



Snohomish County District Court

How to Renew a Protection Order



Step 1: Note the Proper Court Division

Snohomish County District Court has four divisions (below). File your motion in the same division that the original Protection Order was issued.

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



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. If you do not have access to a printer, obtain forms from the clerk. Electronic filing is not currently available. The forms required to request a renewal of a protection order:

1. Motion for Renewal of Protection Order
2. Law Enforcement and Confidential Information Sheet



Step 3: File the Motion

It is recommended that you file a motion to renew approximately 30 days prior to the expiration of the Protection Order. File the completed forms, and the clerk will set an *ex parte* hearing before 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 Respondent

Service is required. 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 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) timely file it with the court. The deadline for service is at least **5 court days before the hearing.**



Step 6: Appear in Court 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. The judge will consider testimony from both parties and decide whether to renew your protection order.

**State of Washington
Snohomish County District Court**

Cascade Everett Evergreen South

Petitioner (*Protected Person*)

vs.

Respondent (*Restrained Person*).

No. _____

**Motion for Renewal of Protection
Order**

Motion for Renewal of Protection Order

1. The *Protection Order* was granted on (*date*): _____
2. The *Protection Order* will expire on (*date*): _____
3. I want the renewed order to stay in place
 for (*number*) _____ year/s
 permanently.
4. I want to renew the protection order and any weapons surrender order because:

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

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:	

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

Last Known Address. Street:			
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. Street:			
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**