

# **Motions to Renew, Modify or Terminate ~ 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.

## **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 of the document in the packet. Your forms may be rejected and/or not processed that day.

## **FILING YOUR DOCUMENTS**

1. Once you are ready to file your forms they can be submitted to the Clerk's Office by fax (425-388-3127 or email ([protection.orders@snoco.org](mailto:protection.orders@snoco.org))).
2. If you have a smartphone, free scanning applications are available to download which allow you to scan documents and submit by email. (Scannable by Evernote or Smart Doc Scanner have been successful apps used).
3. 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*
4. If you are unable to submit your documents electronically, you may "file" them 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.
5. **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.
6. **Submitted photos taken of original documents or documents of poor quality or illegible (i.e. dark, blurry, etc.) WILL be rejected.**
7. More than 5 items (photos, text) provided as evidence should be cut and pasted into a WORD document, not sent as individual items.
8. Once we receive your forms we will provide a copy to the judicial officer for a hearing date and file the original in your case.
9. **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.

## **SERVICE OF DOCUMENTS**

10. The other party in the case must be served these documents and a return of service filed with our office in order for your hearing to go forward. If the other party is not served you may ask for a continuance for additional time to serve the other party.

### ➤ **QUESTIONS? YOU MAY CONTACT US BY:**

EMAIL: [protection.orders@snoco.org](mailto:protection.orders@snoco.org)  
PHONE: 425-388-3638  
FAX: 425-388-3127  
WEBSITE: <https://snohomishcountywa.gov/5520/Protection-Orders>



3.  I want this order to remain effective longer than one year because the respondent is likely to resume acts of unlawful harassment if the order expires in a year.

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

DATED \_\_\_\_\_

\_\_\_\_\_  
Signature of Petitioner

**This document must be served on the other party, and proof of service must be in the court file prior to the hearing.**



**Entry**

**Clerk's Action:** A copy of this order will be forwarded on or before the next judicial day to the \_\_\_\_\_  County Sheriff's Office  Police Department where petitioner lives which shall enter it into WACIC.

**Service**

- The clerk of the court shall also forward a copy of this order on or before the next judicial day to \_\_\_\_\_  County Sheriff's Office  City Police Department **where respondent lives** which shall personally serve the respondent with a copy of this order and shall promptly complete and return to this court proof of service.
- Petitioner shall serve this order by  mail  publication.
- Petitioner shall make private arrangements for service of this order.
- Respondent appeared and was informed of the order by the court; further service is not required.

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Judge or Commissioner**

I acknowledge receipt of a copy of this Order:

➤ \_\_\_\_\_  
Signature of Respondent/Lawyer      WSBA No.

\_\_\_\_\_  
Print Name

➤ \_\_\_\_\_  
Signature of Petitioner/Lawyer      WSBA No.

\_\_\_\_\_  
Print Name

# Zoom Telephonic Hearing Instructions

**IMPORTANT NOTE:** Zoom hearings are set up to partially block telephone numbers for call-in participants. However, parties who want to block their entire phone number from appearing in the zoom application should dial \*67 before the phone number listed below for their hearing.

Parties must connect with Zoom **15 minutes prior to the beginning of the hearing** in order to be identified and brought into the virtual courtroom. Parties who are late may not be able to participate in their hearing. **Participants shall not activate video during these proceedings**, they will be heard with audio connection only.

**To connect via Zoom Application:** Navigate to Superior Court’s Website to click on the link for Domestic Violence & Anti-Harassment:

<https://www.snohomishcountywa.gov/5657/Commissioner-Hearings>

**To connect via telephone:**

- 1) Dial 253-215-8782 (see instructions above for how to block your phone number).
- 2) If your hearing is at 1pm in Courtroom 1C or 1D enter the information below when prompted:
  - a) Meeting ID: 935 8936 9561#
  - b) Participant ID: {none}, just press #
  - c) Password: 609465#
- 3) In the event that your hearing is scheduled for a courtroom other than 1C or 1D at 1:00 PM, refer to the chart below for your meeting ID and password.

	<b>Calendar</b>	<b>Meeting ID</b>	<b>Participant ID</b>	<b>Password</b>
	Domestic Motions Courtroom 1C	987 4546 0230	None, press #	416898
	Domestic Motions Courtroom 1D	913 8694 9265	None, press #	831343
	Interpreter Calendar Courtroom 1E	940 1043 8049	None, press #	072729
	Special Set Hearing Courtroom 1B	985 6007 0867	None, press #	112442
	Special Set Hearing Courtroom 1C	969 1121 4224	None, press #	317296
	Special Set Hearing Courtroom 1D	970 5626 6382	None, press #	288722
	Special Set Hearing Courtroom 1E	980 9785 6107	None, press #	183908

- 4) Any questions about appearing telephonically should be directed to Court Administration: [SuperiorCourtAdmin@snoco.org](mailto:SuperiorCourtAdmin@snoco.org) or 425-388-3421



# NOTICE!

## Filing by e-mail:

The **Law Enforcement Information Sheet** and **Confidential Information Form** included in this packet are confidential. When you file these documents with the Clerk's Office by **e-mail** you understand and agree that you are sending 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 and filing this by **e-mail** you are agreeing that you understand this possibility.

## Filing by FAX:

Filings to the court by **fax** are not subject to public disclosure.

**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?

City:

State:

Zip:

Cell:

Home:

**Yes or No**  
Language:

**Email address:**

Employer

Employer's Address

WORK

WORK PHONE

Vehicle License #

Vehicle Make and Model

Vehicle Color

Vehicle Year

Drivers License or ID number

State

**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?

City:

State:

Zip:

Cell:

Home:

**Yes or No**  
Language:

**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

**If you filed for someone else**, list your name, phone number, address and email:

SERVICE:

ENTRY:

**Minor's Information**

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

**Victim's Household Members or Adult Children Protected**

Name:	birth date:
Name:	birth date:
Name:	birth date:
Name:	birth date: