



Renew your Protection Order

Part 1. Forms

Forms in this packet

- PO 050: “Motion for Renewal of Protection Order”
- PO 054: “Order Setting Hearing on Renewal and Extending Order until Hearing”
- PO 004: “Proof of Service”
- PO 056: “Order Renewing Protection Order”
- PO 003: “Law Enforcement and Confidential Information” (LECIF)

Tips for filling out the forms

- Print your forms single-sided.
- Type your forms, if possible.
- If you are filling out your forms by hand your responses must be:
 - Printed.
 - Readable.
 - In black or dark blue ink.
 - Written only on the front side of the paper.
- Re-read each form after you have filled it out.
- Make sure that:
 - You have correctly filled in all necessary blanks.
 - Any corrections you make are neat and readable.
 - You have signed or initialed where needed.
- Always keep copies of your completed forms for your records.

Part 2. Frequently Asked Questions (FAQs)

Should I use this packet?

You should use this packet if you have a protection order that is about to end, and you want to ask a judge to extend it so that it protects you and/or your children for longer.

How easy or hard is it to renew a protection order?

It is easiest if you don't want to make any changes to your protection order and the other party doesn't respond or show up at a court hearing to fight the renewal. However, even if the other party does try to fight the renewal, they must prove that there's been a real change in circumstances and that they won't abuse or harm you in the future. This can be hard for them to do.

Will I have to pay to ask to renew my protection order?

No, you don't have to pay a filing fee. But there may be copying fees and fees for service (delivering the papers to the person you have the order against).

How long can I get the protection order renewed for?

The judge can renew a protection order for at least a year. The judge can also make a protection order permanent.

What should I put in the motion form?

You should let the judge know facts such as how long it has been since you got the protection order, if the other party has violated the protection order or has harmed or abused anyone not protected by the order, if the other party has been convicted of any crime since you got the order, and if the other party has a continuing problem with alcohol or drug abuse. This is not a complete list. You can read more things to tell the judge at the state law: [RCW 7.105.405\(5\)](#).

Could the judge say no?

Maybe. The judge could turn down your request to renew a protection order if the other party proves that there's been a real change in circumstances, and they won't abuse or harm you in the future.

Under state law, the judge *cannot* use any of these reasons to refuse to renew a protection order:

- The other party has not violated the protection order.
- Either you or the other party is under age 18, or both of you are.
- You did not report to law enforcement the conduct that led you to get the protection order, or any violations of the protection order.
- You also have a no-contact order or a restraining order against the other party in a criminal or family law case.
- You could get a court order in a different case that would give you what a protection order renewal would give you.
- It has been some time since the last incident that led you to get the protection order.
- The other party no longer lives near you.

If a judge refuses to renew a protection order for any of those reasons, talk to a lawyer right away.

A judge who won't renew your protection order must put their reasons in a written Denial Order. You can try to fight the Denial Order. You have 10 days from the date of the decision to do this.

To learn more, read [PO 090 Post-Hearing Information: After your protection order hearing, what happens next?](#), available at www.courts.wa.gov/forms, and talk with a lawyer right away. See contact info below.

My protection order kept the other parent away from our children. If I can't renew it, can I ask for a therapist to help with restarting contact with the children?

Maybe. At the renewal hearing, if the judge refuses to renew your order, the judge should still decide if the other parent and the children should do reunification therapy. Any such therapy provider should be made aware of the other parent's history of domestic violence and should have training and experience in the dynamics of intimate partner violence.

If you want reunification therapy, ask the judge to put in the Denial Order that it should happen and why. You may still have to get or change a Parenting Plan to require it.

Where can I learn more?

There is more information on WashingtonLawHelp.org under the "personal safety" topic.

Where can I get legal help?

- For Washington Forms Online interviews and legal information, go to [WashingtonLawHelp.org](https://www.washingtonlawhelp.org)
- **If you live in King County**, call 2-1-1 weekdays between 8 a.m. and 6 p.m. They will refer you to a legal aid provider.
- **If you have a low income and do not live in King County**, call the CLEAR Legal Hotline at 1-888-201-1014.

Part 3. How to File and Serve Your Forms

Step 1. Get your forms ready to file

- Check your forms carefully. Make sure they are accurate.
- Follow the instructions on each form about signing and making copies.
- Make 2 copies of every form you filled out so you have one set of originals (for the clerk) and 2 sets of copies (one for you and one for your spouse), **except** you don't need to make copies of or serve the LECIF.

