

Domestic Violence Petition Packet ~ Please Read

As of April 4, 2020 the PROTECTION ORDER OFFICE will be closed to the public. During the current public health crisis & due to current EMERGENCY ORDERS in place, protection order filings must be submitted electronically by email or by fax.

COMPLETING YOUR DOCUMENTS

1. If you need instructions for completing this petition go to **www.court.wa.gov/forms**. Instructions are listed under the specific order you are filing.
2. **ALL DOCUMENTS INCLUDED IN THIS PACKET MUST BE COMPLETED** – There are no OPTIONAL documents.
3. You are the Petitioner - the person you are filing against is the Respondent.
4. In your Petition, your **statement** must include the most recent act of violence, including the **DATE and DETAILS**. Additional acts can be included as well. **DATES and DETAILS** are helpful for each event.
5. You may provide additional evidence such as police reports, medical records, photo, text messages or declarations from witnesses that have been signed under penalty of perjury along with your petition.
6. A **birthdate and address (including a unit, space or apt. #)** for both parties is required for the Law Enforcement Information Sheet and Confidential Information Form. **Law enforcement is UNABLE to serve the other party without an address.**
7. **IMPORTANT:** Make sure your personal e-mail and phone number are legible and accurate.

FILING YOUR DOCUMENTS

8. Once you have completed your petition packet you can then submit the documents electronically to the Clerk's Office by email (protection.orders@snoco.org) or fax (425-388-3127).
9. If you are unable to submit your documents electronically, you may "file" the petition at the Snohomish County Courthouse under the door of our office, Room #1526 (formerly C-125) at 3000 Rockefeller Ave in Everett. Please call us at 425-388-3638 to let us know you have "filed" them.
10. **DOCUMENTS SUBMITTED BY EMAIL must be in WORD or PDF format.** For security reasons we are unable to open documents in other formats or documents saved to a personal cloud or storage drive.
11. **Submitted photos taken of original documents or documents of poor quality or illegible (i.e. dark, blurry, etc.) WILL be rejected.**
12. More than 5 items (photos, text) provided as evidence should be cut and pasted into a WORD document, not sent as individual items.
13. If you have a smartphone, there are free scanning applications you can download which allow you to scan documents and submit by email. (Scannable by Evernote or Smart Doc Scanner have been successful apps used).
14. Documents scanned by an office supply store/business (i.e. Staples/Fed Ex/Minuteman Press) should be emailed to our office and your e-mail. Faxes must include a cover sheet with your contact information.

NOTE: The Clerk's office does not endorse the above stores or apps, they are simply options to consider
15. Once documents are received, they will be reviewed for completeness and presented to a judicial officer who will review your petition and sign an order granting or denying your request.
16. **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 petition not being processed in a timely manner. Once an order is signed you will receive a copy of the order and any additional information by email Please do not call repeatedly for the status of your order, we will contact you when an order is ready.

- Petitions received after 10:30 AM will be reviewed, processed & presented to the judicial officer the next court day.
- All Protection Order hearings will be heard via Zoom until further notice. If a temporary order is signed, you will receive full instructions on how to register for your Zoom hearing.

5. Identification of Minors (if applicable) No Minors involved.

Name (First, Middle Initial, Last)	Age	Race	Sex	How Related to		Resides with
				Petitioner	Respondent	

6. Other court cases or other restraining, protection or no-contact orders involving me, the minors and the respondent:

Case Name			
Case Number			
Court/County			

I Request an Order for Protection following a hearing that will:

¹ **Restrain** respondent from causing any physical harm, bodily injury, assault, including sexual assault, and from molesting, harassing, threatening, or stalking me the minors named in paragraph 5 above these minors only:

(If the court orders this relief, and you and the respondent are current or former spouses or domestic partners, parents of a child-in-common, age 16 or older and are/were in a dating relationship, and are currently residing together or resided together in the past, age 16 or older and are/were in a dating relationship, but have *never* resided together, the respondent will not be able to obtain or possess a firearm, other dangerous weapon, ammunition, or concealed pistol license for the duration of the order.)

² **Restrain** respondent from harassing, following, keeping under physical or electronic surveillance, cyberstalking as defined in RCW 9.61.260, and using telephonic, audiovisual, or other electronic means to monitor the actions, locations, or wire or electronic communication of me the minors named in paragraph 5 above only the minors listed below; members of the victim's household listed below the victim's adult children listed below:

³ **Restrain** respondent from coming near and from having any contact whatsoever, in person or through others, by phone, mail, or any means, directly or indirectly, except for mailing of court documents, with me the minors named in paragraph 5 above, subject to any court-ordered visitation these minors only, subject to any court-ordered visitation:

⁴ **Exclude** respondent from our shared residence my residence my workplace my school the residence, day care, or school of the minors named in paragraph 5 above these minors only:

other:

You have a right to keep your residential address confidential.

