

Temporary Sexual Assault Protection Order and Notice of Hearing

This is the actual **Temporary** Sexual Assault Protection Order which the judge signs. This order will stay in the court file. You will need to obtain certified copies of this order from the clerk so you can show it to the police. You do not have to pay for certified copies of this order.

Please Print Clearly Using Black or Blue Ink!

Fill in the name of the petitioner.

- If you are the protected person, fill in your name.
- If the protected person is a minor, vulnerable adult or other adult who, because of age, disability, health or inaccessibility, cannot file the petition (other adult), fill in that person's name.
- Put the petitioner's date of birth where it says "**DOB.**"

Fill in the respondent's name and date of birth. If you do not know the date of birth, put in the respondent's age.

[The judge will fill out the rest of the form.]

[If the petitioner prepares the order for the judicial officer's signature, follow these instructions:

Paragraph 1, **check only one box** that describes the petitioner in your case: 16 years of age or older, a minor under 16 years of age or a vulnerable or other adult.

Paragraph 2, if the respondent is under 16 years of age, check the box at the beginning of this paragraph. The court will need to appoint a guardian ad litem for the respondent before a full order can be issued.

For the restraint provisions, check the same boxes you checked in the petition.

Note: For the second and third items, you may list the petitioner's residential address. The petitioner has a right to keep his or her residential address confidential (secret). You are not required to write in the petitioner's residential address if disclosure of the address would put the petitioner or the petitioner's family at risk of abuse or harassment from the respondent. However, enforcement of the order may be easier if an address is included. If you decide to include an address, please list the complete address including the city.]

Law Enforcement Data Entry

The order will be entered into a state-wide database used by law enforcement so any officer in the state knows of it. Name the agency which has jurisdiction where you reside.

- If the address is within city limits, name the city police.
- If the address is outside of city limits, name the county sheriff.

Service

This order must be personally served on the respondent so the respondent knows what restraint provisions are in place, and when and where the hearing will be held. You may choose:

- A law enforcement agency
- A hired professional process server
- Another person 18 or over, who is not a party to this action.

You will need to provide an address where the respondent can be located for service.

Check the correct box and fill in the law enforcement agency that would respond to **where respondent lives** so the police can serve the petition and this order on respondent.

If the respondent is under age 18, check the correct box and fill in the law enforcement agency that would respond to **where the respondent's parent(s) or legal guardian(s) live** so the police can serve the petition and this order on the respondent's parent(s) or legal guardian(s).

If you are making private arrangements for service of the petition and this order, check that box.

If the respondent appears at the ex parte hearing and the court serves a copy of the petition and this order on the respondent, check the last "Service" box. No further service is required.

Next Hearing

The information on the top of page 3 advises the respondent to appear at the next hearing. The judge or court clerk will write in the next hearing date, time and place, below the caption on page one. The petitioner must also attend this hearing.

- If the petitioner does not come to this hearing, the petition will be dismissed and the petitioner will not be protected by an order.
- If the respondent does not come to the hearing, the court may still grant a protection order to protect the petitioner, as long as the respondent has been properly served with the petition and temporary order for protection and notice of hearing.

Sign the bottom of the form.

- If you are filing on your own behalf, sign above the line for "Signature of Petitioner."
- If you are filing on behalf of a minor, a vulnerable or other adult, sign above the line for "Signature of Person Filing on Behalf of Petitioner."

POULSBO MUNICIPAL COURT Kitsap County, Washington	200 NE Moe St, Poulsbo, WA 98370 Phone: 360.779.9846 Fax 360.779.1584
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 Petitioner (Person to be protected)
 vs.

 Respondent (Person to be restrained)

No.

**Petition for Order for Sexual
 Assault Protection Order
 (PTORSXP)**

<p>1. Petitioner is a victim of nonconsensual sexual conduct or nonconsensual sexual penetration committed by the respondent as described in the statement below.</p> <p><input type="checkbox"/> I am filing on behalf of myself and I am 16 years or older.</p> <p><input type="checkbox"/> I am filing on behalf of a minor, age _____. My relationship to the minor is _____. My name is _____.</p> <p><input type="checkbox"/> I am filing on behalf of a vulnerable adult as defined in RCW 74.34.020 or 74.34.021; or other adult who, because of age, disability, health or inaccessibility, cannot file the petition. My relationship to the vulnerable adult or other adult is _____. My name is _____.</p> <p>2. Petitioner lives in <input type="checkbox"/> this city <input type="checkbox"/> this county.</p>	<p>3. Respondent's age is: <input type="checkbox"/> Under 16 <input type="checkbox"/> 16 or 17 <input type="checkbox"/> 18 or over (Complete this if known.) If the respondent is under age 18, the name(s) of the minor's parent(s) or legal guardian(s) is/are: _____ _____</p> <p>4. Is respondent a service member, or a dependent of a service member? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unknown</p> <p>5. Petitioner's relationship to respondent is: _____</p>
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4. Petitioner may be served with legal documents at: _____
 _____, (If disclosure of petitioner's address would risk abuse or harassment of the petitioner or the petitioner's family or household members, petitioner must list an alternative address.)

5. Other court cases or other restraining, protection or no-contact orders involving the petitioner and the respondent:

Case Name			
Case Number			
Court/County/State			

Petitioner Requests a Sexual Assault Protection Order, following a hearing, that will grant the relief requested below:

1. **Restrain** respondent from having any contact with petitioner, including but not limited to telephone calls, mail, e-mail, fax and written notes, directly, indirectly, or through third parties regardless of whether those third parties know of the order.

2. **Exclude** respondent from the following places:

- Petitioner's residence
- Petitioner's workplace
- Petitioner's school
- Petitioner's day care
- Other:

3. **Prohibit** respondent from knowingly coming within, or knowingly remaining within _____ (distance) of:

- Petitioner's residence
- Petitioner's workplace
- Petitioner's school
- Petitioner's day care
- Other:

4. **Restrain** respondent from attending _____ school at _____ (address) attended by the petitioner and **Order** respondent to transfer to a different school. (If this relief is granted, respondent or respondent's parents or legal guardians will be responsible for transportation and all other costs associated with change of school.)

5. **Other:**

Request for a Temporary Sexual Assault Protection Order: An Emergency Exists as described in the statement below. Petitioner needs a temporary protection order issued immediately, without prior notice to the respondent, that grants the relief requested above.

A Sexual Assault Protection Order is available to protect a victim of nonconsensual sexual conduct or nonconsensual sexual penetration, including a single incident of nonconsensual sexual conduct or nonconsensual sexual penetration, from future interactions with the assailant. **Nonconsensual** means a lack of freely given agreement. **Sexual conduct** means any of the following: (a) any intentional or knowing touching or fondling of the genitals, anus, or breasts, directly or indirectly, including through clothing; (b) any intentional or knowing display of the genitals, anus, or breasts for the purposes of arousal or sexual gratification of the respondent; (c) any intentional or knowing

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 Street:				Phone(s) w/Area Code	Need Interpreter? Yes or No 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 Street:				Phone(s) w/Area Code	Need interpreter? Yes or No 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	
Name: First	Middle	Last	Sex	Race	Birth date	Resides With	Protected Person	Restrained Person

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