

**IN THE NOOKSACK TRIBAL COURT
FOR THE NOOKSACK INDIAN TRIBE
DEMING, WASHINGTON**

_____ Petitioner, vs. _____ Respondent.	No. Petition for an Order for Protection - <input type="checkbox"/> Harassment and/or <input type="checkbox"/> Stalking
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➤ **This is a Petition for an Order for Protection against Harassment and/or Stalking as checked in the caption.**

I believe:

- I am a victim of stalking.
- _____ (name) is the victim of stalking and he/she is a minor or vulnerable adult.
- The respondent has been
 - stalking the victim either in person or cyber stalking, **and**
 - repeatedly contacting the victim or attempting to contact or monitor the victim for no lawful purpose and his/her actions caused the victim to feel intimidated, frightened or threatened.
- I am a victim of unlawful harassment.
- _____ (name) is a victim of unlawful harassment and he/she is a minor.
- The respondent's actions toward the victim have seriously alarmed, annoyed or harassed the victim, or are detrimental to the victim and serve no legitimate or lawful purpose.
- The respondent's actions have caused substantial emotional distress to the victim or caused me to fear for the well-being of my child.

How do the victim and respondent know each other? _____

I have given a detailed explanation below.

1. Who is the petitioner?

My name is (please print) _____ . I am the petitioner.

- I am 18 or older and I am petitioning on my own behalf.
- I am 16 or 17 and I am petitioning on my own behalf.

I am the parent or guardian of child(ren) under age 18 and I am petitioning on their behalf:

Children's Name(s) (First, Middle Initial, Last)	Age

I am not the parent or guardian, but the child(ren) live(s) with me; and I am petitioning on their behalf; and the respondent is not a parent.

Children's Name(s) (First, Middle Initial, Last)	Age

I am filing this petition on behalf of petitioner, (name) _____.
My relationship to this petitioner is _____.

2. Is the respondent 18 years of age or older?

Yes No

3. Where do the parties live?

Petitioner lives in _____ county.

Did the petitioner leave their residence because of stalking conduct and that is the county of their new residence?

Yes No

Children named above live in _____ county.

Respondent lives in _____ county.

4. Where did the Conduct take place?

The conduct took place in _____ county.

• Statement describing the victim(s) need for protection from the respondent

- Write clearly. If you need more space than provided, attach additional page(s). Do not write on the back of this form.

5. Describe what the Respondent did or said that you think is harassment or stalking.

- You must describe what the respondent actually said.
- You must describe what the respondent actually did.

The respondent has committed acts of harassment or stalking as follows:

A. Describe the most recent incident of harassment or stalking.

Date and time (on or around): _____

Location: _____

What did the respondent do or say that you believe to be harassing or stalking behavior?

How did the respondent make these statements? in person mail/written notes
 e-mail text phone social media (such as Facebook and Twitter)
 other (describe): _____.

7. Has the respondent used, displayed, or threatened to use a firearm or other dangerous weapon in a felony? Please describe:

8. 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:

9. 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 a victim? Please describe:

10. Do you have any evidence of the harassment or stalking conduct other than testimony?

No

Yes. I have attached the following evidence:

Copy of mail or written notes

Copy of text messages

Copy of emailed messages

Copy of social media messages

Police report

Declaration or Affidavit from the following witness: _____

Other (describe): _____

11. Has/have the **victim/s or the respondent** ever requested or obtained protection from the other person in a restraining order, civil protection order, or criminal no-contact order? If yes, list the type of order, the name of the court and the approximate date, and whether the request was granted:

12. Is there any other litigation between the victim/s and the respondent? This includes all matters - pending or past - such as parenting plans, landlord-tenant disputes, employment disputes, or property disputes. If yes, provide case number/s if known, type of case, and name of court:

➤ **Requests**

13. I ask the Court for an order approving the following requests for protection:

I request an **Order for Protection** following a hearing that will:

