

These instructions are for Snohomish County Superior Court and pro se litigants only.

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.
- RCW 7.105.405 governs to renew protection orders.

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 or open shared files 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 or call our office to confirm we received it.

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.

IMPORTANT: Do Not Submit your Motion to Renew your protection order via the Clerk's office e-filing. Motions to renew your protection order should be filed with the protection order office.

SERVICE

SERVICE: Once a hearing date has been scheduled and a Notice of Hearing signed by the Commissioner the other party/parties 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

Minor Petitioner	DOB:
Petitioner/Parent obo minor vs.	DOB:
Minor Respondent	DOB:
Respondent Parent obo Minor	DOB:

No.

**Motion for Renewal of Protection Order
(MTDRPO)**

- Domestic Violence
- Stalking
- Vulnerable Adult
- Sexual Assault
- Unlawful Harassment

Motion for Renewal of Protection Order

1. The *Protection Order* granted on (*date*) _____, will expire on (*date*)_____
2. I want to renew the protection order and any weapons surrender order because:

3. I want the renewed order to stay in place [] for (*number*) _____ year/s [] permanently.
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

You must provide an address where you will receive legal documents. You have a right to keep your residential address confidential. If you have one, you may provide an address, other than your residence, where you will receive legal documents:

**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

Petitioner

Respondent

No. _____

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

Notice of Appearance

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:
Is your home address confidential? NO__ YES__

If you checked YES, do not write your confidential address below. However, you **must provide an address below that is NOT confidential**, where you can receive court documents. (This does not have to be your home address):

Service Address:

Street address or PO box

City

State

Zip

▶ _____
Sign here

Date

If this address changes before the case ends, you must notify all parties and the court clerk in writing.

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.

SUPERIOR COURT OF SNOHOMISH COUNTY

Case #: _____

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

Instructions – The **Petitioner and/or Protected Person** must complete this form. Fill out **all** sections as much as you can. If you do not know, write “unknown.”

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

1. Parent and Minor Respondent Information

Responding Parents Name (First, Middle, Last)	Date of Birth (Age if unknown)
Nicknames, Previous names (maiden or aka “also known as”)	Relationship to Protected Person
Email address (required)	If yes, language: Need interpreter? <input type="checkbox"/> No <input type="checkbox"/> Yes

Restrained Minors Information:

Name of RESTRAINED Minor: (First, Middle, Last)		Date of Birth	
Sex	Race	Height	Height
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 be served? List all known contact information.

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

If yes where: _____

Current/Last Known Address: Respondent is currently living at this location? No Yes

Address:

City: _____ State: _____ Zip: _____

Previous Address:

Cell number (text):

Email:

Social Media Account/s & User Name/s:

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

Service:

Entry:

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. Petitioner and/or Parent filing on behalf of Minor Petitioner

Petitioner or Parent filing on behalf of Minor (First, Middle, Last)	Date of Birth
Previous names (such as maiden names)	Driver's License or ID number
Email address (required)	If yes, language: Need interpreter? <input type="checkbox"/> No <input type="checkbox"/> Yes

Protected Minors Information:

Name of PROTECTED Minor: (First, Middle, Last)	Date of Birth:		
Sex	Race	Height	Weight
Eye Color	Hair Color	Skin Tone	Build

If your information **is not confidential** (this means the **respondent KNOWS where you live** or you live together and you are **NOT** in an address confidentiality program - you must provide your address and phone number/s below.

Full Current Address:	Phone(s) w/Area Code:
City: State: Zip:	

If your info **is confidential**, (this means the **respondent DOES NOT know where you live** or you are in an address confidentiality program), you must give a name, address, and phone of someone willing to be your "contact."

Contact Name:	Contact Phone:
Contact Address:	Email:

4a. If you are filing on behalf of someone, provide the following info:

Name or Agency:	If Agency, Contact name:
Address:	DOB (if family or friend):
Email:	Phone:

5. 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.)

6. Protected Household Members or Adult Children

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

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.