Step 2. Bring your originals and copies to the county Superior Court Clerk's Office

- Tell the clerk you want to file a to renew your protection order.
- Ask the court clerk if they have special rules or forms.
- Give the clerk your set of originals.
- Ask the clerk to stamp your copies with the date you filed the originals.
- Ask the clerk to stamp your case number on your copies OR put the case number on each of your copies yourself.
- Take the stamped copies back from the clerk. The clerk keeps the originals.

Step 3. Serve your papers

There are multiple ways to serve these court forms on the other party: They agree to accept the papers from you (Service Accepted), someone hand delivers the papers to them (Personal Service), you have the papers sent by email or social media (Electronic Service), or you have them mailed after getting court permission to do so (Service by Mail).

Personal service is best, and you can ask law enforcement to do it for you. You can only do service by mail if you have a court order allowing it.

Step 4. File your Proof of Service

- Gather your original proof of service.
- Make one copy of the original.
- Take the originals and the copies to the court clerk's office where you filed for the protection order.
- Give the original to the clerk.
- Ask the clerk to stamp the date you filed the original on your copies.
- Keep the copies in a safe place.

This publication provides general information concerning your rights and responsibilities. It is not intended as a substitute for specific legal advice.

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3. I want the renewed order to stay in place [] for (*number*) _____ year/s [] permanently.

I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

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



Sign here

Print name

You must provide an address where you will receive legal documents. You have a right to keep your residential address confidential. If you have one, you may provide an address, other than your residence, where you will receive legal documents:

**This document must be served on the other party, and
proof of service must be in the court file prior to the hearing.**

Court of Washington, County of _____

Petitioner

vs.

Defendant/Respondent

No.: _____

**Order Setting Hearing on Renewal
(ORH) and Extending Order until
Hearing (ORPRTR)**

Clerk's Action Required: **3, 4, 5, 6, 7**

Next Hearing Date/Time: _____

At: _____

Order Setting Hearing on Renewal and Extending Order until Hearing

1. The Protected Person filed a *Motion for Renewal of Protection Order* for an order which expires on (*date*): _____.

Warning to Restrained Person: The court will renew the protection order unless you prove by a preponderance of the evidence that there has been a substantial change in circumstances and you will not resume acts of:

domestic violence unlawful harassment sexual assault stalking
 abandonment, abuse, financial exploitation, or neglect of a vulnerable adult
against the protected person/s when the order expires.

2. Hearing.

This order is issued without a hearing.

The court held a hearing before issuing this order. These people attended:

<input type="checkbox"/> Protected Person	<input type="checkbox"/> in person	<input type="checkbox"/> by phone	<input type="checkbox"/> by video
<input type="checkbox"/> Protected Person's Lawyer	<input type="checkbox"/> in person	<input type="checkbox"/> by phone	<input type="checkbox"/> by video
<input type="checkbox"/> Petitioner (<i>if not the protected person</i>)	<input type="checkbox"/> in person	<input type="checkbox"/> by phone	<input type="checkbox"/> by video
<input type="checkbox"/> Restrained Person	<input type="checkbox"/> in person	<input type="checkbox"/> by phone	<input type="checkbox"/> by video
<input type="checkbox"/> Restrained Person's Lawyer	<input type="checkbox"/> in person	<input type="checkbox"/> by phone	<input type="checkbox"/> by video
<input type="checkbox"/> Other: _____	<input type="checkbox"/> in person	<input type="checkbox"/> by phone	<input type="checkbox"/> by video

3. **The Court sets a hearing.** The parties shall appear on:

(*date*) _____ at _____ a.m./p.m.

See **How to Attend** at the end of this order (section 8).

At the hearing, the court will decide whether or not to renew the protection order.

4. **Continuation.** The hearing on renewal is continued because: _____
- _____
- _____
- _____

The parties shall appear on (date) _____ at _____ a.m./p.m.

See **How to Attend** at the end of this order (section 8).

5. **Extension (ORPRTR).** The court temporarily extends the order until the hearing date listed above.

Clerk's Action: The court clerk shall forward a copy of this order immediately to the following law enforcement agency (county or city) _____
(check only one): Sheriff's Office or Police Department
(List the same agency that entered the protection order)

This agency shall enter this order into WACIC and National Crime Info. Center (NCIC).

