

## Instructions for Petition for Order for Protection

This form is used to start a domestic violence protection order case. You can ask for advocate services to help you fill out this form. 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.

This 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.

**Please print clearly using blue or black 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.

### Residency (Question 2)

The court needs to know where you live to determine if the court can issue a protection order. Check ONE of the boxes to tell the court about where you currently live.

### Age (Question 3)

The court needs to know the ages of the petitioner/victim and the respondent. 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.

### Identification of Minors (Question 5)

- If you 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 with whom that child lives (for example: me, grandparent, or respondent).
- The same information is required for any other family members that need protection too.

### 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 (tribal, 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.

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 cyber stalking, 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 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 city.

5. The fifth provision asks the court to order the respondent to **vacate** (leave) 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 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.)
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.

**If there are minors involved and you are requesting restraint provisions check the boxes in 10, 11, and 12.**

10. The tenth provision asks the court to **grant** (give) you the temporary care, custody and control of the children you name.
11. The eleventh provision asks the court to **restrain** the respondent from interfering with your custody of the children you name.
12. The twelfth provision asks the court to **restrain** the respondent from removing the listed children from the state.

Provisions 13, 14, 15, 16, 17 and 18 are only available as part of the Full Order:

13. The thirteenth provision asks the court to **direct** the respondent to get treatment or counseling.
14. The fourteenth 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.)
15. The fifteenth 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.

16. The sixteenth 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.
17. The seventeenth provision asks the court to **prohibit** the respondent from interfering with your efforts to remove the pet(s).
18. The eighteenth provision asks the court to **prohibit** the respondent from knowingly coming within or knowingly remaining within 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.
19. The nineteenth provision asks the court to **require** the respondent to surrender any firearm, other dangerous weapon, or concealed pistol license, and prohibit the respondent from obtaining or possessing any of those items.

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

### **Emergency Temporary Protection**

You might want immediate emergency temporary protection effective immediately, lasting up to 14 days, until the court hearing.

1. The first item asks the court to immediately issue a Temporary Order for Protection without prior notice to the respondent.
2. The second item asks for temporary surrender of a firearm or other dangerous weapon without notice to the respondent because permanent injury could result if an order is not issued until the hearing.

### **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 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 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 13, 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 appropriate box (alcohol, drugs, or other) 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 and also print your name.

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. 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.”

**In the Nooksack Tribal Court  
For the Nooksack Indian Tribe  
Deming, Washington**

\_\_\_\_\_  
Petitioner

vs.

\_\_\_\_\_  
Respondent

**No.**

**Petition for Order for Protection**

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 child in common <input type="checkbox"/> current or former domestic partner <input type="checkbox"/> current or former cohabitant as part of a dating relationship	<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:

<i>Case Name</i>			
<i>Case Number</i>			
<i>Court/County</i>			

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

<sup>1</sup>  **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.)

<sup>2</sup>  **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:

<sup>3</sup>  **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:

<sup>4</sup>  **Exclude** respondent from  our shared residence  my residence  my workplace  my school  the residence, day care, or school of  the minors named in paragraph 5 above  these minors only:

other:

You have a right to keep your residential address confidential.

<sup>5</sup>  **Direct** respondent to vacate our shared residence and restore it to me.

<sup>6</sup>  **Prohibit** respondent from knowingly coming within, or knowingly remaining within \_\_\_\_\_ (distance) of  our shared residence  my residence  my workplace  my school  the day care or school of  the minors named in paragraph 5 above.  these minors only:

other:



<p><sup>7</sup> <input type="checkbox"/> <b>Grant</b> me possession of essential personal belongings, including the following:</p>
<p><sup>8</sup> <input type="checkbox"/> <b>Grant</b> me use of the following vehicle:  Year, Make &amp; Model _____ License No. _____</p>
<p><sup>9</sup> <input type="checkbox"/> <b>Other:</b></p>
<p><b>Protection involving a minor:</b></p>
<p><sup>10</sup> <input type="checkbox"/> Subject to any court-ordered visitation, <b>Grant</b> 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><sup>11</sup> <input type="checkbox"/> <b>Restrain</b> 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><sup>12</sup> <input type="checkbox"/> <b>Restrain</b> 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><b>Additional Requests:</b></p>
<p><sup>13</sup> <input type="checkbox"/> <b>Direct</b> the respondent to participate in appropriate treatment or counseling services.</p>
<p><sup>14</sup> <input type="checkbox"/> <b>Require</b> the respondent to pay the fees and costs of this action.</p>
<p><sup>15</sup> <input type="checkbox"/> <b>Remain Effective</b> longer than one year because respondent is likely to resume acts of domestic violence against me if the order expires in a year.</p>
<p><b>Protection involving pets.</b></p>
<p><sup>16</sup> <input type="checkbox"/> <b>Grant</b> 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.):</p> <p>_____</p> <p>_____.</p>
<p><sup>17</sup> <input type="checkbox"/> <b>Prohibit</b> respondent from interfering with my efforts to remove the pet(s) named above.</p>
<p><sup>18</sup> <input type="checkbox"/> <b>Prohibit</b> respondent from knowingly coming within, or knowingly remaining within _____ (distance) of the following locations where the pet(s) are regularly found:</p> <p><input type="checkbox"/> petitioner's residence (You have a right to keep your residential address confidential.)</p> <p><input type="checkbox"/> other: _____</p>

Protection from Firearms and Other Dangerous Weapons

<sup>19</sup>  **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:**

- 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.
- 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?

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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):

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- 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 any stalking behavior by respondent, including use of telephonic, audiovisual or electronic means to harass or monitor: \_\_\_\_\_

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Describe medical treatment you received and for what: \_\_\_\_\_

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Describe any threats of suicide or suicidal behavior by the respondent: \_\_\_\_\_

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Does the respondent own or possess firearms?  Yes  No

Does the respondent use firearms, weapons or objects to threaten or harm you? Please describe:

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

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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:

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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:

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**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*

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|--|--|
| <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 <b>not</b> 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 <b>not</b> 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 <b>current</b> 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 <b>current</b> 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)

County:  
**WHATCOM**

Case No.: \_\_\_\_\_

**Clerk: Do not file in a public access file**

*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 <b>not</b> 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.)

<b>Name:</b>				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						Phone(s) w/Area Code		Need Interpreter? <b>Yes or No</b>	
Street:			State:		Zip:		Language:		
City:									
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:

- 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	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? <b>Yes or No</b> 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: