

**DOMESTIC
VIOLENCE
PROTECTION
ORDER
FORMS**

**District Court of Washington
For Whatcom County**

Petitioner

vs.

Respondent

No.

**Petition for Order for Protection
(PTORPRT)**

1. I am a victim of domestic violence committed by the respondent.
 A member of my family or household is a victim of domestic violence committed by the respondent.
 I am a guardian guardian ad litem 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. The victim lives in this county.
 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: Respondent's age is:
 Under 16 16 or 17 18 or over Under 16 16 or 17 18 or over

4. The victim's relationship with the respondent is:

<input type="checkbox"/> spouse or former spouse	<input type="checkbox"/> current or former dating relationship	<input type="checkbox"/> in-law
<input type="checkbox"/> parent of a child in common	<input type="checkbox"/> stepparent or stepchild	<input type="checkbox"/> parent or child
<input type="checkbox"/> current or former domestic partner	<input type="checkbox"/> current or former cohabitant as roommate	<input type="checkbox"/> blood relation other than parent or child
<input type="checkbox"/> current or former cohabitant as part of a dating relationship		

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 the respondent is your spouse or former spouse, current or former domestic partner, the parent of a child in common, or a current or former cohabitant as part of a dating relationship, the respondent will not be able to obtain or possess a firearm, other dangerous weapon, ammunition, or concealed pistol license under state or federal law 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:

<p>⁴ <input type="checkbox"/> 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:</p> <p><input type="checkbox"/> other:</p> <p>You have a right to keep your residential address confidential.</p>
<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:</p> <p><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>

Protection involving pets.	
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.): _____.
17	<input type="checkbox"/> Prohibit respondent from interfering with my efforts to remove the pet(s) named above.
18	<input type="checkbox"/> 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: _____
Protection from Firearms and Other Dangerous Weapons	
19	<input type="checkbox"/> Require the respondent to surrender any firearm or other dangerous weapon, or any concealed pistol license, and prohibit the respondent from obtaining or possessing a firearm or other dangerous weapon, or a concealed pistol license.
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 license.	

I want emergency temporary protection effective immediately, that lasts (up to 14 days) until the court hearing:	
<input type="checkbox"/>	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.
<input type="checkbox"/>	I also request temporary surrender of a firearm or other dangerous weapon 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):

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 violent act, fear or threat of violence, and why the temporary order should be entered today without notice to the respondent: _____

Describe the past incidents where you experienced violence, where you were afraid of injury or where the respondent threatened to harm or kill you: _____

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:

Has the respondent previously committed an offense that makes him or her 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 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:
<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					Phone(s) w/Area Code		Need Interpreter? Yes or No Language:	
Street:								
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		Minor's Relationship to Restrained Person	
Name: First	Middle	Last	Sex	Race	Birth date	Resides With	Person	Person	Person	Person

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

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

Confidential Information Form (INFO)						
County:			Cause Number:			Do not file in a public access file.
Court Clerk: This is a Restricted Access Document						
<input type="checkbox"/> Divorce/Separation/Invalidity/Nonparental Custody/Paternity/Modifications <input type="checkbox"/> Sexual Assault <input type="checkbox"/> Other <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Antiharassment <input type="checkbox"/> Information Change (Check if you are updating information)						
<input type="checkbox"/> A restraining order or protection order is in effect protecting <input type="checkbox"/> the petitioner <input type="checkbox"/> the respondent <input type="checkbox"/> the children.						
<input type="checkbox"/> 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			Type or Print Only	Respondent Information		
Name (Last, First, Middle)			Name (Last, First, Middle)			
Race	Sex	Birth date	Race	Sex	Birth date	
Driver's Lic. or Identicard (# and State)			Driver's Lic. or Identicard (# 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):

Except for petitions in protection order cases (Domestic Violence/Antiharassment/ Sexual Assault), the following information is required:	
Petitioner's Information	Respondent's Information
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.: ()
For Nonparental Custody Petitions only, list other Adults in Petitioner(s) household (Name/DOB):	

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

**In the District Court of Washington,
For Whatcom County**

Petitioner

vs.

Respondent

No.

**Petition for Surrender of Firearm(s)
and/or Weapon(s)**

1. **I am the Petitioner in this action.**

2. **The Respondent has:** (check all that apply)

used, displayed, or threatened to use a firearm or other dangerous weapon in a felony.

Describe this offense:

previously committed an offense that makes him or her ineligible to possess a firearm under the provisions of RCW 9.41.040. Describe this offense:

possession of a firearm or other dangerous weapon which presents a serious and imminent threat to public health or safety, or to the health or safety of any individual. My concern for imminent threat is based on the following:

3. Information about the firearms or other dangerous weapon(s):

What kind of firearm or other dangerous weapon?	Where is it located?

4. My relationship with the other party is:

- | | | |
|--|---|--|
| <input type="checkbox"/> spouse or former spouse | <input type="checkbox"/> current or former dating relationship | <input type="checkbox"/> in-law |
| <input type="checkbox"/> parent of a common child | <input type="checkbox"/> stepparent or stepchild | <input type="checkbox"/> parent or child |
| <input type="checkbox"/> current or former cohabitant as intimate partner, including current or former registered domestic partner | <input type="checkbox"/> current or former cohabitant as roommate | <input type="checkbox"/> blood relation other than parent or child |

5. In accordance with RCW 9.41.800, I request the court to:

- Require the Respondent to surrender any firearm, other dangerous weapon and any concealed pistol license issued under RCW 9.41.070
- Prohibit the Respondent from obtaining or possessing a firearm or other dangerous weapon, or a concealed pistol license.
- Order temporary surrender of a firearm or other dangerous weapon without notice to the Respondent because irreparable injury could result if an order is not issued until the time for response has elapsed.

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

Presented by:

Petitioner/Petitioner's Attorney WSBA#

Date