<input type="checkbox"/> No-Contact: restrain the respondent from making any attempts or having any contact, including nonphysical contact, with the person/s to be protected, directly, indirectly, or through third parties regardless of whether those third parties know of the order, except for mailing of court documents.
<input type="checkbox"/> Surveillance: prohibit or restrain the respondent from making any attempt to keep or from keeping the person/s to be protected under surveillance, including electronic surveillance.
<input type="checkbox"/> Exclude from places: exclude the respondent from the <input type="checkbox"/> residence <input type="checkbox"/> workplace <input type="checkbox"/> school <input type="checkbox"/> day care of the person(s) to be protected.
<input type="checkbox"/> Stay Away: Prohibit or restrain the respondent from entering or being within, or from knowingly coming within, or knowingly remaining within _____ (distance) of the <input type="checkbox"/> residence <input type="checkbox"/> workplace <input type="checkbox"/> school <input type="checkbox"/> day care of the person/s to be protected. <input type="checkbox"/> other locations: _____.
<input type="checkbox"/> Other:
<input type="checkbox"/> Evaluation: Order the respondent to have a <input type="checkbox"/> mental health <input type="checkbox"/> chemical dependency evaluation. <input type="checkbox"/> other: _____.
<input type="checkbox"/> Pay Fees and Costs: Require the respondent to pay fees and costs of this action, which may include administrative court costs and service fees and petitioner's costs including attorneys' fees.
<input type="checkbox"/> Surrender Firearms: 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.
<input type="checkbox"/> Duration: Remain effective longer than one year because respondent is likely to resume acts of unlawful harassment or stalking conduct against the persons to be protected if the order expires in a year.

Emergency temporary protection (up to 14 days) until the court hearing:

- An emergency exists as described below. I request that a **Temporary Protection Order** granting the relief I requested above for a no-contact, surveillance, exclude from places, or stay away order be issued immediately, without prior notice to the respondent, to be effective until the hearing.
- I also request a 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?

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON AND THE NOOKSACK TRIBAL CODE THAT THE FOREGOING IS TRUE AND CORRECT.

Dated: _____ at _____, Washington.
(Month, Day, Year) (City)

Petitioner

Print or type name

I agree to receive legal documents at this address:

_____.

This address is not my home address because my family, household or I would be at risk of abuse by respondent if I disclosed my home address.

CIVIL
WHATCOM COUNTY SUPERIOR COURT
Case Information Cover Sheet (CICS)

Case Number _____ **Case Title** _____

Attorney Name _____ **Bar Membership Number** _____

Please check one category that best describes this case for indexing purposes. Accurate case indexing not only saves time in docketing new cases, but helps in forecasting needed judicial resources. Cause of action definitions are listed on the back of this form. Thank you for your cooperation. *Form updated 12/28/2020*

- | | |
|--|--|
| <input type="checkbox"/> ABJ Abstract of Judgment | <input type="checkbox"/> PRG Property Damage – Gangs |
| <input type="checkbox"/> ABL Abusive Litigation | <input type="checkbox"/> PRP Property Damages |
| <input type="checkbox"/> ALR Administrative Law Review | <input type="checkbox"/> QTI Quiet Title |
| <input type="checkbox"/> ALRJT Administrative Law Review-Jury Trial (L&I) | <input type="checkbox"/> RDR Relief from Duty to Register |
| <input type="checkbox"/> BAT Ballot Title | <input type="checkbox"/> RFR Restoration of Firearm Rights |
| <input type="checkbox"/> CHN Non-Confidential Change of Name | <input type="checkbox"/> SDR School District-Required Action Plan |
| <input type="checkbox"/> CBC Contractor Bond Complaint | <input type="checkbox"/> SER Subdivision Election Process Law Review |
| <input type="checkbox"/> COL Collection | <input type="checkbox"/> SPC Seizure of Property-Commission of Crime |
| <input type="checkbox"/> CON Condemnation | <input type="checkbox"/> SPR Seizure of Property-Resulting from Crime |
| <input type="checkbox"/> COM Commercial | <input type="checkbox"/> STK Stalking Petition |
| <input type="checkbox"/> CRP Pet. for Cert. of Restoration of Opportunity | <input type="checkbox"/> SXP Sexual Assault Protection |
| <input type="checkbox"/> DOL Appeal Licensing Revocation | <input type="checkbox"/> TAX Employment Security Tax Warrant |
| <input type="checkbox"/> DVP Domestic Violence | <input type="checkbox"/> TAX L & I Tax Warrant |
| <input type="checkbox"/> EOM Emancipation of Minor | <input type="checkbox"/> TAX Licensing Tax Warrant |
| <input type="checkbox"/> FJU Foreign Judgment | <input type="checkbox"/> TAX Revenue Tax Warrant |
| <input type="checkbox"/> FOR Foreclosure | <input type="checkbox"/> TMV Tort – Motor Vehicle |
| <input checked="" type="checkbox"/> FPO Foreign Protection Order | <input type="checkbox"/> TRJ Transcript of Judgment |
| <input type="checkbox"/> HAR Unlawful Harassment | <input type="checkbox"/> TTO Tort – Other |
| <input type="checkbox"/> INJ Injunction | <input type="checkbox"/> TXF Tax Foreclosure |
| <input type="checkbox"/> INT Interpleader | <input type="checkbox"/> UND Unlawful Detainer – Commercial |
| <input type="checkbox"/> LCA Lower Court Appeal – Civil | <input type="checkbox"/> UND Unlawful Detainer – Residential |
| <input type="checkbox"/> LCI Lower Court Appeal – Infractions | <input type="checkbox"/> VAP Vulnerable Adult Protection Order |
| <input type="checkbox"/> LUPA Land Use Petition Act | <input type="checkbox"/> VEP Voter Election Process Law Review |
| <input type="checkbox"/> MAL Other Malpractice | <input type="checkbox"/> VVT Victims of Motor Vehicle Theft-Civil Action |
| <input type="checkbox"/> MED Medical Malpractice | <input type="checkbox"/> WDE Wrongful Death |
| <input type="checkbox"/> MHA Malicious Harassment | <input type="checkbox"/> WHC Writ of Habeas Corpus |
| <input type="checkbox"/> MSC2 Miscellaneous – Civil | <input type="checkbox"/> WMW Miscellaneous Writs |
| <input type="checkbox"/> MST2 Minor Settlement – Civil (No Guardianship) | <input type="checkbox"/> WRM Writ of Mandamus |
| <input type="checkbox"/> PCC Petition for Civil Commitment (Sexual Predator) | <input type="checkbox"/> WRR Writ of Restitution |
| <input type="checkbox"/> PFA Property Fairness Act | <input type="checkbox"/> WRV Writ of Review |
| <input type="checkbox"/> PIN Personal Injury | <input type="checkbox"/> XRP Extreme Risk Protection Order |
| <input type="checkbox"/> PRA Public Records Act | <input type="checkbox"/> XRU Extreme Risk Protection Order Under 18 |

