

**SEXUAL ASSAULT  
PROTECTION  
ORDER  
FORMS**

State of Washington }  
County of Whatcom } ss

I, Clerk of Whatcom County District Court, do hereby certify that the foregoing instrument is a true and correct copy of the original consisting of \_\_\_\_\_ pages, now on file in my office, and that the undersigned has the custody thereof.

IN TESTIMONY WHEREOF, I have hereunto set my hand at my office at Bellingham this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Clerk

**District Court of Washington  
For Whatcom County**

Petitioner

vs.

Respondent

No.

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

1. Petitioner is a victim of nonconsensual sexual conduct or nonconsensual sexual penetration committed by the respondent as described in the statement below.

I am filing on behalf of myself and I am 16 years or older.

I am filing on behalf of a minor, age \_\_\_\_\_.  
My relationship to the minor is \_\_\_\_\_.  
My name is \_\_\_\_\_.

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 \_\_\_\_\_.

2. Petitioner lives in  this city  this county.

3. Respondent's age is:

Under 16  16 or 17  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:  
\_\_\_\_\_  
\_\_\_\_\_

Respondent is a service member, or a dependent of a service member, or it is unknown whether the respondent is a service member or dependent of a service member.

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



Explain any additional reasons why this order should be issued immediately: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Complete this section if the petitioner and the respondent are minors who attend the same school and petitioner requests the court to order the respondent not to attend the same school attended by the petitioner.) Describe any continuing physical danger or emotional distress to the petitioner caused by the respondent's attendance at the same school as the petitioner: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Continue on separate page if necessary)

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

\_\_\_\_\_  
Print or Type Name

\_\_\_\_\_  
Signature of Person Filing on Behalf of Petitioner

\_\_\_\_\_  
Print or Type Name

**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)**

**DO NOT SERVE OR SHOW THIS SHEET TO THE RESTRAINED PERSON**

**COURT CLERKS: Give this form to Law Enforcement.**  
**DO NOT FILE in the court file.**

Case Number

Domestic Violence     Dissolution/Separation/Invalidity/Nonparental Custody/Paternity     Antiharassment

**LAW ENFORCEMENT INFORMATION**

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. Type or print only.

**RESTRAINED PERSON'S INFORMATION**

Name of Restrained Person (Last, First, Middle)

Drivers License or ID Number (specify type)

Nickname

Sex

Race

Birth date

Height

Weight

Eye Color

Hair Color

Skin Tone

Build

Relation to Protected Person

Last Known Address (Street, City, State, Zip)

Home Phone

Interpreter Required?  
Language:

Other Address (Street, City, State, Zip), if any:

Employer

Employer's Address

WORK  
Hours:  
Phone:

Vehicle License Number

Vehicle Make and Model

Vehicle Color

Vehicle Year

**PROTECTED PERSON'S INFORMATION**

Name of Protected Person (Last, First, Middle)

Sex

Race

Birth date

If your information *is not confidential*, enter your address and phone number(s).

Current Address (Street, City, State, Zip)

Phone

If your information *is confidential*, you may provide the name, address and phone number of someone willing to be your "contact."

Contact Name

Contact Address

Contact Phone

**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

Minor's Name (Last, First, Middle)

Sex

Race

Birth date

Resides With

Person

Person

**HAZARD INFORMATION**

Weapons    Guns/Rifles    Knives    Explosives    Other    Location of Weapons:

Describe in detail:

Vehicle

On Person

Residence

**CURRENT STATUS (For DV Orders Only) (circle)**

Are you and the restrained person living together right now?    Yes    No  
 Does the restrained person know you are trying to get this order?    Yes    No  
 Does the restrained person know he/she may be moved out of home?    Yes    No  
 Is the restrained person likely to react violently when served?    Yes    No

Restrained Person's History Includes:

Mental Health Problems (Commitment, Treatment, Suicide Attempt, Other)     Assault     Assault with Weapons  
 Alcohol/Drug Abuse

See Reverse For Additional Information

Prepared by:

Date

State of Washington }  
 County of Whatcom } ss

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IN TESTIMONY WHEREOF, I have hereunto set my hand at my office at Bellingham this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Clerk

**Confidential Information Form (INFO)**

County:	Cause Number:	<b>Do not file in a public access file.</b>
<b>Court Clerk: This is a Restricted Access Document</b>		

- Divorce/Separation/Invalidity/Nonparental Custody/Paternity/Modifications  Sexual Assault  Other  
 Domestic Violence  Antiharassment  Information Change (Check if you are updating information)  
 A restraining order or protection order is in effect protecting  the petitioner  the respondent  the children.

The health, safety, or liberty of a party or child would be jeopardized by disclosure of address information because: \_\_\_\_\_

**The following information about the parties is required in all cases:**  
 (Use the Addendum To Confidential Information Form to list additional parties or children)

Petitioner Information			<b>Type or Print Only</b>			Respondent Information		
Name (Last, First, Middle)			Name (Last, First, Middle)					
Race	Sex	Birth date	Race	Sex	Birth date			
Driver's Lic. or Identocard (# and State)			Driver's Lic. or Identocard (# and State), (or, if unavailable, residential address)					
Mailing Address (P.O. Box/Street, City, State, Zip)			Mailing Address (P.O. Box/Street, City, State, Zip)					
Relationship to Child(ren)			Relationship to Child(ren)					

**The following information is required if there are children involved in the proceeding.** (Soc. Sec. No. is not required for petitions in protection order cases (Domestic Violence/Antiharassment/Sexual Assault.)

- 1) Child's Name (Last, First, Middle)  
 Child's Race/Sex/Birth date  
 Child's Soc. Sec. No. (If required)  
 Child's Present Address or Whereabouts



2) Child's Name (Last, First, Middle)
Child's Race/Sex/Birth date
Child's Soc. Sec. No. (If required)
Child's Present Address or Whereabouts
List the names and present addresses of the persons with whom the child(ren) lived during the last five years:
List the names and present addresses of any person besides you and the respondent who has physical custody of, or claims rights of custody or visitation with, the child(ren):

<b>Except for petitions in protection order cases (Domestic Violence/Antiharassment/ Sexual Assault), the following information is required:</b>	
<b>Petitioner's Information</b>	<b>Respondent's Information</b>
Soc. Sec. No.:	Soc. Sec. No.:
Residential Address (Street, City, State, Zip)	Residential Address (Street, City, State, Zip)
Telephone No.: (    )	Telephone No.: (    )
Employer:	Employer:
Empl. Address:	Empl. Address:
Empl. Phone No.: (    )	Empl. Phone No.: (    )
<b>For Nonparental Custody Petitions only, list other Adults in Petitioner(s) household (Name/DOB):</b>	

Additional information: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Addendum(s) To Confidential Information Form attached. List other parties or children in Addendum(s).

I certify under penalty of perjury under the laws of the state of Washington that the above information is true and accurate concerning myself and is accurate to the best of my knowledge as to the other party, or is unavailable. The information is unavailable because \_\_\_\_\_  
 \_\_\_\_\_

Signed on \_\_\_\_\_ [Date] at \_\_\_\_\_ [City and State].

\_\_\_\_\_  
 Petitioner/Respondent