firearms.

My statement below includes the respondent's specific words, actions, or other facts that cause me to have a reasonable fear of **future** dangerous acts by respondent.

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**Statement**

To enter an Extreme Risk Protection Order, the court must find it more likely than not that the Respondent poses a significant danger of causing personal injury to self or others by having custody or control, purchasing, possessing, accessing, receiving, or attempting to purchase or receive a firearm.

**Complete all of the following sections that apply.** Attach additional pages, as needed.

**8. Convictions or Arrests.** Check all the boxes that apply and describe below:

Respondent has been arrested or convicted of a:

- domestic violence crime.
- felony or violent crime.
- hate crime offense or malicious harassment (threats, physical injury, or property damage based on the victim's race, color, religion, ancestry, national origin, gender, sexual orientation, gender expression or identity, or mental, physical, or sensory disability).

Describe. Include location, court name, and case number, if known.

**9. Violence and Threats:** Check each box that applies and explain below.

- Respondent has recently committed or threatened violence against self or others, whether or not respondent had a firearm.
- Respondent has shown, within the past 12 months, a pattern of acts or threats of violence, which can include violent acts against self or others.
- Respondent has a history of use, attempted use, or threatened use of physical force against another person.
- Respondent has a history of stalking another person.

Explain:

**Date/When**

**Describe What Happened**

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**10. Respondent's behavior**

Describe any behaviors by the respondent that present an imminent threat of harm to self or others.

**11. Corroborated evidence of Respondent's alcohol or controlled substance abuse.**

Describe any evidence and attach any documents corroborating (supporting) the respondent's abuse of alcohol, legal or illegal drugs.

**12. Other important information that you think will help the court make a decision.**

**13. You must provide an address where you can be served with legal documents.**

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. Law enforcement petitioners, list your department address.

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

Email: \_\_\_\_\_

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 Petitioner

\_\_\_\_\_  
Print Name and if Law enforcement                      Badge No.

**Law Enforcement and Confidential Information – Extreme Risk Protection Order (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 Respondent!***

**Type or print clearly!** If law enforcement cannot read this form, they cannot serve or enforce your order!

**Respondent's Info** – Fill out as much as you can. If you do not know, write “unknown.”

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

**Where can the Respondent be served?** List all known contact information.

Current Address:	Street:	State:	Zip:
	City:		
Cell number (text):	Email:		
Social Media Account/s & User Name/s:			

**Is the Respondent currently in jail or a healthcare/treatment facility?**  Yes  No  
**If so, where?** \_\_\_\_\_ **Release date, if known:** \_\_\_\_\_

**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

**Disability, hazard, and weapon info about the Respondent**

Law enforcement needs this info to serve your order safely

**Does the Respondent 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** Respondent'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:

Has the respondent had advanced or military firearms training  Yes  No  Unknown

If yes, describe below (continue on separate sheet, if needed):

**Current Status**Is the respondent a current or former cohabitant as an intimate partner?  Yes  NoAre you and the respondent living together now?  Yes  NoDoes the respondent know you are trying to get this order?  Yes  NoIs the respondent likely to react violently when served?  Yes  No**Petitioner and/or Law Enforcement Information****Petitioner (Person filling out this form) and signing the Petition: First, Middle, Last Name**

If filing for a Law Enforcement Agency, please list name of agency:

Law Enforcement Email:

Law Enforcement Phone:

Law Enforcement Agency Counsel:

Phone:

Email:

**If you are not filing on behalf of an agency please provide the following information**

WA State DOL

Date of Birth:

Sex

Race

Height

Weight

Eye Color

Skin Tone

Build

Hair Color

If your information *is not confidential*, you must enter your address and phone number/s below.**Current Address: (If petitioner is a law enforcement officer, list your agency info.)**

City:

State:

Zip:

Email address:

Need interpreter?  Yes  No

If yes, language:

If your info *is confidential*, you must give a name, address, and phone of someone willing to be your "contact."

Contact Name:

Contact Address:

Contact Phone



**If petitioner is represented by an attorney, enter the attorney's name, WSBA #, address, and phone number:**

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



\_\_\_\_\_  
Petitioner or Respondent signs here

\_\_\_\_\_  
Print name here

# NOTICE!

## Filing and Receiving documents by e-mail/fax:

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.