IF YOU CANNOT DETERMINE THE APPROPRIATE CATEGORY, PLEASE DESCRIBE THE CAUSE OF ACTION BELOW

Please Note: Public information in court files and pleadings may be posted on a public Web site.

Confidential Information (CIF)

Clerk: Do not file in a public access file

Superior Court of Washington, County: WHATCOM

Case No.: _____

Important! Only court staff and some state agencies may see this form. The other party and their lawyer may not see this form unless a court order allows it. State agencies may disclose the information in this form according to their own rules.

1. Who is completing this form? (Name): _____
2. Is there a current restraining or protection order involving the parties or children? Yes No
If yes, who does the order protect? (Name/s): _____
3. Does your address information need to be confidential to protect your or your children's health, safety, or liberty? (Check one): Yes No
If yes, explain why? _____
4. **Your Information** - This person is a (check one): Petitioner Respondent
Interpreter needed? Yes No Language, if yes: _____

Full name (first, middle, last):		Date of birth (MM/DD/YYYY):	Sex:
Driver's license/Identicard (No., state):	Race:	Relationship to children in this case:	
Mailing address (This address will not be kept private.) (street address or P.O. box, city, state zip):			

If your case is **only** about a protection order, **skip to section 5.**

Home address (check one): <input type="checkbox"/> same as mailing address <input type="checkbox"/> listed below (street, city, state, zip):		
Phone:	Email:	Social Sec. No:
Employer's name:		Employer's phone:
Employer's address:		

5. **Other Party's Information** - This person is a (check one): Petitioner Respondent
Interpreter needed? Yes No Language, if yes: _____

Full name (first, middle, last):		Date of birth (MM/DD/YYYY):	Sex:
Driver's license/Identicard (No., state):	Race:	Relationship to children in this case:	
Mailing address (This address will not be kept private.) (street address or PO box, city, state zip):			

If your case is **only** about a protection order, **skip to section 6.**

Home address (check one): <input type="checkbox"/> same as mailing address <input type="checkbox"/> listed below (street, city, state, zip):		
Phone:	Email:	Social Sec. No:
Employer's name:		Employer's phone:
Employer's address:		

➤ **Skip sections 6–9 if your case does not involve children. Sign at the end.**

6. Children’s Information (You do not have to fill out the children’s Social Security numbers if your case is only about a protection order.)

Child’s full name (first, middle, last)	Date of birth (MM/DD/YYYY)	Race	Sex	Soc. Sec. No.	Current location: lives with
1.					<input type="checkbox"/> You <input type="checkbox"/> other party: _____
2.					<input type="checkbox"/> You <input type="checkbox"/> other party: _____
3.					<input type="checkbox"/> You <input type="checkbox"/> other party: _____
4.					<input type="checkbox"/> You <input type="checkbox"/> other party: _____

7. Have the children lived with anyone other than you or the other party during the last five years? (Check one): No Yes If **yes**, fill out below:

Children lived with (name)	That person’s current address
1.	
2.	