<p>⁵ <input type="checkbox"/> Direct respondent to vacate our shared residence and restore it to me.</p>
<p>⁶ <input type="checkbox"/> Prohibit respondent from knowingly coming within, or knowingly remaining within _____ (distance) of <input type="checkbox"/> our shared residence <input type="checkbox"/> my residence <input type="checkbox"/> my workplace <input type="checkbox"/> my school <input type="checkbox"/> the day care or school of <input type="checkbox"/> the minors named in paragraph 5 above. <input type="checkbox"/> these minors only: <input type="checkbox"/> other:</p>
<p>⁷ <input type="checkbox"/> Grant me possession of essential personal belongings, including the following:</p>
<p>⁸ <input type="checkbox"/> Grant me use of the following vehicle: Year, Make & Model _____ License No. _____</p>
<p>⁹ <input type="checkbox"/> Other:</p>
<p>Protection involving a minor:</p>
<p>¹⁰ <input type="checkbox"/> Subject to any court-ordered visitation, Grant me the care, custody and control of <input type="checkbox"/> the minors named in paragraph 5 above <input type="checkbox"/> these minors only:</p>
<p>¹¹ <input type="checkbox"/> Restrain respondent from interfering with my physical or legal custody of <input type="checkbox"/> the minors named in paragraph 5 above <input type="checkbox"/> these minors only:</p>
<p>¹² <input type="checkbox"/> Restrain the respondent from removing from the state: <input type="checkbox"/> the minors named in paragraph 5 above <input type="checkbox"/> these minors only:</p>
<p>Additional Requests:</p>
<p>¹³ <input type="checkbox"/> Direct the respondent to participate in appropriate treatment or counseling services.</p>
<p>¹⁴ <input type="checkbox"/> Require the respondent to pay the fees and costs of this action.</p>
<p>¹⁵ <input type="checkbox"/> Remain Effective longer than one year because respondent is likely to resume acts of domestic violence against me if the order expires in a year.</p>
<p>Protection involving pets.</p>
<p>¹⁶ <input type="checkbox"/> Grant me exclusive custody and control of the following pet(s) owned, possessed, leased, kept, or held by me, respondent, or a minor child residing with either me or the respondent. (Specify name of pet and type of animal.): _____.</p>

17 <input type="checkbox"/> Prohibit respondent from interfering with my efforts to remove the pet(s) named above.
18 <input type="checkbox"/> Prohibit respondent from knowingly coming within, or knowingly remaining within _____ (distance) of the following locations where the pet(s) are regularly found: <input type="checkbox"/> petitioner's residence (You have a right to keep your residential address confidential.) <input type="checkbox"/> _____ Park <input type="checkbox"/> other: _____
Protection from Firearms and Other Dangerous Weapons
19 <input type="checkbox"/> Require the respondent to surrender all firearms, other dangerous weapons, and any concealed pistol licenses, and prohibit the respondent from accessing, obtaining, or possessing firearms, other dangerous weapons, or concealed pistol licenses.
Notice: If you are the respondent's intimate partner, after actual notice and an opportunity to be heard at the hearing, the court may be required to order the respondent to surrender firearms, other dangerous weapons, or concealed pistol licenses.

I want emergency temporary protection effective immediately, that lasts (up to 14 days) until the court hearing:
<input type="checkbox"/> An emergency exists as described below. I request that a Temporary Order for Protection granting the relief requested above in 1) through 12) be issued immediately, without prior notice to the respondent, to be effective until the hearing.
<input type="checkbox"/> I also request temporary surrender all firearms, other dangerous weapons, and any concealed pistol licenses without notice to the other party because irreparable injury could result if an order is not issued until the hearing.
What irreparable harm would result if an order is not issued immediately without prior notice to the respondent? _____ _____ _____ _____

Request for Special Assistance from Law Enforcement Agencies:

I request the court order the appropriate law enforcement agency to assist me in obtaining:

Possession of my residence. Possession of the vehicle designated above.
 Possession of my essential personal belongings at the shared residence
 respondent's residence
 other location _____.

Custody of the minors named in paragraph 5 above these minors only (if applicable):

Other: _____.

Describe any stalking behavior by respondent, including use of telephonic, audiovisual or electronic means to harass or monitor: _____

Describe medical treatment you received and for what: _____

Describe any threats of suicide or suicidal behavior by the respondent: _____

Does the respondent own or possess firearms? Yes No

Does the respondent use firearms, weapons or objects to threaten or harm you? Please describe:

Has the respondent used, displayed, or threatened to use a firearm or other dangerous weapon in a felony? Please describe:

Is the respondent ineligible to possess a firearm under the provisions of RCW 9.41.040? Please describe:

Does possession of a firearm or other dangerous weapon by the respondent present a serious and imminent threat to public health or safety, or to the health or safety of any individual? Please describe:

Jurisdiction:

This court has jurisdiction over this proceeding for the reasons below: [Check all the boxes that apply to your case.]	
<input type="checkbox"/>	This court has exclusive continuing jurisdiction. The court has made a child custody, parenting plan, residential schedule or visitation determination in this matter before and retains jurisdiction under RCW 26.27.211.
<input type="checkbox"/>	This state is the home state of the children because: <ul style="list-style-type: none"> <input type="checkbox"/> the children lived in Washington with a parent or a person acting as a parent for at least six consecutive months immediately before the beginning of this proceeding. <input type="checkbox"/> the children are less than six months old and have lived in Washington with a parent or a person acting as parent since birth. <input type="checkbox"/> any absences from Washington have been only temporary. <input type="checkbox"/> Washington was the home state of the children within six months before the beginning of this proceeding and the children are absent from the state; but a parent or person acting as a parent continues to live in this state.
<input type="checkbox"/>	The children and the parents, or the children and at least one parent or a person acting as a parent, have significant connections with this state other than mere physical presence; and substantial evidence is available in this state concerning the children's care, protection, training and personal relationships and <ul style="list-style-type: none"> <input type="checkbox"/> the children have no home state elsewhere. <input type="checkbox"/> the children's home state has declined to exercise jurisdiction on the ground that this state is the more appropriate forum under RCW 26.27.261 or 271.
<input type="checkbox"/>	All courts in the children's home state have declined to exercise jurisdiction on the ground that a court of this state is the more appropriate forum to determine the custody of the children under RCW 26.27.261 or .271.
<input type="checkbox"/>	No other state has jurisdiction.
<input type="checkbox"/>	This court has temporary emergency jurisdiction over this proceeding because the children are present in this state and the children have been abandoned, or it is necessary in an emergency to protect the children because the children, or a sibling or parent of the children is subjected to or threatened with abuse. RCW 26.27.231.

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

Dated _____ at _____, Washington

Petitioner

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.

**TO BE COMPLETED
BY PETITIONER**

Do NOT serve or show this sheet to the restrained person!
Do NOT FILE in the court file. (Provide to Law Enforcement)

You MUST Type or print clearly! This completed form is required by law enforcement. This information is **necessary** to serve, enforce, and enter your order into the statewide law enforcement computer. Fill in the following information as completely as possible.

Snohomish County Superior Court Case Number: _____

Filing Date: Domestic Violence Dissolution/Separation/Invalidity/Non-parental Custody/Paternity
 Unlawful Harassment Vulnerable Adult Sexual Assault Stalking

Restrained Person's Information (This is the person that you want the court to restrain.)

First Name: _____ **Middle:** _____ **Last:** _____

Other Known Last Names (i.e. maiden, previous married): _____

Nickname: _____ **Relationship to Protected Person:** _____

Date of Birth	Sex	Race	Height	Weight	Eye Color	Hair Color	Skin Tone	Build
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Last Known Street Address, include apartment or unit #: _____ Phone(s) w/Area Code _____ Need Interpreter? **Yes or No**
 City: _____ State: _____ Zip: _____ Cell: _____ Language: _____
 Home: _____

Email address: _____

Employer	Employer's Address	WORK	WORK PHONE
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Vehicle License #	Vehicle Make and Model	Vehicle Color	Vehicle Year	Drivers License or ID number	State
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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 (continue on back, if needed): _____

Hazard Information Restrained Person's History Includes:
 Involuntary/Voluntary Commitment Suicide Attempt or Threats Assault Assault with Weapons 120 Alcohol/Drug Abuse
 Other: _____

Weapons: Handguns Rifles Knives Explosives Other: _____

Location of Weapons: Vehicle On Person Residence Describe in detail: _____

Current Status (Circle Yes, No or N/A.)

Is the restrained person a current or former cohabitant as an intimate partner? **Y N**
 Are you and the restrained person living together now? **Y N**
 Does the restrained person know he/she may be moved out of the home? **Y N N/A**
 Does the restrained person know you're trying to get this order? **Y N**
 Is the restrained person likely to react violently when served? **Y N**

Protected Person's Information (This is the person you want the court to protect.)

First Name: _____ **Middle:** _____ **Last:** _____

Other Known Last Names (i.e. maiden, previous married): _____

Date of Birth	Sex	Race	Height	Weight	Eye Color	Hair Color	Skin Tone	Build
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If your information **IS NOT confidential**, you must enter your address and phone number(s) below.

