



## **WALLA WALLA DISTRICT COURT**

Judges  
Kristian E. Hedine  
Jared N. Hawkins

317 W. Rose  
Walla Walla, Washington 99362

Phone: (509) 524-2760  
Fax: (509) 524-2775  
[District.Court@co.walla-walla.wa.us](mailto:District.Court@co.walla-walla.wa.us)

**FILING FEE IS \$83 – IF APPLICABLE, THE FEE MAY BE WAIVED**  
(Waiver forms enclosed in the packet)

### **NEED ASSISTANCE FILLING OUT THE PACKET?**

Go to Walla Walla County Courthouse at:

315 W MAIN ST.

3<sup>RD</sup> FLOOR- ROOM 305 (THE LAW LIBRARY)

MONDAY-FRIDAY FROM **9:30a.m. – 11:30a.m.**

**OR**

**Use the free online services by searching:**

<https://www.washingtonlawhelp.org/resource/protection-order-forms-online>

Please print the packet out and bring it to our office or email the packet to:  
[mgaranzuay@co.walla-walla.wa.us](mailto:mgaranzuay@co.walla-walla.wa.us) and [cmorales@co.walla-walla.wa.us](mailto:cmorales@co.walla-walla.wa.us)

District Court  
317 W. Rose St.  
Walla Walla, WA. 99362

---

## Attachment A: Definitions

**"Domestic violence"** means:

- (a) Physical harm, bodily injury, assault, or the infliction of fear of physical harm, bodily injury, or assault; nonconsensual sexual conduct or nonconsensual sexual penetration; coercive control; unlawful harassment; or stalking of one intimate partner by another intimate partner; or
- (b) Physical harm, bodily injury, assault, or the infliction of fear of physical harm, bodily injury, or assault; nonconsensual sexual conduct or nonconsensual sexual penetration; coercive control; unlawful harassment; or stalking of one family or household member by another family or household member.

**"Sexual conduct"** means any of the following:

- (a) Any intentional or knowing touching or fondling of the genitals, anus, or breasts, directly or indirectly, including through clothing;
- (b) Any intentional or knowing display of the genitals, anus, or breasts for the purposes of arousal or sexual gratification of the respondent;
- (c) Any intentional or knowing touching or fondling of the genitals, anus, or breasts, directly or indirectly, including through clothing, that the petitioner is forced to perform by another person or the respondent;
- (d) Any forced display of the petitioner's genitals, anus, or breasts for the purposes of arousal or sexual gratification of the respondent or others;
- (e) Any intentional or knowing touching of the clothed or unclothed body of a child under the age of 16, if done for the purpose of sexual gratification or arousal of the respondent or others; or Any coerced or forced touching or fondling by a child under the age of 16, directly or indirectly, including through clothing, of the genitals, anus, or breasts of the respondent or others.

**"Sexual penetration"** means any contact, however slight, between the sex organ or anus of one person by an object, the sex organ, mouth, or anus of another person, or any intrusion, however slight, of any part of the body of one person or of any animal or object into the sex organ or anus of another person including, but not limited to, cunnilingus, fellatio, or anal penetration.

Evidence of emission of semen is not required to prove sexual penetration.

**"Stalking"** means any of the following:

- (a) Any act of stalking as defined under RCW 9A.46.110;
- (b) Any act of cyber harassment as defined under RCW 9A.90.XXX; or
- (c) Any course of conduct involving repeated or continuing contacts, attempts to contact, monitoring, tracking, surveillance, keeping under observation, disrupting activities in a harassing manner, or following of another person that:
  - (i) Would cause a reasonable person to feel intimidated, frightened, under duress, significantly disrupted, or threatened and that actually causes such a feeling;
  - (ii) Serves no lawful purpose; and
  - (iii) The respondent knows, or reasonably should know, threatens, frightens, or intimidates the person, even if the respondent did not intend to intimidate, frighten, or threaten the person.

**"Unlawful harassment"** means:

- (a) A knowing and willful course of conduct directed at a specific person that seriously alarms, annoys, harasses, or is detrimental to such person, and that serves no legitimate or lawful purpose. The course of conduct must be such as would cause a reasonable person to suffer substantial emotional distress, and must actually cause substantial emotional distress to the petitioner; or
- (b) A single act of violence or threat of violence directed at a specific person that seriously alarms, annoys, harasses, or is detrimental to such person, and that serves no legitimate or lawful purpose, which would cause a reasonable person to suffer substantial emotional distress, and must actually cause substantial emotional distress to the petitioner. A single threat of violence must include:
  - (i) A malicious and intentional threat as described in RCW 9A.36.080(1)(c); or
  - (ii) the presence of a firearm or other weapon.

**District Court of Washington, County of Walla Walla**

<u>Petitioner (Person starting this case)</u> <u>DOB</u>	<b>Case No.</b>
vs.	<b>Petition for Protection Order</b>
<u>Respondent (Person responding to this case)</u> <u>DOB</u>	Clerk's Action: <b>1</b>

**Petition for Protection Order**

**What kind protection order do you want?** There are different orders based on the type of harm and how the parties know each other. See definitions in Attachments A and B.

**1. Choose the type of protection order that best fits your situation. Check only one.**

- ☐ Domestic Violence – Protection from an intimate partner or family or household member who has committed domestic violence, nonconsensual sexual conduct or penetration, unlawful harassment, or stalking. (PTORPRT)
- ☐ Sexual Assault – Protection from someone who has committed sexual assault. (PTORSXP)
- ☐ Stalking – Protection from someone who has committed stalking. (PTORSTK)
- ☐ Vulnerable Adult – Protection from someone who has abandoned, abused, financially exploited, or neglected a vulnerable adult (or threatened to do so). (PTORVA)

**Important!** If you are asking for a Vulnerable Adult Protection Order, you must complete **Attachment B: Vulnerable Adult** as part of this Petition.

- ☐ Anti-Harassment – Protection from someone who has committed unlawful harassment. (PTORAH) *(fee required)*  
The conduct also includes *(if applicable)*: ☐ stalking ☐ hate crime  
☐ single act/threat of violence including malicious and intentional threat



- or presence of firearm/weapon causing substantial emotional distress  
☐ family or household member engaged in domestic violence  
☐ nonconsensual sexual conduct or penetration or a sex offense

2. If more than one of the protection order types listed above fits your situation, list any additional order types here: \_\_\_\_\_

Who are the people involved? These are the "parties" to the case.

3. Who should the order restrain? ("Restrained Person")

Name: \_\_\_\_\_

Restrained Person's age: ☐ Under 13 ☐ 13 to 17 ☐ 18 or over ☐ unknown

4. Who should the order protect? ("Protected Person") (Check all that apply.)

☐ **Me.** My name is \_\_\_\_\_  
 (You must be age 15 or older.)

☐ **Minor Children.**

☐ I am the minor's ☐ parent ☐ legal guardian ☐ custodian.

☐ I am age 18 or older and the minor is a member of my family or household.  
 (For domestic violence petitions only.)

☐ I am age 15 to 17. The minor is a member of my family or household. I have been chosen by the minor and am capable of pursuing their stated interest in this case.

Child's Name	Age	Sex	Lives With	How related to you	How related to Restrained Person

**Important!** If the restrained person is a parent of any of the children, complete **Attachment C: Child Custody**. If you are **not** a parent of any of the children, complete **Attachment D: Non-parents protecting children (ICWA)**. You must include these Attachment/s with your Petition if they apply.

☐ **Someone else.** (List your name as Petitioner at the beginning of this form. Describe who you are filing for here.) I am filing to protect:

☐ a vulnerable adult (name) \_\_\_\_\_  
 (See definition and complete Attachment B.)

☐ an adult (name) \_\_\_\_\_  
 who does not meet the definition of a vulnerable adult, but who cannot file the petition themselves because of age, disability, health, or inaccessibility  
 (**Do not check this for vulnerable adult or domestic violence petitions.**)

What is the age, disability, health or inaccessibility concern that makes the adult unable to file themselves? (Examples: the adult is hospitalized, temporarily incapacitated, or in jail/prison.)



5. **Service address.** What is your address for receiving legal documents? You have the right to keep your residential address private. You may use a different mailing address.

Mail: \_\_\_\_\_

Email (if you agree to be served by email): \_\_\_\_\_

6. **Interpreter**

Do you need an interpreter? ☐ No ☐ Yes, Language: \_\_\_\_\_

**Important!** You may need to request an interpreter separately. You will get instructions with an order setting your hearing.

**How do the parties know each other?**

7. Check all the ways the protected person is connected or related to the restrained person:

**Intimate Partners** – Protected person and restrained person are intimate partners because they are:

☐ current or former spouses or domestic partners

☐ parents of a child-in-common (unless child was conceived through sexual assault)

☐ current or former dating relationship (age 13 or older) who

☐ never lived together

☐ live or have lived together

**Family or household members** - Protected person and restrained person are family or household members because they are:

☐ parent and child

☐ stepparent and stepchild

☐ parent's intimate partner and child

☐ grandparent and grandchild

☐ current or former cohabitants as roommates

☐ person who is or has been a legal guardian

☐ related by blood or marriage (specify how) \_\_\_\_\_

**Other** (examples: coworker, neighbor, acquaintance, stranger)

**Connection to Washington State.** This helps decide if the court has authority (jurisdiction).

8. **Why are you filing in this county and state?** Check all that apply.

☐ The protected person lives in this county now, **or** used to live in this county but left because of abuse.

☐ An incident that made me want this protection order happened in this county or state.

9. **Restrained Person's residence.** Where does the restrained person live?

☐ In Washington State in (city or county): \_\_\_\_\_

☐ Outside of Washington State

☐ Unknown

**Are there other court cases involving the parties or any children?**

10. **Other court cases.** Have there been any other court cases between any of the people involved in this case or about any children? Include court cases happening now and in the past and requests for protection that were denied or have expired. (Examples: criminal no contact order, civil protection order, family law restraining order, protection order from another state, tribal order, military orders, parenting plans, divorce, landlord-tenant, employment, property, assault, police investigations. File copies in this court case of everything you want the court to review.)

☐ No ☐ Yes. If yes, fill out below.

Type of Case (see examples)	Court Location (City or County and State)	Court Type (Superior / District / Municipal / Tribal / Military)	Case Number (if known)	Status (active / dismissed / pending / expired, unknown)

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

**What protections do you need?** Check everything you want the court to order.

11. **I ask for a protection order with these restraints:**

**General Restraints**

- A. ☐ **No Harm:** Do not cause any physical harm, bodily injury, assault, nonconsensual sexual conduct or nonconsensual sexual penetration, and do not harass, threaten, or stalk ☐ protected person ☐ the minors named in section 4 above  
☐ these minors only: \_\_\_\_\_

- B. ☐ **No Contact:** Do not make any attempts or have any contact, including nonphysical contact, directly, indirectly, or through third parties, regardless of whether those third parties know of the order, except for service of court documents with  
☐ protected person ☐ the minors named in section 4 above  
☐ these minors only: \_\_\_\_\_  
☐ **Exception** (if any): Only this type of contact is allowed: \_\_\_\_\_

- C. ☐ **Exclude and Stay Away:** Do not enter, return to, knowingly come within, or knowingly remain within 1,000 feet or other distance (*specify*) \_\_\_\_\_  
of  
☐ the protected person ☐ protected person's vehicle  
☐ protected person's school ☐ protected person's workplace  
☐ protected person's residence ☐ protected person's adult day program  
☐ the shared residence  
☐ the residence, daycare, or school of ☐ the minors named in section 4 above  
☐ these minors only: \_\_\_\_\_



☐ other: \_\_\_\_\_

**Address:** The protected person chooses to (*check one*)

☐ keep their address confidential ☐ list their address here:

- \_\_\_\_\_
- D. ☐ **Vacate shared residence:** The protected person has exclusive right to the residence that the protected person and restrained person share. The restrained person must immediately vacate the residence. The restrained person may take the restrained person's clothing, personal items needed during the duration of the order, and these items (*specify*): \_\_\_\_\_  
from the residence while a law enforcement officer is present.
- E. ☐ **Stalking Behavior:** Do not harass, follow, monitor, keep under physical or electronic surveillance, cyber harass (as defined in RCW 9A.90.120), or use phone, video, audio or other electronic means to record, photograph, or track locations or communication, including digital, wire, or electronic communication of  
☐ the protected person ☐ the minors named in section 4 above  
☐ these minors only: \_\_\_\_\_  
☐ these members of the protected person's household : \_\_\_\_\_
- \_\_\_\_\_
- F. ☐ **Intimate Images:** Do not possess or distribute intimate images of a protected person, as defined in RCW 9A.86.010. The restrained person must take down and delete all intimate images and recordings of a protected person in the restrained person's possession or control and cease any all disclosure of those intimate images.
- G. ☐ **Electronic Monitoring:** The restrained person must submit to electronic monitoring. (*Restrained person must be age 18 or older.*)
- H. ☐ **Evaluation:** The restrained person shall get an evaluation for:  
☐ mental health ☐ chemical dependency (drugs)
- I. ☐ **Treatment:** The restrained person shall participate in state-certified treatment for:  
☐ sex offender ☐ domestic violence perpetrator
- J. ☐ **Personal Belongings:** The protected person shall have possession of essential personal belongings, including the following:  
\_\_\_\_\_  
\_\_\_\_\_
- K. ☐ **Transfer of Assets:** Do not transfer jointly owned assets.
- L. ☐ **Vehicle:** The protected person shall have use of the following vehicle:  
Year, Make & Model \_\_\_\_\_ License No. \_\_\_\_\_
- M. ☐ **Restrict Abusive Litigation:** Do not engage in abusive litigation as set forth in chapter 26.51 RCW or in frivolous filings against the protected person, making harassing or libelous communications about the protected person to third parties, or making false reports to investigative agencies.
- N. ☐ **Pay Fees and Costs:** The restrained person must pay fees and costs of this action. This may include administrative court costs, service fees, and the protected person's costs including lawyer fees.



---

## Firearms and Other Dangerous Weapons

- O. ☐ **Surrender Weapons:** The restrained person must immediately surrender to law enforcement and not access, possess, have in their custody or control, purchase, receive, or attempt to purchase or receive firearms, other dangerous weapons, or concealed pistol licenses.

**Important!** *The court may be required to order the restrained person to surrender firearms, other dangerous weapons, or concealed pistol licenses even if you do not request it.*

Does the restrained person have or own firearms?

☐ Yes ☐ No ☐ Unknown

Would the restrained person's use of firearms or other dangerous weapons be a serious and immediate threat to anyone's health or safety?

☐ Yes ☐ No ☐ Unknown

Even if the restrained person does not have firearms now, has the restrained person ever used firearms, other weapons or objects to threaten or harm you?

☐ Yes ☐ No

If Yes, describe what happened.

---

---

---

---

Is the restrained person already not allowed to have firearms?

☐ Yes ☐ No ☐ Unknown

If Yes, why?

---

---

## Minors

- P. ☐ **Custody:** The protected person is granted temporary care, custody and control of  
☐ the minors named in section 4 above  
☐ these minors only: \_\_\_\_\_

*(Only for children the protected and restrained person have together.)*

- Q. ☐ **Interference:** Do not interfere with the protected person's physical or legal custody of  
☐ the minors named in section 4 above  
☐ these minors only: \_\_\_\_\_

- R. ☐ **Removal from State:** Do not remove from the state:  
☐ the minors named in section 4 above  
☐ these minors only: \_\_\_\_\_

- S. ☐ **School Attendance:** Do not attend the elementary, middle, or high school (*school name*) \_\_\_\_\_, that a protected person attends.  
*(Only if both the restrained person and a protected person are students at the same school. Can apply to students 18 or older. Includes public and private schools.)*

Describe any continuing physical danger, emotional distress, or educational disruption to a protected person that would happen if the restrained person attends the same school.

---

---

---

---

---

#### Pets

T. ☐ **Custody:** The protected person shall have exclusive custody and control of the following pet/s owned, possessed, leased, kept, or held by the protected person, restrained person, or a minor child who lives with either the protected or restrained person. *(Specify name of pet and type of animal.):*

---

U. ☐ **Interference:** Do not interfere with the protected person's efforts to get the pet/s named above.

V. ☐ **Stay Away:** Do not knowingly come within, or knowingly remain within *(distance)* \_\_\_\_\_

of the following locations where the pet/s are regularly found:

☐ Protected person's residence *(home address may be kept confidential.)*

☐ Other *(specify):* \_\_\_\_\_

---

---

#### Vulnerable Adult

W. ☐ **Safety:** Do not commit or threaten to commit acts of abandonment, neglect, financial exploitation, or abuse, including sexual abuse, mental abuse, physical abuse, personal exploitation, and improper use of restraints, against the vulnerable adult.

X. ☐ **Accounting:** Provide an accounting of the disposition of the vulnerable adult's income or other resources.

Y. ☐ **Property Transfer:** Do not transfer the property of ☐ the vulnerable adult ☐ the restrained person. This restraint can last for up to 90 days.

---

#### Other

Z. \_\_\_\_\_

---

---

---

---

Do you need help from law enforcement? They may help you get the things you asked for.
--

12. **Law Enforcement Help:** Do you want the court to order the appropriate law enforcement agency to help you with any of the things listed below?  
*Check all that apply.*

☐ Possession of my residence.



- ☐ Possession of the vehicle I asked for in section L above.
- ☐ Possession of my essential personal belongings that are located at
- ☐ the shared residence
- ☐ the restrained person's residence
- ☐ other location \_\_\_\_\_
- ☐ Custody of ☐ the minors named in section 4 above
- ☐ these minors only \_\_\_\_\_
- ☐ Other: \_\_\_\_\_

**How long do you need this order to last?**

**13. Length of Order**

*(The order will last for **at least one year** unless you ask for something different. Orders restraining a parent from contacting their own children may not exceed one year.)*

I need this order to last for: ☐ 1 year ☐ more than 1 year ☐ less than 1 year (specify how long): \_\_\_\_\_

If you checked more or less than one year, briefly explain why.

---



---



---

**Do you need immediate protection?** If needed, you can ask for a Temporary Protection Order that starts now, before the restrained person gets notice. This protection can last up to 14 days or until the court hearing (whichever comes first).

**14. Immediate Protection:** Do you need a Temporary Protection Order to start immediately, without prior notice to the restrained person? ☐ Yes ☐ No

**15. Immediate Weapons Surrender:** Do you want a temporary order that requires the restrained person give up all firearms, other dangerous weapons, and concealed pistol licenses right away, and prohibits the restrained person from getting more?  
☐ Yes ☐ No

**If Yes to 14 or 15, explain why:** What serious immediate harm or irreparable injury could occur if an order is not issued immediately without prior notice to the restrained person?

*(Briefly explain how you or anyone else might be harmed if you do not get protection now.)*

---



---



---



---



---



---



---



---



Be as specific and descriptive as possible. Put the date, names, what happened and where. Use names rather than pronouns (he/she/they) as much as possible. If you cannot remember the date, put the time of year it happened (around a holiday, winter, summer, how old your child was) or about how long ago.

- Who did what?
- When did this happen?
- How were any statements made? (in person, mail, text, phone, email, social media)
- How did this make you, the minor, or the vulnerable adult feel?

**16. Most Recent Incident.** What happened most recently that made you want a protection order? This could include violent acts, fear or threats of violence, coercive control, nonconsensual sexual conduct or penetration, sexual abuse, harassment, stalking, hate crimes. For a vulnerable adult, include incidents or threats of abandonment, abuse, neglect and/or financial exploitation. Include specific date/s and details of the incident.

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slight shadow on the right side, suggesting it's resting on a surface.

RCW 7.105.100  
(07/2022)  
PO 001

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

---

---

---

---

---

---

---

---

Is substance abuse involved?                    ☐ Yes                    ☐ No                    ☐ Unknown

If yes, what type of substance abuse?      ☐ Alcohol      ☐ Drugs      ☐ Other

**21. Minors Needing Protection, if any** *(If the information is not already included above.)*

Has there been any violence or threats towards children? How have the children been affected by the restrained person's behavior? Were the children present during any of the incidents described above? Describe and give details.

---

---

---

---

---

---

---

**22. Supporting Evidence** *(If you have anything else you want the court to see that helps prove what you are saying is true.)*

☐ I am attaching the following evidence to this Petition *(check all that apply)*:

- ☐ Pictures
- ☐ Text / email / social media messages
- ☐ Voice messages (written transcript)
- ☐ Written notes / letters / mail
- ☐ Police report
- ☐ Declaration or statement from witness (name/s): \_\_\_\_\_

☐ Other (describe): \_\_\_\_\_

**Privacy Warning!** The restrained person will see this Petition and any other evidence you file with the court. This information is also available to the public for anyone to see.  
Before you file any attachments, you can black out (redact) any sensitive information.  
Examples: your home address and account numbers (leave last four digits).

I certify under penalty of perjury under the laws of the state of Washington that all the information provided in this petition and any attachments is true and correct.

☐ I have attached *(number)*: \_\_\_\_\_ pages.

Signed at *(City and State)*: \_\_\_\_\_ Date: \_\_\_\_\_



Sign here

Print name



## This image shows a full page of blank, lined paper. It features approximately 20 horizontal blue or grey lines spaced evenly apart, typical of notebook paper. The lines extend across the entire width of the page, leaving small margins at the top and bottom. There are no vertical lines, text, or other markings on the page.

(Continue on separate page if needed)

Signed at (City and State): \_\_\_\_\_ Date: \_\_\_\_\_

Statement  
p. 1 of 1

---

## Attachment A: Definitions

**"Domestic violence"** means:

- (a) Physical harm, bodily injury, assault, or the infliction of fear of physical harm, bodily injury, or assault; nonconsensual sexual conduct or nonconsensual sexual penetration; coercive control; unlawful harassment; or stalking of one intimate partner by another intimate partner; or
- (b) Physical harm, bodily injury, assault, or the infliction of fear of physical harm, bodily injury, or assault; nonconsensual sexual conduct or nonconsensual sexual penetration; coercive control; unlawful harassment; or stalking of one family or household member by another family or household member.

**"Sexual conduct"** means any of the following:

- (a) Any intentional or knowing touching or fondling of the genitals, anus, or breasts, directly or indirectly, including through clothing;
- (b) Any intentional or knowing display of the genitals, anus, or breasts for the purposes of arousal or sexual gratification of the respondent;
- (c) Any intentional or knowing touching or fondling of the genitals, anus, or breasts, directly or indirectly, including through clothing, that the petitioner is forced to perform by another person or the respondent;
- (d) Any forced display of the petitioner's genitals, anus, or breasts for the purposes of arousal or sexual gratification of the respondent or others;
- (e) Any intentional or knowing touching of the clothed or unclothed body of a child under the age of 16, if done for the purpose of sexual gratification or arousal of the respondent or others; or Any coerced or forced touching or fondling by a child under the age of 16, directly or indirectly, including through clothing, of the genitals, anus, or breasts of the respondent or others.

**"Sexual penetration"** means any contact, however slight, between the sex organ or anus of one person by an object, the sex organ, mouth, or anus of another person, or any intrusion, however slight, of any part of the body of one person or of any animal or object into the sex organ or anus of another person including, but not limited to, cunnilingus, fellatio, or anal penetration.

Evidence of emission of semen is not required to prove sexual penetration.

**"Stalking"** means any of the following:

- (a) Any act of stalking as defined under RCW 9A.46.110;
- (b) Any act of cyber harassment as defined under RCW 9A.90.120; or
- (c) Any course of conduct involving repeated or continuing contacts, attempts to contact, monitoring, tracking, surveillance, keeping under observation, disrupting activities in a harassing manner, or following of another person that:
  - (i) Would cause a reasonable person to feel intimidated, frightened, under duress, significantly disrupted, or threatened and that actually causes such a feeling;
  - (ii) Serves no lawful purpose; and
  - (iii) The respondent knows, or reasonably should know, threatens, frightens, or intimidates the person, even if the respondent did not intend to intimidate, frighten, or threaten the person.

**"Unlawful harassment"** means:

- (a) A knowing and willful course of conduct directed at a specific person that seriously alarms, annoys, harasses, or is detrimental to such person, and that serves no legitimate or lawful purpose. The course of conduct must be such as would cause a reasonable person to suffer substantial emotional distress, and must actually cause substantial emotional distress to the petitioner; or
- (b) A single act of violence or threat of violence directed at a specific person that seriously alarms, annoys, harasses, or is detrimental to such person, and that serves no legitimate or lawful purpose, which would cause a reasonable person to suffer substantial emotional distress, and must actually cause substantial emotional distress to the petitioner. A single threat of violence must include:
  - (i) A malicious and intentional threat as described in RCW 9A.36.080(1)(c); or
  - (ii) the presence of a firearm or other weapon.



---

## Attachment C: Child Custody

Are you asking to protect any of the restrained person's children? ☐ Yes ☐ No

If **Yes**, complete this attachment and file it as part of your petition. If **No**, skip this attachment.

**Does a Washington Court have authority over the children?** Before the court can protect a child, you must tell the court about the children's connection to Washington State. See instructions for help.

### 1. Children's Home/s

At any time during the past 5 years have the children lived:

- on an Indian reservation,
- outside Washington state,
- in a foreign country, or
- with anyone who is not a party to this case?

☐ No. (Skip to 2)

☐ Yes. (Fill out below to show where the children have lived during the last 5 years.)

Dates	Children	Lived with	In which state, Indian reservation, or foreign country
From: To:	<input type="checkbox"/> All children <input type="checkbox"/> (Initials):	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Other (name):	
From: To:	<input type="checkbox"/> All children <input type="checkbox"/> (Initials):	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Other (name):	
From: To:	<input type="checkbox"/> All children <input type="checkbox"/> (Initials):	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Other (name):	
From: To:	<input type="checkbox"/> All children <input type="checkbox"/> (Initials):	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Other (name):	
From: To:	<input type="checkbox"/> All children <input type="checkbox"/> (Initials):	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Other (name):	

### 2. Other people with a legal right to spend time with the children

Do you know of anyone besides yourself and Respondent who has or claims to have a legal right to spend time with the children?

☐ No.

☐ Yes. (Name/s) \_\_\_\_\_ has or claims to have a legal right to spend time with the children because:

---

### 3. Authority over the children (Jurisdiction) (RCW 26.27.201 – .221, .231, .261, .271)

The court can make an order protecting the children because:



- ☐ **Exclusive, continuing jurisdiction** – A Washington court has already made a custody order or parenting plan for the children, and the court still has authority to make other orders for the children.
- ☐ **Home state jurisdiction** – Washington is the child's home state because *(check all that apply)*:
- ☐ The children lived in Washington with a parent or someone acting as a parent for at least the 6 months just before this case was filed, or if a child is less than 6 months old, the child has lived in Washington with a parent or someone acting as a parent since birth.
  - ☐ There were times the children were not in Washington in the 6 months just before this case was filed (or since birth if a child is less than 6 months old), but those were temporary absences.
  - ☐ The children do not live in Washington right now, but Washington was the children's home state sometime in the 6 months just before this case was filed, and a parent or someone acting as a parent of the children still lives in Washington.
  - ☐ The children do not have another home state.
- ☐ **No home state or home state declined** – No court of any other state (or tribe) has the jurisdiction to make decisions for the children **or** a court in the children's home state (or tribe) decided it is better to have this case in Washington **and**:
- The children and a parent or someone acting as a parent have ties to Washington beyond just living here; **and**
  - There is a lot of information (substantial evidence) about the children's care, protection, education, and relationships in this state.
- ☐ **Other state declined** – The courts in other states (or tribes) that might be the children's home state have refused to take this case because it is better to have this case in Washington.
- ☐ **Temporary emergency jurisdiction** – The court can make decisions for the children because the children are in this state now **and** were abandoned here **or** need emergency protection because the children (or their parent, brother, or sister) was abused or threatened with abuse. *(Check one)*:
- ☐ A custody case involving the children was filed in the children's home state *(name of state or tribe)*: \_\_\_\_\_. Washington should take temporary emergency jurisdiction over the children until the Petitioner can get a court order from the children's home state (or tribe).
  - ☐ There is **no** valid custody order or open custody case in the children's home state *(name of state or tribe)*: \_\_\_\_\_. If no case is filed *in the child's home state (or tribe)* by the time the children has been in Washington for 6 months, *(date)*: \_\_\_\_\_, Washington should have final jurisdiction over the children.
- ☐ Other reason *(specify)*: \_\_\_\_\_

## Attachment D: Non-Parents Protecting Children (ICWA)

Are you asking to protect any children who are **not** your own? ☐ Yes ☐ No

If **Yes**, complete this attachment and file it as part of your petition. If **No**, skip this attachment.

**Non-Parents must comply with the Indian Child Welfare Acts (ICWA).** If you are not a legal parent of a minor child you are asking to protect, you must find out if the minor is or may be an Indian child. If so, the federal and state Indian Child Welfare Acts will apply to your case. This does not apply to parents.

**Parents:** you do **not** have to answer these questions about your own children.

### 1. Tribal Heritage

If there is a reason to know that a child has **tribal heritage** (including ancestry or familial political affiliation), the court must treat the child as an Indian child unless and until the affected tribe/s decide otherwise or decline to respond after receiving proper notice.

An **Indian child** is a child who is a member of an Indian tribe, or who is the biological child of an Indian tribe member and is eligible for membership. Tribes decide their own membership.

**Could any of the children be Indian children?** (Check all that apply)

☐ **No.** These children are not Indian children (name/s): \_\_\_\_\_

I know this because (Explain if the children have no tribal heritage, or if any possible tribal heritage has already been explored and decided in another court proceeding that complied with ICWA. Attach orders): \_\_\_\_\_

---

---

---

---

---

---

☐ **Yes or maybe.** These children are or may be Indian children. They have or may have heritage from the tribe/s listed below:

Children	Tribes
<input type="checkbox"/> All <input type="checkbox"/> (name/s):	
<input type="checkbox"/> All <input type="checkbox"/> (name/s):	

I will provide the *Indian Child Welfare Act Notice* (form GDN M 401) and a copy of this *Petition* to the tribe/s named above and other necessary people or agencies.

☐ **I do not know** if any of the children are Indian children or have tribal heritage. I have done the following things to find out:

---

---



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

**Warning!** You must find out if any of these children have tribal ancestry before a full order is issued.

**2. Authority Over Indian Children (Jurisdiction)**

☐ Does not apply. None of the children are Indian children.

☐ A state court can decide this case for any children who are or may be Indian children because:

☐ (*Children's Initials*): \_\_\_\_\_ are **not** domiciled or living on an Indian reservation, and are not wards of a tribal court. (25 USC §1911)

☐ (*Children's Initials*): \_\_\_\_\_ are domiciled or living on an Indian reservation, and (*check all that apply*):

☐ The children's tribe agrees to Washington State's concurrent jurisdiction.

☐ The children's tribe decided not to use its exclusive jurisdiction (expressly declined). (RCW 13.38.060)

☐ Washington State should exercise **emergency jurisdiction** for Indian children temporarily located off the reservation to protect the children from immediate physical damage or harm. (RCW 13.38.140)



Please do NOT fill out  
the Temporary  
Protection Order

---

DO sign page 9 of the  
Temporary Protection  
Order

**District Court of Washington, County of Walla Walla**

\_\_\_\_\_  
Petitioner, Date of Birth \_\_\_\_\_

vs.

\_\_\_\_\_  
Respondent, Date of Birth \_\_\_\_\_

No.

**Temporary Protection Order and Hearing Notice (TMO-)**

☐ Domestic Violence (RPRT)

☐ Sexual Assault (RXP) ☐ Harassment (RAH)

☐ Stalking (STKH) ☐ Vulnerable Adult (RVA)

Clerk's action required: 10, 11, 12

**Next Hearing Date and Time:**

\_\_\_\_\_  
See **How to Attend** at the end of this order

**Temporary Protection Order and Hearing Notice**

1. **This order is effective until the end of the hearing listed above.**

This protection order complies with the Violence Against Women Act and shall be enforced throughout the United States. See last page.

2. **This order restrains (*name*):**

\_\_\_\_\_  
also known as (*list any known aliases*) \_\_\_\_\_

The restrained person must obey the restraints ordered in section 8.

Sex \_\_\_\_\_ Race \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair \_\_\_\_\_ Eyes \_\_\_\_\_

Noticeable features (*Ex.: tattoos, scars, birthmarks*): \_\_\_\_\_

Has access to ☐ firearms ☐ other weapons ☐ unknown

Surrender weapons ordered: ☐ Yes ☐ No

3. **This order protects (*name*):**

\_\_\_\_\_  
**and the following children who are under 18 (if any) ☐ no minors**

Child's name	Age	Child's name	Age
1.		2.	
3.		4.	
5.		6.	



There is a rebuttable presumption to include the protected person's minor children.

☐ For good cause, the court is **not** including the protected person's minor children in this order because: \_\_\_\_\_

### Warnings to the Restrained Person



**You can be arrested even if the protected person or persons invite or allow you to violate the order.** You alone are responsible for following the order. Only the court may change the order. Requests for changes must be made in writing.

**If you do not obey this order, you can be arrested and charged with a crime.**

- The crime may be a misdemeanor, gross misdemeanor, or felony depending on the circumstances. You may also be found in contempt of court.
- You can go to jail or prison, lose your right to possess a firearm or ammunition, and/or pay a fine.
- It is a felony to take or hide a child in violation of this order.
- If you travel to another state or to tribal lands or make the protected person do so, with the intention of disobeying this order, you can be charged with a federal crime.



**Firearms and Weapons.** If the court approves a full protection order, you may not be able to get or have a gun, firearm, other dangerous weapon, ammunition, or concealed pistol license for as long as the protection order is in place.



**Go to the court hearing scheduled on page 1.** If you do not, the court may:

- Make this temporary order effective for one year or longer
- Order weapons restrictions, even if that was not requested
- Order other relief requested in the petition
- Order electronic monitoring, payment of costs, and treatment
- Issue a final order that you are required to follow and you may not be served with the order if it is substantially the same as this temporary order

**If you are under age 18,** your parent/s or legal guardian/s will also be served with this order and should also go to the hearing. The court will decide if someone should be appointed to represent you.

### Findings

#### 4. Ex Parte Hearing

☐ The court issues this temporary order without a hearing.

☐ The court held a hearing before issuing this temporary 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"/> Restrained Person	<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

5. **Basis**

The court finds: Based upon the petition, testimony, and case record, it appears that the restrained person engaged in conduct against the protected person/s that would be a basis for a protection order under chapter 7.105 RCW. This Temporary Protection Order should be issued without notice to the restrained person to avoid serious immediate harm or irreparable injury.

6. **Jurisdiction**

The court has jurisdiction over the parties and the subject matter.

☐ **Minors:** Washington state ☐ has exclusive continuing jurisdiction; ☐ is the home state; ☐ has temporary emergency jurisdiction over the children.

**Temporary Emergency Jurisdiction:** The petitioner has until (date) \_\_\_\_\_ to return to (state/court with jurisdiction) \_\_\_\_\_ over the minors to seek any court orders about these minors:

\_\_\_\_\_  
The Washington order will terminate on that date for the minors. RCW 26.27.231

☐ **The person who filed is not a parent** of one or more children listed above.  
(**Important!** Complete Attachment A: Non-Parent.)

7. **Other Findings (if any)**

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

<b>Temporary Restraints</b> (Check all that apply)
--

8. **The court orders: To the restrained person:**

**General Restraints**

A. ☐ **No Harm:** Do not cause any physical harm, bodily injury, assault, nonconsensual sexual conduct or nonconsensual sexual penetration, and do not harass, threaten, or stalk  
☐ the protected person ☐ the minors named in section 3 above  
☐ these minors only: \_\_\_\_\_

B. ☐ **No Contact:** Do not attempt or have any contact, including nonphysical contact, directly, indirectly, or through third parties, regardless of whether those third parties know of the order, except for service of court documents with  
☐ the protected person ☐ the minors named in section 3 above  
☐ these minors only: \_\_\_\_\_

☐ **Exception** (if any): Only this type of contact is allowed: \_\_\_\_\_

C. ☐ **Exclude and Stay Away:** Do not enter, return to, knowingly come within, or knowingly remain within 1,000 feet or other distance (*specify*) \_\_\_\_\_ of  
☐ the protected person ☐ protected person's vehicle  
☐ protected person's school ☐ protected person's workplace  
☐ protected person's residence ☐ protected person's adult day program



- ☐ the shared residence  
☐ the residence, daycare, or school of ☐ the minors named in section 3 above  
☐ these minors only: \_\_\_\_\_  
☐ other: \_\_\_\_\_

**Address:** The protected person chooses to (*check one*)

- ☐ keep their address confidential ☐ list their address here: \_\_\_\_\_

- D. ☐ **Vacate shared residence:** The protected person has exclusive right to the residence that the protected person and restrained person share. The restrained person must immediately vacate the residence. The restrained person may take the restrained person's clothing, personal items needed during the duration of the order, and the following (*specify*) \_\_\_\_\_  
from the residence while a law enforcement officer is present.
- E. ☐ **Stalking Behavior:** Do not harass, follow, monitor, keep under physical or electronic surveillance, cyber harass (as defined in RCW 9A.90.120), or use phone, video, audio or other electronic means to record, photograph, or track locations or communication, including digital, wire, or electronic communication, of  
☐ the protected person \_\_\_\_\_ ☐ the minors named in section 3 above  
☐ these minors only: \_\_\_\_\_  
☐ these members of the protected person's household : \_\_\_\_\_
- F. ☐ **Intimate Images:** Do not possess or distribute intimate images of a protected person, as defined in RCW 9A.86.010. The restrained person must take down and delete all intimate images and recordings of a protected person in the restrained person's possession or control and cease any and all disclosure of those intimate images.
- G. ☐ **Electronic Monitoring:** You must submit to electronic monitoring. (*Restrained person must be age 18 or older.*)
- H. ☐ **Evaluation:** ☐ To be decided at the hearing. ☐ Ordered now.  
The restrained person shall get an evaluation for: ☐ mental health ☐ chemical dependency (drugs) at: \_\_\_\_\_  
The evaluation shall answer the following question/s: \_\_\_\_\_  
\_\_\_\_\_  
An evaluation is necessary and it is feasible and appropriate to order an evaluation in this temporary order because: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- I. ☐ **Treatment:** ☐ To be decided at the hearing. ☐ Ordered now.  
The restrained person shall participate in state-certified treatment as follows:  
☐ domestic violence perpetrator treatment program approved under RCW 43.20A.725 at \_\_\_\_\_  
☐ sex offender treatment program approved under RCW 18.155.070 at: \_\_\_\_\_

It is feasible and appropriate to order treatment in this temporary order because: \_\_\_\_\_

---

---

J. ☐ **Personal Belongings:** The protected person shall have possession of essential personal belongings, including the following:

---

---

K. ☐ **Transfer of Assets:** Do not transfer jointly owned assets.

L. ☐ **Vehicle:** The protected person shall have use of the following vehicle:

Year, Make & Model \_\_\_\_\_ License No. \_\_\_\_\_

M. -- **Restrict Abusive Litigation:** To be decided at the hearing, if requested.

N. -- **Pay Fees and Costs:** To be decided at the hearing, if requested.

---

### Firearms and Other Dangerous Weapons

O. ☐ Surrender Weapons:

**Important!** Also use form Order to Surrender and Prohibit Weapons, WS 001.

**The court finds** that (*check all that apply*):

- ☐ Irreparable injury could result if the order to surrender weapons is not issued.
- ☐ The restrained person's possession of a firearm or other dangerous weapon presents a serious and imminent threat to public health or safety or the health or safety of any individual.
- ☐ Irreparable injury could result if the restrained person is allowed to access, obtain, or possess any firearms or other dangerous weapons, or obtains or possesses a concealed pistol license.

The restrained person must:

- Immediately surrender to law enforcement and not access, possess, have in their custody or control, purchase, receive, or attempt to purchase or receive firearms, other dangerous weapons, or concealed pistol licenses; and
- Comply with the **Order to Surrender and Prohibit Weapons**, filed separately.

---

### Minors

P. ☐ **Custody:** The protected person is granted temporary care, custody, and control of  
☐ the minors named in section 3 above  
☐ these minors only: \_\_\_\_\_

(*Only for children the protected and restrained person have together.*)

To comply with the Child Relocation Act, anyone with majority or substantially equal residential time (at least 45 percent) who wants to move with the child must notify every other person who has court-ordered time with the child. Specific exemptions from notification may be available if the court finds unreasonable risk to health or



safety. Persons entitled to time with the child under a court order may object to the proposed relocation. See RCW 26.09.405 - .560 for more information.

- Q. [ ] Interference:** Do not interfere with the protected person's physical or legal custody of  
[ ] the minors named in section 3 above  
[ ] these minors only: \_\_\_\_\_
- R. [ ] Removal from State:** Do not remove from the state:  
[ ] the minors named in section 3 above  
[ ] these minors only: \_\_\_\_\_
- S. [ ] School Attendance:** Do not attend the elementary, middle, or high school (school name) \_\_\_\_\_, that a protected person attends.  
(Only if both the restrained person and a protected person are students at the same school. Can apply to students 18 or older. Includes public and private schools. Complete form Appendix A School Attendance.)

---

### Pets

- T. [ ] Custody:** The protected person shall have exclusive custody and control of the following pet/s owned, possessed, leased, kept, or held by the protected person, restrained person, or a minor child who lives with either the protected or restrained person. (Specify name of pet and type of animal.)  
\_\_\_\_\_
- U. [ ] Interference:** Do not interfere with the protected person's efforts to get the pet/s named above.
- V. [ ] Stay Away:** Do not knowingly come within, or knowingly remain within (distance) \_\_\_\_\_ of the following locations where the pet/s are regularly found:  
[ ] Protected person's residence (home address may be kept confidential)  
[ ] Other (specify) \_\_\_\_\_

---

### Vulnerable Adult

- W. [ ] Safety:** Do not commit or threaten to commit acts of abandonment, neglect, financial exploitation, or abuse, including sexual abuse, mental abuse, physical abuse, personal exploitation, and improper use of restraints, against the vulnerable adult.
- X. [ ] Accounting:** You must provide an accounting of the disposition of the vulnerable adult's income or other resources by (date) \_\_\_\_\_
- Y. [ ] Property Transfer:** Do not transfer the property of:  
[ ] the vulnerable adult [ ] the restrained person  
This restraint is valid for up to 90 days.

---

### Other

- Z.** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Other Orders** (*Check all that apply*)

**9. ☐ Law enforcement must help the protected person with** (per RCW 7.105.320)

- ☐ Possession of the protected person's residence.  
☐ Possession of the vehicle listed in section L above.  
☐ Possession of the protected person's essential personal belongings located at  
    ☐ the shared residence      ☐ the restrained person's residence  
    ☐ other location \_\_\_\_\_

- ☐ Custody of ☐ the minors named in section 3 above  
    ☐ these minors only \_\_\_\_\_

☐ Other: \_\_\_\_\_

**10. 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

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

**11. Service on the Restrained Person**

- ☐ **Required.** The restrained person must be served with a service packet, including a copy of this order, the petition, and any supporting materials filed with the petition.

- ☐ The **law enforcement agency** where the restrained person lives or can be served shall serve the restrained person with the service packet 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 service packet 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.** See section 4 above for appearances.

- ☐ The restrained person appeared at the hearing where this order was issued and received a copy.

- ☐ The restrained person appeared at the hearing where this order was issued but refused to accept a copy of this order. Additional service is not required.



- ☐ The restrained person appeared remotely or left the hearing early but received actual notice of the order. Additional service is not required and proof of service is not necessary.

**12. ☐ 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.

**13. Other Orders (if any):**

---






---






---

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

The hearing scheduled on page 1 will be held:

	<p><b>In person</b></p> <p>Judge/Commissioner: _____ Courtroom: _____</p> <p>Address: _____</p>
	<p><b>Online</b> (<i>audio and video</i>) 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><b>By Phone</b> (<i>audio only</i>) <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>

	<b>If you have trouble connecting online or by phone</b> (instructions, who to contact) <hr/> <hr/>	
	<b>Ask for an interpreter, if needed.</b> Contact: <hr/> <hr/>	
<b>Ask for disability accommodation, if needed.</b> Contact: <hr/> <hr/>		
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 _____

**Protected person must complete a Law Enforcement and Confidential Information form, PO 003, and give it to the court clerk.**

**Important! Protected Person**, if you ask for it, you have the right to be notified if the restrained person gets their surrendered firearms back. You must contact the law enforcement agency that has the firearms to ask for this notice. The Proof of Surrender in the court file should say which agency has the firearms. RCW 9.41.340.

**Certificate of Compliance With VAWA.** This protection order meets all "full faith and credit" requirements of the Violence Against Women Act, 18 USC § 2265 (1994) (VAWA) upon notice to the restrained person. This court has jurisdiction over the parties and the subject matter; the restrained person has been or will be given notice and a timely opportunity to be heard as provided by the laws of this jurisdiction. This order is enforceable in all 50 states, Indian tribal lands, the District of Columbia, the Commonwealth of Puerto Rico, the U.S. Virgin Islands, American Samoa, the Northern Mariana Islands, and Guam, as if it were an order of that jurisdiction.



**Attachment A: Non-Parent.** Complete this attachment if any of the protected minors are **not** the children of the person who filed the Petition.

**14. Filing Party's Relationship to Children**

The person who filed the Petition for Protection Order:

☐ has a court order giving them guardianship or custody of the following children  
(children's names): \_\_\_\_\_

☐ does **not** have a court order about the following children in their family or household  
(children's names): \_\_\_\_\_

**15. Indian Child Welfare Acts**

The court has reviewed the tribal heritage information provided by the person who filed the petition and finds:

☐ The federal and state Indian Child Welfare Acts (ICWA) do **not** apply because.

☐ The restrained person is also **not** a parent of the children.

☐ Another court has already found that ICWA does not apply (*county and case number*): \_\_\_\_\_

☐ The court does not have enough information to decide if the federal and state Indian Child Welfare Acts apply. The court will make a finding before a full protection order is issued. Until then, the court will treat the children as Indian children. The court finds that removal or placement of the children is necessary to prevent imminent physical damage or harm to the children pursuant to 25 U.S.C. Sec. 1922 and RCW 13.38.140.

**Order:** The filing party must make a good faith effort to find out if any of the children are Indian children. **If there is any reason to know** the children have tribal heritage, the filing party must provide the Indian Child Welfare Act Notice (GDN M 401) and a copy of the Petition to all of the tribes, people, or agencies entitled to notice. Good faith efforts are defined in RCW 13.38.050.

☐ The federal and state Indian Child Welfare Acts (ICWA) apply or may apply.

☐ All notice, evidentiary requirements, and placement preferences under the federal and state ICWAs have been satisfied in a separate case (case number): \_\_\_\_\_.

☐ Removal or placement of the children is necessary to prevent imminent physical damage or harm to the children pursuant to 25 U.S.C. Sec. 1922 and RCW 13.38.140.

**Important!** To remove or place an Indian child beyond a short-term emergency situation, the filing party must satisfy the notice and evidentiary requirements of ICWA. This could be done in a Minor Guardianship case.

**Walla Walla District Court of Washington, County of Walla Walla**

_____ Petitioner	_____ DOB	No.
vs.		<b>NOTICE OF HEARING (NTHG)</b> (Optional Use) (Clerk's Action Required)
_____ Respondent	_____ DOB	

TO: \_\_\_\_\_

(Name of Petitioner/Respondent) \_\_\_\_\_

has filed a motion for the following relief (name of Petition/Motion):

\_\_\_\_\_

A hearing will be held on (date) \_\_\_\_\_, at \_\_\_\_\_ [ ] a.m. [ ] p.m.  
at (location) \_\_\_\_\_ to determine whether the requested  
relief should be granted. **IF YOU DO NOT APPEAR, THE COURT MAY ENTER AN  
ORDER GRANTING THE RELIEF REQUESTED.**

Dated: \_\_\_\_\_

\_\_\_\_\_  
COUNTY CLERK

By: \_\_\_\_\_  
Deputy Clerk

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



## Law Enforcement and Confidential Information (LECIF)

**Clerk: Do not file in a  
public access file. Give  
to law enforcement.**

**Walla Walla District** Court of  
Washington County: **Walla Walla**

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

***Do NOT serve or show this sheet to the Restrained Person!***

**Type or print clearly!** If law enforcement cannot read this form, they cannot serve or enforce your order!

**Restrained Person's Info** – Fill out as much as you can. If you do not know, write "unknown."

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:	
<b>Where can the Restrained Person be served?</b> 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	Drivers License or ID number			State

Vehicle Make and Model	Vehicle License Number	Vehicle Color	Vehicle Year
<b>Disability, hazard, and weapon info about the Restrained Person</b> Law enforcement needs this info to serve your order safely			
<b>Does the Restrained Person have a disability, brain injury, or impairment requiring special assistance</b> when law enforcement serves the order? <input type="checkbox"/> No <input type="checkbox"/> Yes. If yes, describe (add pages, if needed): _____			
<b>Hazard Information</b> Restrained Person'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: _____			
<b>Concealed Pistol License:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Weapons:</b> <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): _____			
<b>Location of Weapons:</b> <input type="checkbox"/> Vehicle <input type="checkbox"/> On Person <input type="checkbox"/> Residence Describe in detail: _____			
<b>Current Status</b> Is the restrained person a current or former cohabitant as an intimate partner? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you and the restrained person living together now? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the restrained person know they may be moved out of the home? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Does the restrained person know you are trying to get this order? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the restrained person likely to react violently when served? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Protected Person's Info</b>			
<b>Name:</b> First Middle Last			Date of Birth
Sex	Race		Height
Eye Color	Hair Color		Weight
Skin Tone			Build
If your information <b>is not confidential</b> , 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 <b>is confidential</b> , you must give a name, address, and phone of someone willing to be your "contact."			
Contact Name:			
Contact Address			Contact Phone
If you filed for someone else, list your name, phone number, and address: _____			



<b>Minor's Info</b>				
<i>For relationship, use terms such as child, grandchild, stepchild, nephew, or none.</i>				
<b>1</b>	<b>Name:</b> First Middle Last			
	Birth Date	Sex	Race	Resides With
	Relationship to Protected Person:		Relationship to Restrained Person:	
<b>2</b>	<b>Name:</b> First Middle Last			
	Birth Date	Sex	Race	Resides With
	Relationship to Protected Person:		Relationship to Restrained Person:	
<b>3</b>	<b>Name:</b> First Middle Last			
	Birth Date	Sex	Race	Resides With
	Relationship to Protected Person:		Relationship to Restrained Person:	
<b>4</b>	<b>Name:</b> First Middle Last			
	Birth Date	Sex	Race	Resides With
	Relationship to Protected Person:		Relationship to Restrained Person:	
<input type="checkbox"/> <b>More than 4 minors are protected.</b> (Attach a page to list more children and their details.)				
<b>Protected Household Members or Adult Children</b>				
Name:			birth date:	
Name:			birth date:	
Name:			birth date:	
Name:			birth date:	
<b>Privacy Notice:</b> 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.				
<b>Changes:</b> 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: \_\_\_\_\_



Protected or Restrained person signs here

Print name here

<b>Walla Walla District Court of Washington For Walla Walla County</b>	No. _____
<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border-bottom: 1px solid black; width: 40%;"></div> <div style="text-align: center; width: 10%;">vs.</div> <div style="border-bottom: 1px solid black; width: 40%;"></div> </div> <div style="display: flex; justify-content: space-between; align-items: center; margin-top: 5px;"> <div></div> <div style="text-align: center;">Petitioner,</div> </div> <div style="display: flex; justify-content: space-between; align-items: center; margin-top: 5px;"> <div></div> <div style="text-align: center;">Respondent.</div> </div>	<b>Motion and Declaration For Waiver of Filing Fees and Surcharges - Harassment (MTWVF) (RCW 10.14.060; RCW 10.14.055)</b>

### I. Motion

- 1.1 I am the petitioner in this action.
- 1.2 I am asking for a waiver of all filing fees and surcharges.

### II. Basis for Motion

- 2.1 ☐ GR 34 allows the court to waive "filing fees or surcharges the payment of which is a condition precedent to a litigant's ability to secure access to judicial relief" for a person who is indigent. RCW 10.14.060 provides that if the petitioner's request for fee waiver is granted, "then no fees for service may be charged to the petitioner." As outlined below, I am indigent.
- 2.2 ☐ RCW 10.14.055 allows the court to waive "filing fees or surcharges the payment of which is a condition precedent to a litigant's ability to secure access to judicial relief" for a person who is seeking relief from a person:
  - ☐ who has stalked them as that term is defined in RCW 9A.46.110; or
  - ☐ who has engaged in conduct that would constitute a sex offense as defined in RCW 9A.44.130; or
  - ☐ from a person who is a family or household member as defined in RCW 26.50.010 who has engaged in conduct that would constitute domestic violence as defined in RCW 26.50.010.

RCW 10.14.060 provides that if the petitioner's request for fee waiver is granted, "then



no fees for service may be charged to the petitioner.”

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Requesting Party

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

### III. Declaration

I declare that,

3.1    ☐    I cannot afford to meet my necessary household living expenses and pay the filing fees and surcharges imposed by the court. Please see the attached Financial Statement, which I incorporate as part of this declaration.

☐    In addition to the information in the financial statement I would like the court to consider the following:

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

3.2    ☐    I am seeking protection from the respondent who:

☐    has stalked me, or the minor child(ren) listed in the petition;

☐    has engaged in conduct that would constitute a sex offense as defined in RCW 9A.44.130; or

☐    is a family or household member as defined in RCW 26.50.010 who has engaged in conduct that would constitute domestic violence as defined in RCW 26.50.010;

as described in the Statement in the Petition for Order for Protection – Harassment.

☐    (Check if applies.) I filed this motion by mail. I enclosed a self-addressed stamped envelope with the motion so that I can receive a copy of the order once it is signed.

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

Signed at (city) \_\_\_\_\_, (state) \_\_\_\_\_ on (date) \_\_\_\_\_.

\_\_\_\_\_  
Signature

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

Case Name: \_\_\_\_\_ Case Number: \_\_\_\_\_

<b>Financial Statement - Harassment (Attachment)</b>			
1. My name is: _____			
2. <input type="checkbox"/> I provide support to people who live with me: How many? _____ Age(s): _____			
<b>3. My Monthly Income:</b>		<b>6. My Monthly Household Expenses:</b>	
Employed <input type="checkbox"/> Unemployed <input type="checkbox"/>		Rent/Mortgage: \$ _____	
Employer's Name: _____		Food/Household Supplies: \$ _____	
Gross pay per month (salary or hourly pay):	\$ _____	Utilities:	\$ _____
Take home pay per month:	\$ _____	Transportation:	\$ _____
<b>4. Other Sources of Income Per Month in my Household:</b>		Ordered Maintenance actually paid: \$ _____	
Source:	\$ _____	Ordered Child Support actually paid: \$ _____	
Source:	\$ _____	Clothing: \$ _____	
Source:	\$ _____	Child Care: \$ _____	
Source:	\$ _____	Education Expenses: \$ _____	
Sub-Total:		Insurance (car, health): \$ _____	
<input type="checkbox"/> I receive food stamps.		Medical Expenses: \$ _____	
<b>Total Income, lines 3 (take home pay) and 4:</b>		<b>Sub-Total:</b>	
\$ _____		\$ _____	
<b>5. My Household Assets:</b>		<b>7. My Other Monthly Household Expenses:</b>	
Cash on hand:	\$ _____	\$ _____	
Checking Account Balance:	\$ _____	\$ _____	
Savings Account Balance:	\$ _____	\$ _____	
Auto #1 (Value less loan):	\$ _____	\$ _____	
Auto #2 (Value less loan):	\$ _____	Sub-Total: \$ _____	
Home (Value less mortgage):	\$ _____	<b>8. My Other Debts with Monthly Payments:</b>	
Other:	\$ _____		\$ _____ /mo
Other:	\$ _____		\$ _____ /mo
Other:	\$ _____		\$ _____ /mo
Other:	\$ _____		\$ _____ /mo
Other:	\$ _____	Sub-Total: \$ _____	
<b>Total Household Assets:</b>		<b>Total Household Expenses and Debts, lines 6, 7, and 8:</b>	
\$ _____		\$ _____	
<b>Date:</b> _____		<b>Signature:</b> _____	



<b>Walla Walla District Court of Washington For Walla Walla County</b>	<b>No.</b> _____
_____ <div style="text-align: right;">Petitioner,</div> <div style="text-align: center;">vs.</div> _____ <div style="text-align: right;">Respondent.</div>	<b>Order Re Waiver of Filing Fees and Surcharges - Harassment</b> <input type="checkbox"/> <b>Granted</b> (ORPRFP) <input type="checkbox"/> <b>Denied</b> (ORDYMT) <input checked="" type="checkbox"/> Clerk's Action Required 3.1

### I. Basis

The court received the motion to waive filing fees and surcharges filed by or on behalf of the petitioner.

### II. Findings

The Court reviewed the motion and supporting declaration(s). Based on the declaration(s) and any relevant records and files, the Court finds:

- 2.1     ☐     The petitioner is indigent based on the following: He or she:
- ☐     is represented by a qualified legal aid provider that screened and found the applicant eligible for free civil legal aid services; and/or
  - ☐     receives benefits from one or more needs-based, means-tested assistance programs; and/or
  - ☐     has household income at or below 125% of the federal poverty guideline; and/or
  - ☐     has household income above 125% of the federal poverty guideline but cannot meet basic household living expenses and pay the fees and/or surcharges; and/or
  - ☐     other: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- 2.2    ☐    The petitioner is seeking protection from a person who:
- ☐ has stalked them as that term is defined in RCW 9A.46.110;
- ☐ engaged in conduct that would constitute a sex offense as defined in RCW 9A.44.130; or
- ☐ is a family or household member as defined in RCW 26.50.010(2) who has engaged in conduct that would constitute domestic violence as defined in RCW 26.50.010(1).

2.3    ☐    Other: \_\_\_\_\_.

### **III. Order**

Based on the findings the court orders:

- 3.1    ☐    The motion is granted, and
- ☐ all filing fees and surcharges the payment of which is a condition precedent to the petitioner's ability to secure access to judicial relief are waived.
- ☐ Law Enforcement shall serve all papers in this action without charging a fee for service to the petitioner.
- ☐ other: \_\_\_\_\_.

3.2    ☐    The motion is denied.

3.3    If there is a material change in financial circumstances, the ruling can be revisited by the court or the petitioner.

If the motion was granted and the court, upon review, later finds that either the petitioner or another responsible party to this proceeding has sufficient resources to pay the waived filing fees or surcharges, the Court may modify this order and require the petitioner or another party to pay the filing fees and/or surcharges that have been waived by this order.

Dated: \_\_\_\_\_

\_\_\_\_\_  
**Judge/Commissioner**

Presented by:

\_\_\_\_\_  
Signature of Petitioner or Lawyer/WSBA No.

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



**Walla Walla District Court of Washington, County of Walla Walla**

<hr/>		<b>No. Proof of Service (RTS) Clerk's Action Required:2</b>
Petitioner (Protected Person)	Date of Birth	
vs.		
Respondent (Restrained Person)	Date of Birth	

**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:**

☐ **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: \_\_\_\_\_

☐ **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. 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): \_\_\_\_\_

☐ **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 proof of service to the  
following law enforcement agency where the respondent resides (county or city)  
(check only one): \_\_\_\_\_

☐ Sheriff's Office or ☐ Police Department

**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*):

<b>New Petition:</b>	<b>After a Full Hearing:</b>
<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"/> Reissuance of Temporary Protection Order and Notice of Hearing	<input type="checkbox"/> Order Realigning Parties
<input type="checkbox"/> Order to Surrender and Prohibit Weapons (issued without notice)	
<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	



<b>Renewals:</b> <input type="checkbox"/> Motion for Renewal of Protection Order <input type="checkbox"/> Order Setting Hearing on Renewal <input type="checkbox"/> and Extending Order until Hearing <input type="checkbox"/> Order for Renewal of Order for Protection	<b>Motions:</b> <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
<input type="checkbox"/> Order Setting Hearing – Sexual Assault <input type="checkbox"/> Order on Motion for Renewal of Sexual Assault Protection Order	<b>After a Motion Hearing:</b> <input type="checkbox"/> Order Modifying or Terminating Protection Order <input type="checkbox"/> Order to Surrender and Prohibit Weapons
<b>Other Documents:</b> <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)*