6. **Service on the Restrained Person**

Required. The restrained person must be served with a copy of the service packet.

- The **law enforcement agency** where the restrained person lives or can be served shall serve the restrained person with a copy of this order and shall promptly complete and return proof of service to this court.

Law enforcement agency: (county or city) _____
(check only one): Sheriff's Office or Police Department

- The **protected person** (or person filing on their behalf) shall make private arrangements for service and have proof of service returned to this court. (*This is not an option if this order requires: weapon surrender, vacating a shared residence, transfer of child custody, or if the restrained person is incarcerated. In these circumstances, law enforcement must serve, unless the court allows alternative service.*)

Clerk's Action. The court clerk shall forward a copy of the motion for renewal, this order, and any order to surrender and prohibit weapons on or before the next judicial day to the agency and/or party checked above. The court clerk shall also provide a copy of these orders to the protected person.

- Alternative Service Allowed.** The court authorizes alternative service by separate order (specify): _____

- Not required.** The restrained person appeared at the hearing, in person or remotely, and received notice of the order. No further service is required. See section 2 above for appearances. (*May apply even if the restrained person left before a final ruling is issued or signed.*)

7. **Service on Others**

Service on the vulnerable adult adult restrained person's guardian/conservator minor restrained person's parent/s or legal guardian/s
 (name/s) _____
 _____ is:

Required.

The **law enforcement agency** where the person to be served lives or can be served shall serve a copy of this order and shall promptly complete and return proof of service to this court.

Law enforcement agency: (county or city) _____
 (check only one): Sheriff's Office or Police Department





The **protected person** or person filing on their behalf shall make private arrangements for service and have proof of service returned to this court.

Clerk's Action. The court clerk shall forward a copy of this order on or before the next judicial day to the agency and/or party checked above.

Not required. They appeared at the hearing where this order was issued and received a copy.

8. **How to attend the next court hearing** (date and time on page 1)

The hearing scheduled on page 1 will be held:

	<p>In person</p> <p>Judge/Commissioner: _____ Courtroom: _____</p> <p>Address: _____</p>
	<p>Online (audio and video) App: _____</p> <p><input type="checkbox"/> Log-in: _____</p> <p><input type="checkbox"/> You must get permission from the court at least 3 court days before your hearing to participate online (audio and video). To make this request, contact:</p> <p>_____</p>
	<p>By Phone (audio only) <input type="checkbox"/> Call-in number _____</p> <p><input type="checkbox"/> You must get permission from the court at least 3 court days before your hearing to participate by phone only (without video). To make this request, contact:</p> <p>_____</p>
	<p>If you have trouble connecting online or by phone (instructions, who to contact)</p> <p>_____</p> <p>_____</p>

	Ask for an interpreter, if needed. Contact: _____ _____		Ask for disability accommodation, if needed. Contact: _____ _____
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Ask for an interpreter or accommodation as soon as you can. Do not wait until the hearing!

Ordered.

Dated _____ at _____ a.m./p.m. _____

Judge/Court Commissioner

 Print Judge/Court Commissioner Name

I received a copy of this Order or I attended the hearing remotely and have actual notice of this order. It was explained to me on the record:

▶ _____
 Signature of Respondent/Lawyer WSBA No. Print Name Date

▶ _____
 Signature of Petitioner/Lawyer WSBA No. Print Name Date

Court of Washington, County of _____

Petitioner (Protected Person) Date of Birth _____

vs.

Respondent (Restrained Person) Date of Birth _____

No. _____

**Proof of Service
(RTS)**

Clerk's Action Required: 2C

Proof of Service

Server declares:

1. My name is _____. I am 18 or older.
I am a peace officer **not** a party to this case.

2. **Able to Serve**

A. **Personal Service:** I served the court documents checked in section 4 for this case to *(name of party)* _____
on *(date)* _____ at *(time)* _____
by giving the documents directly to them at this address:

B. **Electronic Service**

Important! Do **not** use electronic service if your case involves the surrender of firearms, transfer of child custody, removing Respondent from the parties' shared residence, an incarcerated Respondent, or a petition for a vulnerable adult protection order is filed by someone other than the vulnerable adult. In these cases, after 2 unsuccessful attempts at personal service, you can ask the court to authorize electronic service. Court authorization is not necessary for vulnerable adult protection orders.

I served the court documents checked in section 4 for this case to
(name of party) _____
on *(date)* _____ at *(time)* _____ via

email text social media applications other technology

At the following email address/s, phone number/s, social media application and user name, or other address: _____

I received a read receipt or communication from the receiving party (*describe or attach*): _____

- C. **Service by Mail:** I served the court documents checked in section 4 for this case to (*name of party*) _____ on (*date*) _____ at (*time*) _____. I sent **2** copies of the documents, postage prepaid: one by ordinary, first-class mail and one by other mail with certified or tracking information (*attach receipts*). I sent the mail to this/these address/es: _____

Clerk's Action: The court clerk shall forward a copy of this order immediately to the following law enforcement agency (*county or city*) _____ (*check only one*): Sheriff's Office or Police Department (*List the same agency that entered the temporary order, if any*)

This agency shall enter this order into WACIC and National Crime Info. Center (NCIC).

3. Not Able to Serve

- I was unable to make personal service on (*name of party*) _____. I notified the serving party that service was not successful. Personal service was attempted on the following date/s _____.
- Electronic service was attempted at the following address/es but it bounced back, was undeliverable, or there was no follow-up communication _____
- I did not mail court documents to (*name of party*) _____ because I do not know the party's last known address.

4. List of Documents

Important! You must check or write in the title of **every** document that you served. Use the "Other Documents" box to write in the title of any document not already listed.

I served the following documents (*check all that apply*):

New Petition	After a Full Hearing
<input type="checkbox"/> Petition for Protection Order	<input type="checkbox"/> Protection Order
<input type="checkbox"/> Temporary Protection Order and Hearing Notice	<input type="checkbox"/> Order to Surrender and Prohibit Weapons
<input type="checkbox"/> Order to Surrender and Prohibit Weapons	<input type="checkbox"/> Order Realignment Parties
<input type="checkbox"/> A blank Law Enforcement and Confidential Information Form	
<input type="checkbox"/> Order Transferring Case and Setting Hearing	
<input type="checkbox"/> Declaration/s of: _____	

<input type="checkbox"/> Denial Order	
<input type="checkbox"/> Notice to Vulnerable Adult	

<input type="checkbox"/> Reissuance of Temporary Protection Order and Notice of Hearing	
Renewals <input type="checkbox"/> Motion for Renewal of Protection Order <input type="checkbox"/> Order Setting Hearing on Renewal and Extending Order until Hearing <input type="checkbox"/> Order for Renewal of Order for Protection	Motions <input type="checkbox"/> Motion to Modify or Terminate Protection Order <input type="checkbox"/> Motion for Surrender and Prohibition of Weapons <input type="checkbox"/> Notice of Hearing <input type="checkbox"/> Motion to Realign Parties <input type="checkbox"/> Motion to Set Show Cause Hearing - Contempt <input type="checkbox"/> Order on Hearing - Contempt <input type="checkbox"/> Order re Adequate Cause
Weapons Compliance <input type="checkbox"/> Findings and Order on Review: Weapons Surrender Compliance <input type="checkbox"/> Order on Hearing - Contempt <input type="checkbox"/> A blank Proof of Surrender <input type="checkbox"/> A blank Declaration of Non-Surrender <input type="checkbox"/> Receipt for Surrender Weapons and Concealed Pistol License <input type="checkbox"/> Order to Release Weapons	After a Motion Hearing <input type="checkbox"/> Order Modifying or Terminating Protection Order <input type="checkbox"/> Order to Surrender and Prohibit Weapons
Other Documents <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	

5. Fees Charged for Service:

Does not apply.
 Fees: \$_____ + Mileage \$_____ = Total: \$_____

6. Other: _____

I declare under penalty of perjury under the laws of the State of Washington that the statements on this form are true.

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

▶ _____
Signature of server

Print or type name of server

Law Enforcement Agency (if any)

_____ Court of Washington, County of _____

Petitioner Date of Birth

vs.

Respondent Date of Birth

No. _____

**Order Renewing Protection Order
(ORPRTR)**

Domestic Violence

Sexual Assault Harassment

Stalking Vulnerable Adult

Clerk's action required: **6, 7, 8**

Renewal Expires: _____

Order Renewing Protection Order

1. **Request.** The protected person filed a *Motion for Renewal of Protection Order*.

The protected person **did** **did not** ask to change the protection order with the renewal.

2. **Hearing.** The hearing was held on (*date*): _____. These people attended:

<input type="checkbox"/> Protected Person	<input type="checkbox"/> in person	<input type="checkbox"/> by phone	<input type="checkbox"/> by video
<input type="checkbox"/> Protected Person's Lawyer	<input type="checkbox"/> in person	<input type="checkbox"/> by phone	<input type="checkbox"/> by video
<input type="checkbox"/> Petitioner (<i>if not the protected person</i>)	<input type="checkbox"/> in person	<input type="checkbox"/> by phone	<input type="checkbox"/> by video
<input type="checkbox"/> Restrained Person	<input type="checkbox"/> in person	<input type="checkbox"/> by phone	<input type="checkbox"/> by video
<input type="checkbox"/> Restrained Person's Lawyer	<input type="checkbox"/> in person	<input type="checkbox"/> by phone	<input type="checkbox"/> by video
<input type="checkbox"/> Other: _____	<input type="checkbox"/> in person	<input type="checkbox"/> by phone	<input type="checkbox"/> by video

3. **Basis**

The court has considered the motion and any supporting documents, response from the restrained person (if any), relevant sections of the court record, and any testimony or argument.

4. **Findings:**

Uncontested. The restrained person did not contest the motion for renewal.

Evidence. The restrained person did **not** prove by a preponderance of the evidence that there has been a substantial change in circumstances as provided in RCW 7.105.405(5) and that the restrained person will not:

(*for dv orders*) resume acts of domestic violence against the protected person or the protected person's children or household members who are minors or vulnerable adults when the protection order expires.

(*for sexual assault orders*) engage in, or attempt to engage in, physical or nonphysical contact with the protected person when the order expires.

(*for stalking orders*) resume acts of stalking against the protected person or the protected person's family or household members when the order expires.

(*for anti-harassment orders*) resume harassment of the protected person when the order expires.

(*for vulnerable adult orders*) resume acts of abandonment, abuse, financial exploitation, or neglect against the vulnerable adult when the order expires.

Other findings: _____

5. Order:

The court **grants** the protected person's motion for renewal of the order/s. The new order/s shall be in effect for a fixed time no less than 1 year, or permanently.

The *Motion for Renewal* filed on (date) _____ is:

Granted without change. The terms of the Protection Order entered on (date) _____ are renewed and shall expire on date listed on page 1.

Terms of the *Order to Surrender and Prohibit Weapons* entered on (date) _____ are renewed and shall expire date listed on page 1.

Compliance review hearing is set for (date) _____
See **How to Attend** below.

Granted with changes as requested by the protected person and as stated separately in the amended order/s as follows (*check all that apply*):

Protection Order, PO 040.

Order to Surrender and Prohibit Weapons, WS 001.

Judgment – Protection Order, PO 044 awarding fees and costs to the protected person.

6. Washington Crime Information Center (WACIC) and Other Data Entry

Clerk's Action. The court clerk shall forward a copy of this order immediately to the following law enforcement agency (*county or city*) _____

(*check only one*): Sheriff's Office or Police Department

(*List the same agency that entered the earlier order, if any*)

This agency shall enter this order into WACIC and National Crime Info. Center (NCIC).

7. Service on the Restrained Person

Required. The restrained person must be served with a copy of this order.

The **law enforcement agency** where the restrained person lives or can be served shall serve the restrained person with a copy of this order and shall promptly complete and return proof of service to this court.

Law enforcement agency: (*county or city*) _____
(*check only one*): Sheriff's Office or Police Department

The **protected person** (or person filing on their behalf) shall make private arrangements for service and have proof of service returned to this court. (*This is not an option if this order requires: weapon surrender, vacating a shared residence, transfer of child custody, or if the restrained person is incarcerated. In these circumstances, law enforcement must serve, unless the court allows alternative service.*)

Clerk's Action. The court clerk shall forward a copy of this order on or before the next judicial day to the agency and/or party checked above. The court clerk shall also provide a copy of the service packet to the protected person.

Alternative Service Allowed. The court authorizes alternative service by separate order (*specify*): _____

Not required. The restrained person appeared at the hearing, in person or remotely, and received notice of the order. No further service is required. See section **2** above for appearances. (*May apply even if the restrained person left before a final ruling is issued or signed.*)

8. Service on Others (Vulnerable Adult or Restrained Person under age 18)

Service on the vulnerable adult adult's guardian/conservator restrained person's parent/s or legal guardian/s (*name/s*) _____ is:

Required

The **law enforcement agency** where the person to be served lives or can be served shall serve a copy of this order and shall promptly complete and return proof of service to this court.

Law enforcement agency: (*county or city*) _____ (*check only one*): Sheriff's Office or Police Department

The **protected person** or person filing on their behalf shall make private arrangements for service and have proof of service returned to this court.







Clerk's Action. The court clerk shall forward a copy of this order on or before the next judicial day to the agency and/or party checked above.

Not required. They appeared at the hearing where this order was issued and received a copy.

9. How to Attend Next Court Hearing

No hearing scheduled

The hearing scheduled in section **5** will be held:

	In person Judge/Commissioner: _____ Courtroom: _____ Address: _____	
	Online (audio and video) App: _____ <input type="checkbox"/> Log-in: _____ <input type="checkbox"/> You must get permission from the court at least 3 court days before your hearing to participate online (audio and video). To make this request, contact: _____	
	By Phone (audio only) <input type="checkbox"/> Call-in number _____ <input type="checkbox"/> You must get permission from the court at least 3 court days before your hearing to participate by phone only (without video). To make this request, contact: _____	
	If you have trouble connecting online or by phone (instructions, who to contact) _____ _____	
	Ask for an interpreter, if needed. Contact: _____ _____	 Ask for disability accommodation, if needed. Contact: _____ _____

Ask for an interpreter or accommodation as soon as you can. Do not wait until the hearing!

Ordered.

Dated: _____ at _____ a.m./p.m. _____
 Judge/Court Commissioner

 Print Judge/Court Commissioner Name

I received a copy of this order:

▶ _____
 Signature of Respondent/Lawyer WSBA No. Print Name Date

▶ _____
 Signature of Petitioner/Lawyer WSBA No. Print Name Date

Law Enforcement and Confidential Information (LECIF)

Clerk: Do not file in a public access file. In criminal cases, do not file. Give to law enforcement.

_____ Court of Washington

County: _____

Case No.: _____

Law Enforcement: Do not serve or show a completed LECIF to the other party.

Instructions – Protected Person must complete this form. Fill out **all** sections as much as you can. If you do not know, write “unknown.” Complete Attachment A if the Restrained Person is under age 18. Type or print clearly! If law enforcement cannot read this form or identify the person, they cannot serve or enforce your order!

1. Restrained Person’s Info

Name: First Middle Last			Date of Birth (if unknown give age range)	
Nickname/Alias/AKA (“Also known as”)			Relationship to Protected Person	
Sex	Race		Height	Weight
Eye Color	Hair Color		Skin Tone	Build
Phone/s with Area Code (voice):			Need Interpreter? [] No [] Yes Language:	

2. Where can the Restrained Person be served? List all known contact information.

Last Known Address. Street:				
City:		State:		Zip:
Cell number (text):			Email:	
Social Media Account/s & User Name/s:				
Other:				
Employer	Employer’s Address			Employer’s Phone
Work Hours	Driver’s License or ID number			State
Vehicle Make and Model	Vehicle License Number	Vehicle Color		Vehicle Year

3. Disability, hazard, and weapon info about the Restrained Person

Law enforcement needs this info to serve the order safely

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 (add pages, if needed): _____

Hazard Information Restrained Person's History includes:

Involuntary/Voluntary Commitment Suicide Attempt or Threats (How recent?) _____
 Threats to "suicide by cop" Assault Assault with Weapons Alcohol/Drug Abuse
 Other: _____

Concealed Pistol License: Yes No

Weapons: Handguns Rifles Knives Explosives Unknown

Other (include unassembled firearms and specify): _____

Location of Weapons: Vehicle On Person Residence Describe in detail:

Current Status

Is the restrained person a current or former cohabitant as an intimate partner? Yes No

Are you and the restrained person living together now? Yes No

Does the restrained person know they may be moved out of the home? Yes No N/A

Does the restrained person know you are trying to get this order? Yes No

Is the restrained person likely to react violently when served? Yes No

4. Protected Person's Info

(If only minors are protected, list them in 5. Provide contact information in this section for the person filing.)

Name: First Middle Last			Date of Birth	
Sex	Race		Height	Weight
Driver's license or ID number	Eye Color	Hair Color	Skin Tone	Build

If your information **is not confidential**, you must enter your address and phone number/s below.

Current Address. Street:			Phone(s) w/Area Code	
City:	State:	Zip:		
Email address:			Need interpreter? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, language:	

If your info **is confidential**, you must give a name, address, and phone of someone willing to be your "contact."
 If you filed **for someone else**, list your information as the contact.

Contact Name:	
Contact Address	Contact Phone
Contact Email Address	Date of Birth (if you are Petitioner)

How can law enforcement contact you and other protected household members **if firearms are returned** to the restrained person? (Email/s preferred. Update law enforcement with any changes.)

email above phone number above address above other: _____

5. Minor's Info

For relationship, use terms such as child, grandchild, stepchild, nephew, or none.

1	Name: First Middle Last			
	Birth Date	Sex	Race	Resides With
	Relationship to Protected Person:		Relationship to Restrained Person:	
2	Name: First Middle Last			
	Birth Date	Sex	Race	Resides With
	Relationship to Protected Person:		Relationship to Restrained Person:	
3	Name: First Middle Last			
	Birth Date	Sex	Race	Resides With
	Relationship to Protected Person:		Relationship to Restrained Person:	
4	Name: First Middle Last			
	Birth Date	Sex	Race	Resides With
	Relationship to Protected Person:		Relationship to Restrained Person:	

More than 4 minors are protected. (Attach a page to list more children and their details.)

6. Protected Household Members or Adult Children

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

Privacy Notice: Only court staff, law enforcement, 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.

Changes: If any information changes, fill out another copy of this form and file it with the court clerk.

I declare under penalty of perjury under the laws of the State of Washington that: 1) the information on this form about me is true and correct; 2) the information about the other party is the legitimate, current, or last known contact information.

I have attached ____ pages.

Signed at (*City and State*): _____ Date: _____

Attachment A: Restrained Person is a Minor

Only complete this attachment if the Restrained Person is under age 18. **If not**, skip or remove this attachment.

1. Restrained Person's PARENT or GUARDIAN's Info			
Name: First Middle Last			Date of Birth (if unknown give age range)
Nickname/Alias/AKA ("Also known as")			Relationship to Restrained Person <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian
Sex	Race	Height	Weight
Eye Color	Hair Color	Skin Tone	Build
Phone/s with Area Code (voice):		Need Interpreter? <input type="checkbox"/> No <input type="checkbox"/> Yes Language:	
2. Where can the Restrained Person's PARENT or GUARDIAN be served? List all known contact information.			
Last Known Address. Street:			
City:		State:	Zip:
Cell number (text):		Email:	
Social Media Account/s & User Name/s:			
Other:			
Employer	Employer's Address		Employer's Phone
Work Hours	Driver's License or ID number		State
Vehicle Make and Model	Vehicle License Number	Vehicle Color	Vehicle Year
3. Disability, hazard, and weapon info about Restrained Person's PARENT or GUARDIAN Law enforcement needs this info to serve the order safely			
Does the PARENT or GUARDIAN have a disability, brain injury, or impairment requiring special assistance when law enforcement serves the order? <input type="checkbox"/> No <input type="checkbox"/> Yes. If yes, describe (add pages, if needed):			
Hazard Information PARENT or GUARDIAN's history includes: <input type="checkbox"/> Involuntary/Voluntary Commitment <input type="checkbox"/> Suicide Attempt or Threats (How recent?) _____ <input type="checkbox"/> Threats to "suicide by cop" <input type="checkbox"/> Assault <input type="checkbox"/> Assault with Weapons <input type="checkbox"/> Alcohol/Drug Abuse <input type="checkbox"/> Other: _____			
Concealed Pistol License: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Weapons: <input type="checkbox"/> Handguns <input type="checkbox"/> Rifles <input type="checkbox"/> Knives <input type="checkbox"/> Explosives <input type="checkbox"/> Unknown <input type="checkbox"/> Other (include unassembled firearms and specify): _____			

Location of Weapons: Vehicle On Person Residence Describe in detail:

Current Status
Is the PARENT or GUARDIAN living with the restrained person now? [] **Yes** [] **No**
Are you and the PARENT or GUARDIAN living together now? [] **Yes** [] **No**
Does the PARENT or GUARDIAN know you are trying to get this order? [] **Yes** [] **No**
Is the PARENT or GUARDIAN likely to react violently when served? [] **Yes** [] **No**