Current Street Address, include apt or unit #: _____ Phone(s) w/Area Code _____ Need interpreter? **Yes or No**
 City: _____ State: _____ Zip: _____ Cell: _____ Language: _____
 Home: _____

Email address: _____

If your information **IS confidential**, you must provide the name, address & phone number of someone willing to be your "contact."

Contact Name	Contact Address	Contact Phone
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If you filed for someone else, list your name, phone number, address and email: _____

SERVICE:

ENTRY:

Minor's Information

Name: First	Middle	Last	Sex	Race	Birth date	Resides With	Relationship to Petitioner <small>(i.e child, uncle, none)</small>	Relationship to Respondent <small>(i.e child, uncle, none)</small>

Victim's Household Members or Adult Children Protected

Name:	birth date:

Confidential Information (CIF)

Clerk: Do not file in a public access file

Superior Court of Washington,
Snohomish County

Case No: _____

Important! Only court staff 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.

1. Who is completing this form? (Name): _____

2. Is there a current restraining or protection order involving the parties or children?

Yes No

If yes, who does the order protect? (Name/s): _____

3. Does your address information need to be confidential to protect your or your children's health, safety, or liberty? (Check one): Yes No

If yes, explain why? _____

4. **Your Information** - This person is a (check one): Petitioner Respondent

Interpreter needed? Yes No Language, if yes: _____

Full name (first, middle, last):		Date of birth (MM/DD/YYYY):	Sex:
Driver's license/Identicard (No., state):	Race:	Relationship to children in this case:	
Mailing address (This address will not be kept private.) (street address or P.O. box, city, state zip):			

5. **Other Party's Information** - This person is a (check one): Petitioner Respondent

Interpreter needed? Yes No Language, if yes: _____

Full name (first, middle, last):		Date of birth (MM/DD/YYYY):	Sex:
Driver's license/Identicard (No., state):	Race:	Relationship to children in this case:	
Mailing address (This address will not be kept private.) (street address or PO box, city, state zip):			

➤ **Skip sections 6–9 if your case does not involve children. Sign at the end.**

6. Children's Information (You do not have to fill out the children's Social Security numbers if your case is only about a protection order.)

Child's full name (first, middle, last)	Date of birth (MM/DD/YYYY)	Race	Sex	Current location: lives with
1.				<input type="checkbox"/> You <input type="checkbox"/> other party: _____
2.				<input type="checkbox"/> You <input type="checkbox"/> other party: _____
3.				<input type="checkbox"/> You <input type="checkbox"/> other party: _____
4.				<input type="checkbox"/> You <input type="checkbox"/> other party: _____
5.				<input type="checkbox"/> You <input type="checkbox"/> other party: _____
6.				<input type="checkbox"/> You <input type="checkbox"/> other party: _____

7. Have the children lived with anyone other than you or the other party during the last five years? (Check one): No Yes If yes, fill out below:

Children lived with (name)	That person's current address
1.	
2.	

8. Do other people (not parents) have custody or visitation rights to the children?
(Check one): No Yes If yes, fill out below:

Person with rights (name)	That person's current address
1.	
2.	

9. If you are asking for custody and are not the parent, list all other adults living in your home:

1. (Name):	Date of birth (MM/DD/YYYY):
2. (Name):	Date of birth (MM/DD/YYYY):

I declare under penalty of perjury under Washington State law that the information on this form about me is true. The information about the other party is the best information I have or is unavailable because (explain): _____

Check here if you need more space to list other Petitioners, Respondents, or children. Put that information on the *Attachment to Confidential Information*, form FL All Family 002, and attach it to this form.

Signed at (city and state): _____ Date: _____



Petitioner/Respondent signs here

Print name here

**Superior Court of Washington
For Snohomish County**

Petitioner

vs.

Respondent

No.

**JABS Check Confidential
Document Cover Sheet
(XJCD)**

**Clerk's Action Required:
*File as Confidential Documents in
the court file***

Attached are the JABS/related data base documents the court relied upon when considering:

- any temporary or final parenting plan or residential schedule, or directing residential placement or restraining or limiting contact with a child under Title 26 RCW.
- any order regarding a vulnerable child, or adult, or alleged incapacitated person.
- letters of guardianship or administrative or letters testamentary under Title 11 RCW.
- any relief under Title 71 RCW.
- any relief under Title 13 RCW.
- any order for protection, temporary order for protection, or criminal no-contact order under chapters 7.90, 7.92, 9A.46, 10.14, 10.99, 26.50, or 26.52 RCW.

All confidential contact information such as addresses, phone numbers, or other information that might disclose the location or whereabouts of any person must be redacted. Laws of 2015, Ch. 140, § 1.