

**DOMESTIC
VIOLENCE
PROTECTION
ORDER
FORMS**

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 **Prohibit** respondent from interfering with my efforts to remove the pet(s) named above.

¹⁸ **Prohibit** respondent from knowingly coming within, or knowingly remaining within _____ (distance) of the following locations where the pet(s) are regularly found:

petitioner's residence (You have a right to keep your residential address confidential.)

_____ Park

other: _____

Protection from Firearms and Other Dangerous Weapons

¹⁹ **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:

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.

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):

Describe any violence or threats towards children: _____

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:

If you are requesting that the protection order lasts longer than one year, describe the reasons why:

Other:

(Continue on separate page if necessary.)

Check box if substance abuse is involved: alcohol drugs other

Personal service cannot be made upon respondent within the state of Washington:

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

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

THE LAW ENFORCEMENT SHEET MUST BE
COMPLETED CLEARLY AND COMPLETELY. AN
ADDRESS FOR THE RESPONDENT IS REQUIRED.
WE RELY ON THIS INFORMATION TO ENTER
YOUR CASE

**(TURN THIS PAGE FOR LAW
ENFORCEMENT FORM)**

LAW ENFORCEMENT INFORMATION

Do NOT serve or show this sheet to the restrained person!
Do NOT FILE in the court file. Give this form to law enforcement.

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 state wide law enforcement computer. Fill in the following information as completely as possible.

Court:	Case Number:
<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Dissolution/Separation/Invalidity/Nonparental Custody/Paternity
<input type="checkbox"/> Unlawful Harassment	<input type="checkbox"/> Vulnerable Adult
	<input type="checkbox"/> Sexual Assault

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

Name: First		Middle		Last		Nickname	Relationship to Protected Person		
Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	Race	Height	Weight	Eye Color	Hair Color	Skin Tone	Build	
Last Known Address Street:					Phone(s) w/Area Code		Need Interpreter? Yes or No Language:		
City:		State:	Zip:						
Employer	Employer's Address				WORK Hours:		Phone: ()		
Vehicle License Number	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 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.)

Name: First		Middle		Last					
Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	Race	Height	Weight	Eye Color	Hair Color	Skin Tone	Build	
If your information is not confidential , you must enter your address and phone number(s).					Phone(s) w/Area Code		Need interpreter? Yes or No Language:		
Current Address Street:									
City:		State:	Zip:						
If your information is confidential , you must provide the name, address and 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 and address:

Minor's Information			Describe the minor's relationship using terms such as: child, grandchild, stepchild, nephew, none. →				Minor's Relationship to Protected Person		Restrained Person	
Name: First	Middle	Last	Sex	Race	Birth date	Resides With	Person	Person		

Victim's Household Members or Adult Children Protected		Name:		birth date:	
Name:	birth date:	Name:	birth date:		