8. Do other people (not parents) have custody or visitation rights to the children?
(Check one): No Yes If **yes**, fill out below:

Person with rights (name)	That person’s current address
1.	
2.	



9. If you are asking for custody and are not the parent, list all other adults living in your home:

1. (Name):	Date of birth (MM/DD/YYYY):
2. (Name):	Date of birth (MM/DD/YYYY):

I declare under penalty of perjury under Washington State law that the information on this form about me is true. The information about the other party is the best information I have or is unavailable because (explain): _____

Check here if you need more space to list other Petitioners, Respondents, or children. Put that information on the *Attachment to Confidential Information*, form FL All Family 002, and attach it to this form.

Signed at (city and state): _____ Date: _____

 _____ *Petitioner/Respondent signs here*
 _____ *Print name here*

**Attachment to
Confidential Information
(Additional Parties or Children)**

(AT)

Clerk: Do not file in a public access file

County:
WHATCOM

Case No.: _____

Use this form if there are more parties or children in your case than you can list on the Confidential Information form.

- 1. Other Party's Information (if any)** – This person is a (check one): Petitioner Respondent
 Interpreter needed? Yes No Language, if yes: _____

Full name (first, middle, last):		Date of birth (MM/DD/YYYY):	Sex:
Driver's license/Identicard (No., state):	Race:	Relationship to children in this case:	
Mailing address (This address will not be kept private.) (street address or PO box, city, state zip):			

*If your case is **only** about a protection orders, **skip to section 2.***

Home address (check one): <input type="checkbox"/> same as mailing address <input type="checkbox"/> listed below (street, city, state, zip):		
Phone:	Email:	Social Sec. No:
Employer's name:		Employer's phone:
Employer's address:		

- 2. Other Children's Information (if any)** (You do not have to fill out the children's Social Security numbers if your case is only about a protection order.)

Child's full name (first, middle, last)	Date of birth (MM/DD/YYYY)	Race	Sex	Soc. Sec. No.	Current location: lives with
5.					<input type="checkbox"/> You <input type="checkbox"/> Other party: _____
6.					<input type="checkbox"/> You <input type="checkbox"/> Other party: _____
7.					<input type="checkbox"/> You <input type="checkbox"/> Other party: _____
8.					<input type="checkbox"/> You <input type="checkbox"/> Other party: _____
9.					<input type="checkbox"/> You <input type="checkbox"/> Other party: _____
10.					<input type="checkbox"/> You <input type="checkbox"/> Other party: _____

SUPERIOR COURT OF THE STATE OF WASHINGTON FOR WHATCOM COUNTY

<p>_____</p> <p>Plaintiff</p> <p>v.</p> <p>_____</p> <p>Defendant</p>	<p>Case No. _____</p> <p>LAW ENFORCEMENT INFORMATION</p> <p>****SEALED****</p>
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**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 statewide 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/Non-parental Custody/Paternity |
| <input type="checkbox"/> Unlawful Harassment | <input type="checkbox"/> Vulnerable Adult |
| <input type="checkbox"/> Sexual Assault | <input type="checkbox"/> Stalking |

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 Sex Race Height Weight Eye Color Hair Color Skin Tone Build

Last Known Address

Street:

City:

State:

Zip:

Phone(s) w/Area Code

Need Interpreter?

Yes or No

Language:

Email address:

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:

- | | | | |
|---|---|---|---------------------------------|
| <input type="checkbox"/> Involuntary/Voluntary Commitment | <input type="checkbox"/> Suicide Attempt or Threats | | |
| <input type="checkbox"/> Assault | <input type="checkbox"/> Assault with Weapons | <input type="checkbox"/> Alcohol/Drug Abuse | <input type="checkbox"/> 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	Sex	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) below.

Current Address Street: City:	State: Zip:	Phone(s) w/Area Code	Need interpreter? Yes or No Language:
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Email address:

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

Name: First	Middle	Last	Sex	Race	Birth date	Resides With

Below, describe the minor's relationship to the protected or restrained person using terms such as: child, grandchild, stepchild, nephew, none.

Name: First	Middle	Last	Minor's Relationship to Protected Person	Minor's Relationship to Restrained Person

Victim's Household Members or Adult Children Protected

Name:	birth date:
Name:	birth date:
Name:	birth date:
Name:	birth date: