

Instructions for Petition for Order for Protection

This form is used to start a domestic violence protection order case. For advocate services to assist you call the WYCA Alive Program 360-479-0491 or 1-800-500-5513 or 360-479-1980, TTY 1-800-833-6388, Bainbridge Island 206-780-2931 or 360-551-3140. **Your Petition must be filed in the city or county where you reside, unless you have left the residence to avoid abuse. In that case, you may file either in the city or county of the previous or new residence.** (Example: If you reside within the city limits of Poulsbo you will file in Poulsbo Municipal Court or Kitsap County District or Superior Court. If you reside within the city limits of Bremerton you will file in Bremerton Municipal Court or Kitsap County District or Superior Court.)

This form will be:

- Filed as a public court record and will start a civil court case.
- Served (personal delivery) to the person from whom you need protection.

The information in the petition is used by the court to determine if:

- The court has authority to enter an order on your behalf.
- If the relationship between you and the other party meets the legal definition of family or household member.
- If the respondent's behavior towards you meets the legal definition of domestic violence.

This is a two step process. This form is used to request both immediate temporary protection **And** full protection. If you need immediate protection, and the court finds an emergency exists, the court may immediately issue a temporary order that will last until the court holds a hearing, usually within 14 days. During the 14 days, you must arrange for service on the respondent of the petition, temporary order and notice of hearing, and any other declarations or documents, if any, presented to the court. Service may be done by a law enforcement agency where the respondent lives or works, a hired professional process server, or a person 18 or over who is not a party to this action. The person completing service on the respondent must file an affidavit, declaration, or certificate of service with the court or the hearing cannot go forward. At the hearing, the court will determine if it should issue a full Order for Protection. The respondent has a right to attend that hearing.

Please Print Clearly Using Black or Blue Ink!

Top of the form (Page 1)

Fill in your name (first, middle initial, last) as the "Petitioner." The person you want protection from is the "Respondent." Fill in the respondent's name (first, middle initial, last).

Who Needs Protection (Question 1)

The court must know who needs protection. Check the first box if you need protection. Check the second box if someone in your family or household needs protection. You may check both boxes. Check the third box if you are the guardian, guardian ad litem or next friend of a minor 13 – 15 years of age who is a victim of domestic violence in a dating relationship with a person 16 years of age or older, who needs

protection. Include the minor's name in the space provided within the third check box and provide additional identifying information for the minor in paragraph 5.

A next friend is a competent person, over 18 years of age, chosen by the minor who is capable of pursuing the minor's stated interest in the petition for order for protection action.

Residency (Question 2)

Check the box that applies.

Age (Question 3)

The court needs to know the ages of the petitioner/victim and the respondent. Check **One** of the boxes for the petitioner's/victim's age. Check **One** of the boxes for the respondent's age.

Relationship (Question 4)

The court must know the relationship between the petitioner/victim and the respondent. Check all the boxes that describe your situation. If you are petitioning on behalf of a minor, the minor's relationship to the respondent is addressed in question 5.

Identification of Minors (Question 5)

- If there are no children, check the box indicating "No Minors Involved."
- If there are children, list each child's name, age, race and sex. Fill in how that child is related to you (for example, son, stepdaughter). Fill in how that child is related to the respondent. Fill in with whom that child lives (for example: me, grandparent, respondent).
- If you have questions about safety for your children, ask for advocate resources for help in filling out this section.

Court Cases (Question 6)

This may not be the first court proceeding involving you, or the minors, and the respondent. The court will need to know about other cases, such as divorce, parentage or criminal, or other restraining, protection or no-contact orders so the court does not issue an order that might conflict with an order from another court.

If there are other cases or orders involving you, or the minors, and the respondent, list the case title (the parties' names), the case number (if you know it), and the court (district, municipal, or superior) and the county in the columns provided.

Request for Protection (Page 2)

In this section, you must tell the court what you want the court to order now and after the hearing (the relief requested). The court can only grant the relief you request in the petition.

- To request relief beginning today and lasting until the hearing, check the boxes on the left under "Temp."

- To request relief you want in the full order issued at the hearing, check the boxes on the left under “Full.”

Some provisions allow you to ask the court to protect you, all the minors listed in paragraph 5 or only minors you name. Some provisions allow you to specify which locations you want included in the protection. Be sure to check the boxes to specify which people and places you want protected within each restraint provision.

1. The first provision asks the court to **restrain** the respondent from causing physical harm, or from stalking or harassing you and/or the children you name.
2. The second provision asks the court to restrain the respondent from harassing, following, keeping under surveillance, including cyberstalking, or from using telephonic, audiovisual or other electronic means to monitor the actions, locations or communications of you and/or the minors listed in paragraph 5, only the minors you name in this provision. You may also ask for protection in this provision for the victim’s adult children and/or any of the victim’s household members. Write in the names of the adult children or household members in the space provided.
3. The third provision asks the court to **restrain** the respondent from contacting you and/or the children you name.
4. The fourth provision asks the court to **exclude** the respondent from your home, workplace, school or the minor’s day care or school. If there is someplace else you want to include, add it to the box called “other.”

You have a right to keep your residential address confidential (secret). This restraint provision in the temporary order and in the full order has a space for you to write in your residential address. You are not required to write in your residential address if you are concerned with your safety or with identity theft. However, enforcement of the order may be easier if your address is included. If you decide to include your address, please list the complete address, including the city.

5. The fifth provision asks the court to order the respondent to **vacate** the home the two of you share and to give you exclusive rights to the home.
6. The sixth provision asks the court to **prohibit** the respondent from knowingly coming within or knowingly remaining within a specified distance (e.g. 100 feet, 2 blocks) of your home, workplace or school; or the minor’s day care or school. If there is someplace else you want to include, add it to the box called “other.”
7. The seventh provision asks the court to **grant** you possession of essential personal belongings. Please list the personal belongings. (“Essential personal belongings” means those items necessary for a person’s immediate health, welfare, and livelihood. “Essential personal belongings” includes but is not limited to clothing, cribs, bedding, documents, medications, and personal hygiene items. (RCW 26.50.010(7).)
8. The eighth provision asks the court to **grant** you use of a vehicle (i.e., blue 1994 Ford Taurus, License Number XYZ123).

9. The ninth provision, “**Other,**” is where you may list something not mentioned in the above provisions.

Provisions 10, 11, 12, 13, 14, and 15 are only available as part of the Full Order:

10. The tenth provision asks the court to **direct** the respondent to get treatment or counseling.
11. The eleventh provision asks the court to **require** the respondent to pay the fees and costs of this action. (Fees and costs may include court costs, service fees and reasonable attorney's fees.)
12. The twelfth provision asks the court to make the order **remain effective** (last longer) than one year. Check this box only if there is reason to believe the respondent would resume the acts of domestic violence against you if the order expired in one year.
13. The thirteenth provision asks the court to **grant** you exclusive custody and control of pet(s). You can only ask for custody and control of a pet if it is owned, possessed, leased, kept, or held by you, the respondent, or a minor child residing with either you or the respondent.
14. The fourteenth provision asks the court to **prohibit** the respondent from interfering with your efforts to remove the pet(s).
15. The fifteenth provision asks the court to **prohibit** the respondent from knowingly coming within or knowingly remaining within a specified distance (e.g. 100 feet, 2 blocks) from the location(s) you list where the pet(s) may regularly be found. Remember, you have a right to keep your residential address confidential.

If There Are No Minors Involved Do Not Check Provisions 16, 17, and 18.

If You Are Requesting Restraint Provisions Involving Minors Check the Boxes in 16, 17 and 18.

16. The sixteenth provision asks the court to **grant** (give) you the temporary care, custody and control of the children you name.
17. The seventeenth provision asks the court to **restrain** the respondent from interfering with your custody of the children you name.
18. The eighteenth provision asks the court to **restrain** the respondent from removing the listed children from the state.

Please review the section you just completed to ensure that you checked the boxes to show which provisions you want in temporary, full or both orders. In each provision, be sure you checked the boxes to identify the people and places you want protected.

Request for Special Assistance From Law Enforcement Agencies

You might need special help from the police. Check off everything that you think you may need the police to assist you in obtaining.

1. The first item asks the court to order the police to help you get back into your home. For your safety, ask for a police escort back into your home.
2. The second item asks the court to order the police to help you get use of the vehicle.
3. The third item asks the court to order the police to help you get your personal belongings (Civil Standby). Check the box if you want the police to help you get your belongings from the shared residence, the respondent's residence or another location. Because of time limitations, availability of officers and safety, contact law enforcement to schedule a civil standby (when they will meet you and how long they can stay).
4. The fourth item asks the court to order the police to help you get custody of the children you list. There may be additional steps that you have to take for this request to be enforced.
5. The last item lets you ask for other help you might need from the police.

Statement of Petitioner

The statement of petitioner is to describe to the court why a protection order is needed. This document will be filed in the court file, which is a public record, and shall be served on the respondent. If you do not include a particular incident of domestic violence in your statement, you may not have an opportunity to tell the court at the hearing.

“Domestic violence” means physical harm, bodily injury, assault, including sexual assault, stalking, *Or* inflicting fear of imminent physical harm, bodily injury or assault between family or household members.

First read through the statement section in the petition before you start writing. There are several places for you to describe what happened.

Describe exactly what happened when you were threatened or hurt. Provide as much detail as you can such as dates, times, witnesses, injuries, if any, medical treatment, if any. The more details you can provide the more helpful it is to the judge. If there is an emergency, explain why so the court can issue an immediate temporary order before the hearing. In addition to the information requested in the statement you may want to include:

- If the respondent has hurt other people.
- If the respondent has been arrested.
- If police responded even if no arrests were made.

Examples:

It is better to say “On Sunday, January 12, at 2:00 a.m., Terry slapped my face.” Rather than “On Sunday Terry assaulted me.”

It is better to say “Terry threatened to kill me if I left the house. He said ‘You leave and I will kill you.’” Rather than “Terry threatened me.”

It is better to say “Terry drives by me while I’m waiting at the bus stop after work every Monday evening.” Rather than “Terry is stalking me.”

It is better to say “Terry sends me emails or text messages [include number] times a day. I texted Terry to stop; but Terry keeps sending the messages.” Rather than “Terry cyber stalks me.”

Try to use the respondent’s exact words when you were threatened with physical harm.

If any of the information requested does not apply, write, “does not apply” in that section.

Choose the appropriate box if substance abuse is involved.

Out of State Service

If the respondent cannot be personally served in Washington State, check the box. Note: The respondent will still have to be personally served, unless the court orders otherwise.

Sign the Form

When you are done with your statement, put today’s date in the date line and fill in the city where you are completing this form. Sign the form.

The respondent has a right to have you served with documents in response to this petition. You have a right to keep your residential address confidential. If you want to keep your address confidential, you must list an address that is not your residential address where you agree to accept legal documents.

Law Enforcement Information Sheet (LEIS)

You must complete a Law Enforcement Information Sheet (LEIS), form WPF All Cases 01.0400. This form is confidential and it does not go in the public court file and is not served on the respondent.

- It is used by Law Enforcement to locate and identify the respondent when serving documents.
- It is also used by Law Enforcement when entering the order in the state-wide data base.

Complete as much information as possible, especially, first name, middle initial, last name, and date of birth.

If the respondent has a disability, brain injury, or other impairment, you may know of special assistance that law enforcement could provide when serving the documents. For example:

“Respondent has a brain injury. If respondent is rushed, respondent may freeze up and may not respond quickly, or may become verbally aggressive. Remind respondent to contact a friend.”

“Respondent has epilepsy and diabetes and may have seizures when stressed. Respondent doesn’t respond well to being rushed and will need time to get meds and supplies.”

POULSBO MUNICIPAL COURT Kitsap County, Washington	200 Moe St NE, Poulsbo, WA 98370 Phone: 360.779.9846 Fax 360.779.1584
_____ Petitioner	No. Petition for Order for Protection (PTORPRT)
vs.	
_____ Respondent	

1. <input type="checkbox"/> I am a victim of domestic violence committed by the respondent. <input type="checkbox"/> A member of my family or household is a victim of domestic violence committed by the respondent. <input type="checkbox"/> I am a <input type="checkbox"/> guardian <input type="checkbox"/> guardian ad litem <input type="checkbox"/> next friend of a minor who is 13 to 15 years of age and is a victim of domestic violence in a dating relationship with a person age 16 or older. The name of the minor victim is _____. This person's identifying information is provided in paragraph 5 below.	
2. <input type="checkbox"/> The victim lives in this county. <input type="checkbox"/> The victim left their residence because of abuse and this is the county of their new or former residence.	
3. The victim's age is: <input type="checkbox"/> Under 16 <input type="checkbox"/> 16 or 17 <input type="checkbox"/> 18 or over	Respondent's age is: <input type="checkbox"/> Under 16 <input type="checkbox"/> 16 or 17 <input type="checkbox"/> 18 or over
4. The victim's relationship with the respondent is: <input type="checkbox"/> spouse or former spouse <input type="checkbox"/> parent of a common child <input type="checkbox"/> current or former cohabitant as intimate partner, including current or former registered domestic partner	<input type="checkbox"/> current or former dating relationship <input type="checkbox"/> stepparent or stepchild <input type="checkbox"/> current or former cohabitant as roommate <input type="checkbox"/> in-law <input type="checkbox"/> parent or child <input type="checkbox"/> blood relation other than parent or child

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			

Check the box for each type of relief you are requesting, for each type of order you need.

Temp: I Request a **Temporary Order for Protection, effective until the hearing**, because **an Emergency Exists** as described in the statement below. A temporary protection order should be issued immediately without notice to the respondent, to avoid irreparable injury.

Full: I Request a **“full” Order for Protection**, following a hearing.

Temp	Full
↓	↓

<input type="checkbox"/>	<input type="checkbox"/>
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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 the respondent is your spouse or former spouse, the parent of a common child, or a current or former cohabitant as intimate partner, including a current or former registered domestic partner, the respondent will be prohibited from possessing a firearm or ammunition under federal law for the duration of this order. An exception exists for law enforcement officers and military personnel when carrying department/government-issued firearms. 18 U.S.C. § 925(a)(1).)

<input type="checkbox"/>	<input type="checkbox"/>
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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:

Temp ↓	Full ↓	Temporary Order, effective until a hearing. Full Order, effective following a hearing.
<input type="checkbox"/>	<input type="checkbox"/>	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 <input type="checkbox"/> me <input type="checkbox"/> the minors named in paragraph 5 above, subject to any court-ordered visitation <input type="checkbox"/> these minors only, subject to any court-ordered visitation:
<input type="checkbox"/>	<input type="checkbox"/>	⁴ Exclude respondent from <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 residence, 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: You have a right to keep your residential address confidential.
<input type="checkbox"/>	<input type="checkbox"/>	⁵ Direct respondent to vacate our shared residence and restore it to me.
<input type="checkbox"/>	<input type="checkbox"/>	⁶ 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:
<input type="checkbox"/>	<input type="checkbox"/>	⁷ Grant me possession of essential personal belongings, including the following:
<input type="checkbox"/>	<input type="checkbox"/>	⁸ Grant me use of the following vehicle: Year, Make & Model _____ License No. _____
<input type="checkbox"/>	<input type="checkbox"/>	⁹ Other.
N/A	<input type="checkbox"/>	¹⁰ Direct the respondent to participate in appropriate treatment or counseling services.
N/A	<input type="checkbox"/>	¹¹ Require the respondent to pay the fees and costs of this action.
N/A	<input type="checkbox"/>	¹² 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.
		Check the following only if you are requesting protection involving pets.
N/A	<input type="checkbox"/>	¹³ 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.):

N/A	<input type="checkbox"/>	¹⁴ Prohibit respondent from interfering with my efforts to remove the pet(s) named above.
N/A	<input type="checkbox"/>	¹⁵ 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: _____
Check the following only if you are requesting protection involving a minor:		
<input type="checkbox"/>	<input type="checkbox"/>	¹⁶ 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:
<input type="checkbox"/>	<input type="checkbox"/>	¹⁷ 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:
<input type="checkbox"/>	<input type="checkbox"/>	¹⁸ Restrain the respondent from removing from the state: <input type="checkbox"/> the minors named in paragraph 5 above <input type="checkbox"/> these minors only:

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: _____

"Domestic violence" means physical harm, bodily injury, assault, including sexual assault, stalking, **Or** inflicting fear of imminent physical harm, bodily injury or assault between family or household members.

Statement: The respondent has committed acts of domestic violence as follows. (Describe specific acts of domestic violence and their approximate dates, beginning with the most recent act. You may want to include police responses.)

Describe the most recent incident or threat of violence and date: _____

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:

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 certify 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: _____

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:
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<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
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Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	Race	Height	Weight	Eye Color	Hair Color	Skin Tone	Build
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Last Known Address			Phone(s) w/Area Code	Need Interpreter? Yes or No
Street:				Language:
City:		State:	Zip:	

Employer	Employer's Address	WORK Hours: Phone: ()
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Vehicle License Number	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 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
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Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	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).

Current Address			Phone(s) w/Area Code	Need interpreter? Yes or No
Street:				Language:
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
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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/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:	birth date: