

**SKAGIT COUNTY CLERK'S OFFICE  
205 WEST KINCAID ROOM 103  
MOUNT VERNON WA 98273  
(360) 416-1800**

**SKAGIT COUNTY PROTECTION ORDERS PACKET INSTRUCTIONS**

1. Fill out these forms. Please print neatly with dark ink (not red). The Court must be able to read them clearly.
2. Correct Addresses on the Law Enforcement & Confidential Information Form are very important.

**LAW ENFORCEMENT WILL NOT SERVE DOCUMENTS ON RESPONDENT  
WITHOUT AN ADDRESS.**

3. Please include the correct birth dates and correct spelling of names for all parties named.

**AGAIN, LAW ENFORCEMENT WILL NOT SERVE ANY DOCUMENTS  
WITHOUT THIS INFORMATION.**

4. Bring **completed forms** back to the clerk's office.

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**Fill out the following forms COMPLETELY:**

- 1) The Petition: Fill out all statement areas on the petition completely with as much information about what is happening and why you are petitioning for an order. This is what the court uses to determine if a temporary order is necessary.
- 2) LECIF Law Enforcement & Confidential Information Form: Correct addresses and birthdates if possible.

Once court is done, you will be directed back down to the Clerk's Office to obtain copies. We will give you 3 certified copies of the temporary order. Keep a copy of the order with you at all times. Law enforcement will attempt to serve the respondent with the petition and temporary order. If respondent has not been served yet and is at your residence, please call 911 to have an officer come to your house. They can use one of your copies to serve on respondent at that time and do a civil standby (if ordered by the court) to allow respondent to get personal belongings.

If the respondent violates the order, please call 911 to make a report.

**OFICINA DEL SECRETARIO DEL CONDADO DE SKAGIT  
205 WEST KINCAID HABITACIÓN 103  
MONTE VERNON WA 98273  
(360) 416-1800**

**INSTRUCCIONES DEL PAQUETE DE ÓRDENES DE PROTECCIÓN DEL  
CONDADO DE SKAGIT**

1. Rellene estos formularios. Por favor, imprima cuidadosamente con tinta oscura (no roja). El Tribunal debe ser capaz de leerlos claramente.
2. Las direcciones correctas en el formulario de aplicación de la ley e información confidencial son muy importantes.

**LA POLICÍA NO ENTREGARÁ DOCUMENTOS AL DEMANDADO  
SIN DIRECCIÓN.**

3. Por favor, incluya las fechas de nacimiento correctas y la ortografía correcta de los nombres para todas las partes nombradas.

**UNA VEZ MÁS, LA POLICÍA NO ENTREGARÁ NINGÚN DOCUMENTO.  
SIN ESTA INFORMACIÓN.**

4. Lleve los **formularios completados** a la oficina del secretario.

**Llene los siguientes formularios COMPLETAMENTE:**

1. La petición: Llene todas las áreas de declaración de la petición completamente con tanta información sobre lo que está sucediendo y por qué está solicitando una orden. Esto es lo que el tribunal utiliza para determinar si es necesaria una orden temporal.
- 2) LE CIF Aplicación de la ley y formulario de información confidencial: Corrija las direcciones y fechas de nacimiento si es posible.

Una vez que termine la corte, se le dirigirá de regreso a la Oficina del Secretario para obtener copias. Le daremos 3 copias certificadas del pedido temporal. Mantenga una copia del pedido con usted en todo momento. La policía intentará entregar al demandado la petición y la orden temporal. Si el demandado aún no ha sido atendido y está en su residencia, llame al 911 para que un oficial venga a su casa. Pueden usar una de sus copias para servir al demandado en ese momento y hacer una espera civil (si así lo ordena el tribunal) para permitir que el demandado obtenga pertenencias personales.

Si el demandado viola la orden, llame al 911 para hacer un informe.

Superior Court of Washington, County of Skagit

Petitioner (*Person starting this case*) \_\_\_\_\_ DOB \_\_\_\_\_

vs.

Respondent (*Person responding to this case*) \_\_\_\_\_ DOB \_\_\_\_\_

No. \_\_\_\_\_

**Petition for Protection Order**

**Clerk's Action Required: 1**

**Petition for Protection Order**

**What kind of 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 may be required*)
- Conduct also includes (*check all that apply*): ☐ stalking ☐ hate crime ☐ single act of violence ☐ 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: \_\_\_\_\_

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

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

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

**Who should be protected?** Check all that apply. Depending on the type of order, you can protect yourself and/or children, or you can file on behalf of a vulnerable adult, or another adult who cannot file for themselves.

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.

☐ I am with the Department of Children, Youth, and Families filing for a minor not able to consent (sexual assault protection order only).

☐ I am with (specify law enforcement agency) \_\_\_\_\_  
law enforcement filing for a minor not able to consent (temporary sexual assault protection order only).

Child's Name	Age	Gender	Race	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  
for receiving legal documents.

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

Email (*if you agree to receive legal documents 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  
☐ grandparent and grandchild ☐ parent's intimate partner and child  
☐ 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, **or** this is the nearest court to where I live or used to live.
- ☐ 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: \_\_\_\_\_

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

**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).

If the court determines there is not a reason for an immediate order, you have the ability to request the court to withdraw your petition.

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

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

**If Yes to 11 or 12, 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.*)

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

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

☐ 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: \_\_\_\_\_

☐ these members of the protected person's household: \_\_\_\_\_

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

\_\_\_\_\_  
Exceptions about minors, if any, provided in **P** below.

C. ☐ **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: \_\_\_\_\_

D. ☐ **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:

E. ☐ **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.

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:** The restrained person must submit to electronic monitoring. Example: location tracking via ankle bracelet. (*Restrained person must be age 18 or older.*)

H. ☐ **Evaluation:** The restrained person shall get an evaluation for:

☐ mental health

☐ chemical dependency (drugs and alcohol)

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:



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- 
- 
- K. ☐ **Assets:** Do not transfer jointly owned assets.  
☐ **Finances:** Provide the following financial relief: \_\_\_\_\_
- 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.

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### Firearms and Other Dangerous Weapons

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

**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 ☐ own or ☐ have access to firearms?

☐ Yes ☐ No ☐ I don't know

Complete **Attachment E: Firearms Identification** if Yes.

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 ☐ I don't know

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.

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Is the restrained person already not allowed to have firearms?

☐ Yes ☐ No ☐ I don't know

If Yes, why? \_\_\_\_\_

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**Minors****P. [ ] Custody:** *(If the parties have children together.)*

The protected person is granted temporary care, custody, and control of

[ ] the minors named in section **4** above.

[ ] these minors only: \_\_\_\_\_

Exceptions for Visitation and Transportation (including exchanges, meeting location, and pickup and dropoff) of Minors (if any): \_\_\_\_\_

\_\_\_\_\_  
Visitation listed here is an exception to any No Contact and Stay Away provisions about the children, in **B** and **D** above.

**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 Enrollment:** Do not enroll or continue attending as a student in the elementary, middle, or high school that a protected person attends: *(name of school)*

\_\_\_\_\_  
*(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.

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

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**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*): \_\_\_\_\_  
\_\_\_\_\_

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**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.

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**Other**

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

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

14. **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?**

15. **Length of Order**

(*The order will last for **at least 1 year** unless you ask for something different. Orders restraining a parent from contacting their own children may not exceed 1 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 1 year, briefly explain why.

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**Do you want to be notified if the restrained person petitions for the restoration of firearms in the future?**

**16. Firearms Restoration Notice**

*(This only applies if there is an existing or future criminal case that prohibits firearm ownership or possession.)*

☐ **Notify.** I want the prosecutor to notify me if the restrained person petitions for restoration of firearms and of the court's decision.

☐ **Do not notify.** I do not want the prosecutor to notify me if the restrained person petitions for restoration of firearms or of the court's decision.

**Why do you need a protection order? What happened?** This is your statement where you tell your experience.

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.

For all of the questions below, include details:

- 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?

If you need more space to answer any of the questions below, use form PO 010 *Statement* or attach additional pages.

**Privacy Warning!** The restrained person will see this Petition and any other evidence you file with the court. This information is also available in a public court file. You should file healthcare records, financial documents, and confidential reports under seal. Use form All Civil 040 *Sealed Cover*. If you want to seal explicit or intimate images, you must file a separate motion asking the court to seal these images. Use form PO 005, *Motion to Redact or Seal*.

- 17. 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.

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18. **Past Incidents.** What happened in the past that makes 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, or 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 incidents.

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19. **Medical Treatment.** Describe any medical treatment you received for issues related to your request for protection.

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- 20. Suicidal Behavior.** Describe any threats of self-harm or suicide attempts by the restrained person.

**21. Restrained Person's Substance Abuse**

Is substance abuse involved? ☐ Yes ☐ No ☐ Unknown

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

**22. 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.

- 23. Supporting Evidence** *(Include anything else you want the court to see that helps prove what you are saying is true. You are responsible for filing your supporting evidence, including police reports, if any. Before you file any attachments, you can black out (redact) any sensitive information. Examples: your home address and account numbers (leave last 4 digits). If you have audio or video evidence, contact the court for how to submit.)*

☐ I am submitting the following evidence with 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 in a public court file. You should file healthcare records, financial documents, and confidential reports under seal. Use All Civil 040 *Sealed Cover*. If you want to seal explicit or intimate images, you must file a separate motion asking the court to seal these images. Use form PO 005, *Motion to Redact or Seal*.

Before you file any attachments, you can **black out** (redact) any sensitive information. Examples: your home address, account numbers (leave last 4 digits), minor's names (leave minor's initials). Do **not** list your address in this petition or any supporting evidence if you want it to remain confidential.

**Hope Card:** A Hope Card is a small card you can easily carry that has some details of your protection order. It is one way to show you have a full protection order. You can request one at [www.courts.wa.gov/hopcard](http://www.courts.wa.gov/hopcard).

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*

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## Attachment A: Definitions (*Always include with petition.*)

**"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.

**"Commercial sexual exploitation"** means commercial sexual abuse of a minor and sex trafficking.

**"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.



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## Attachment B: Vulnerable Adult

**Only complete** this attachment if your case involves a vulnerable adult. **If not**, skip or remove this attachment.

**1. What qualifies the adult as a vulnerable adult?** The adult (*check all that apply*):

- ☐ Is over 60 years old and does not have the functional, mental, or physical ability to care for himself or herself.
- ☐ Is an individual subject to guardianship under RCW 11.130.265 or an individual subject to conservatorship under RCW 11.130.360.
- ☐ Has a developmental disability as defined in RCW 71A.10.020.
- ☐ Self-directs their own care and receives services from a personal aide under RCW 74.39.
- ☐ Is receiving services from a home health, hospice, or homecare agency licensed or required to be licensed under RCW 70.127.
- ☐ Is receiving in-home services from an individual provider under contract with DSHS.
- ☐ Has been admitted to an assisted living facility, nursing home, adult family home, soldiers' home, residential habilitation center, or any other facility licensed by DSHS.

**2. Does the vulnerable adult know you will be filing this petition?**

- ☐ Yes ☐ No If no, what efforts did you make to notify the vulnerable adult?

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**3. Connection to Washington.** Does the vulnerable adult live in Washington State?

- ☐ Yes ☐ No If no, are you asking to protect any **family members** of the vulnerable adult who:

- ☐ Live in Washington State, and
- ☐ Have been affected by the restrained person's actions

☐ Yes ☐ No

**4. What is your relationship to the vulnerable adult?**

- ☐ I am the vulnerable adult. I am filing this petition for myself.
- ☐ DSHS is filing this petition for a vulnerable adult who ☐ has consented ☐ lacks capacity or ability to consent to this petition.
- ☐ I am the vulnerable adult's guardian/conservator, or limited guardian/conservator.

I was appointed in (*county and state*) \_\_\_\_\_  
in Case Number \_\_\_\_\_  
on or about (*date*) \_\_\_\_\_  
(*Attach a copy of your letters or order appointing guardian/conservator, if available.*)

- ☐ To protect the vulnerable adult, I imposed an **emergency restriction** on the vulnerable adult's right to associate with the restrained person on (*date*) \_\_\_\_\_

[ ] I am the vulnerable adult's legal fiduciary. I was appointed [ ] trustee [ ] power of attorney on or about (date) \_\_\_\_\_.  
(Attach a copy of your relevant documents, if available.)

[ ] I am interested in the welfare of the vulnerable adult. I have a good faith belief that the court's intervention is necessary and that the vulnerable adult is unable at this time to protect their own interests, due to incapacity, undue influence, or duress.

What is the nature of your relationship to the vulnerable adult? How long has this relationship lasted? (Describe)

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What is the incapacity, undue influence, or duress that makes the vulnerable adult unable to protect their own interests? (Describe)

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## Definitions For Vulnerable Adult Protection Orders:

**"Vulnerable adult"** includes a person:

- (a) Sixty years of age or older who has the functional, mental, or physical inability to care for himself or herself; or
- (b) Subject to a guardianship under RCW 11.130.265 or adult subject to conservatorship under RCW 11.130.360; or
- (c) Who has a developmental disability as defined under RCW 71A.10.020; or
- (d) Admitted to any facility; or
- (e) Receiving services from home health, hospice, or home care agencies licensed or required to be licensed under chapter 70.127 RCW; or
- (f) Receiving services from a person under contract with the department of social and health services to provide services in the home under chapter 74.09 or 74.39A RCW; or
- (g) Who self-directs his or her own care and receives services from a personal aide under chapter 74.39 RCW.

**"Abuse,"** for the purposes of a **vulnerable adult** protection order, means intentional, willful,

or reckless action or inaction that inflicts injury, unreasonable confinement, intimidation, or punishment on a vulnerable adult. In instances of abuse of a vulnerable adult who is unable to express or demonstrate physical harm, pain, or mental anguish, the abuse is presumed to cause physical harm, pain, or mental anguish.

"Abuse" includes sexual abuse, mental abuse, physical abuse, personal exploitation, and improper use of restraint against a **vulnerable adult**, which have the following meanings:

- (a) "Improper use of restraint" means the inappropriate use of chemical, physical, or mechanical restraints for convenience or discipline, or in a manner that:
  - (i) Is inconsistent with federal or state licensing or certification requirements for facilities, hospitals, or programs authorized under chapter 71A.12 RCW;
  - (ii) is not medically authorized; or
  - (iii) otherwise constitutes abuse under this section.
- (b) "Mental abuse" means an intentional, willful, or reckless verbal or nonverbal action that threatens, humiliates, harasses, coerces,

intimidates, isolates, unreasonably confines, or punishes a vulnerable adult. "Mental abuse" may include ridiculing, yelling, swearing, or withholding or tampering with prescribed medications or their dosage.

- (c) "Personal exploitation" means an act of forcing, compelling, or exerting undue influence over a vulnerable adult causing the vulnerable adult to act in a way that is inconsistent with relevant past behavior, or causing the vulnerable adult to perform services for the benefit of another.
- (d) "Physical abuse" means the intentional, willful, or reckless action of inflicting bodily injury or physical mistreatment. "Physical abuse" includes, but is not limited to, striking with or without an object, slapping, pinching, strangulation, suffocation, kicking, shoving, or prodding.
- (e) "Sexual abuse" means any form of nonconsensual sexual conduct including, but not limited to, unwanted or inappropriate touching, rape, molestation, indecent liberties, sexual coercion, sexually explicit photographing or recording, voyeurism, indecent exposure, and sexual harassment. "Sexual abuse" also includes any sexual conduct between a staff person, who is not also a resident or client, of a facility or a staff person of a program authorized under chapter 71A.12 RCW, and a vulnerable adult living in that facility or receiving service from a program authorized under chapter 71A.12 RCW, whether or not the sexual conduct is consensual.

**"Financial exploitation"** means the illegal or improper use of, control over, or withholding of, the property, income, resources, or trust funds of the **vulnerable adult** by any person or entity for any person's or entity's profit or advantage other than for the vulnerable adult's profit or advantage. "Financial exploitation" includes, but is not limited to:

- (a) The use of deception, intimidation, or undue influence by a person or entity in a position of trust and confidence with a vulnerable adult to obtain or use the property, income, resources, government benefits, health insurance benefits, or trust funds of the

vulnerable adult for the benefit of a person or entity other than the vulnerable adult;

- (b) The breach of a fiduciary duty, including, but not limited to, the misuse of a power of attorney, trust, or a guardianship or conservatorship appointment, that results in the unauthorized appropriation, sale, or transfer of the property, income, resources, or trust funds of the vulnerable adult for the benefit of a person or entity other than the vulnerable adult; or
- (c) Obtaining or using a vulnerable adult's property, income, resources, or trust funds without lawful authority, by a person or entity who knows or clearly should know that the vulnerable adult lacks the capacity to consent to the release or use of the vulnerable adult's property, income, resources, or trust funds.

**"Neglect"** means:

- (a) A pattern of conduct or inaction by a person or entity with a duty of care that fails to provide the goods and services that maintain the physical or mental health of a vulnerable adult, or that fails to avoid or prevent physical or mental harm or pain to a vulnerable adult; or
- (b) an act or omission by a person or entity with a duty of care that demonstrates a serious disregard of consequences of such a magnitude as to constitute a clear and present danger to the vulnerable adult's health, welfare, or safety including, but not limited to, conduct prohibited under RCW 9A.42.100.

## Attachment C: Child Custody

**Only complete** this attachment if you are asking to protect any of the restrained person's children. **If not**, skip or remove 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"/> ( <i>Initials</i> ):	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Other ( <i>name</i> ):	
From: To:	<input type="checkbox"/> All children <input type="checkbox"/> ( <i>Initials</i> ):	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Other ( <i>name</i> ):	
From: To:	<input type="checkbox"/> All children <input type="checkbox"/> ( <i>Initials</i> ):	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Other ( <i>name</i> ):	
From: To:	<input type="checkbox"/> All children <input type="checkbox"/> ( <i>Initials</i> ):	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Other ( <i>name</i> ):	
From: To:	<input type="checkbox"/> All children <input type="checkbox"/> ( <i>Initials</i> ):	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Other ( <i>name</i> ):	

### 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) were 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 children's home state (or tribe) by the time the children have 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)

**Only complete** this attachment if you are asking to protect any children who are **not** your own. **If not**, skip or remove 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"/> ( <i>name/s</i> ):	
<input type="checkbox"/> All <input type="checkbox"/> ( <i>name/s</i> ):	

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:

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**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 U.S.C. § 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)



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## Attachment E: Firearms Identification

**Only complete** this attachment if the restrained person owns or has access to firearms or other dangerous weapons. **If not**, skip or remove this attachment.

1. Does the restrained person ☐ own or ☐ have access to any firearms? ☐ Yes ☐ No ☐ Unknown
2. Does the restrained person purchase, own, or have access to parts that could be assembled into a working firearm (example: ghost guns)? ☐ Yes ☐ No ☐ Unknown
3. Does the restrained person have a concealed pistol license (CPL)? ☐ Yes ☐ No ☐ Unknown
4. When was the last time you saw the firearm/s? \_\_\_\_\_
5. Do you know where the restrained person keeps the firearm/s? ☐ Yes ☐ No  
If yes, check all that apply:  
☐ On their person ☐ In their car ☐ In their home ☐ Storage unit ☐ In a safe
6. To the best of your knowledge, are the guns typically loaded? ☐ Yes ☐ No ☐ Unknown
7. How important are the firearms to the restrained person?  
☐ 1 (not very important) ☐ 2 ☐ 3 ☐ 4 ☐ 5 (very important) ☐ Unknown
8. What does the restrained person generally use the firearms for, if known? (*check all that apply*):  
☐ Hunting ☐ Collecting ☐ Target Shooting ☐ Protection ☐ Other: \_\_\_\_\_
9. Does the respondent possess explosives? ☐ Yes ☐ No ☐ Unknown
10. Does the restrained person own or possess any other dangerous weapons you believe should be surrendered? ☐ Yes ☐ No ☐ Unknown. If yes, list them here: \_\_\_\_\_

The pictures below are examples of the most common guns. If you recognize any of the pictures below as similar to the one/s the restrained person has, please check it and write in how many they have of each.

<div style="border-bottom: 1px solid black; margin-bottom: 10px;"><input type="checkbox"/> <b>Handgun</b> (<i>how many</i>) _____</div> <div style="text-align: center;"></div>	<div style="border-bottom: 1px solid black; margin-bottom: 10px;"><input type="checkbox"/> <b>Unassembled Firearm</b> (<i>how many</i>) _____</div> <div style="text-align: center;"></div>
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☐ **Semi-automatic Rifle** (*how many*)\_\_\_\_\_



☐ **Rifle/Shotgun** (*how many*)\_\_\_\_\_



☐ **Other firearm/s** (*describe*):

# 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.**

Superior Court of Washington

County: Skagit

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

<b>Name:</b> 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. <b>Street:</b>			
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: \_\_\_\_\_

<b>5. Minor's Info</b>				
<i>For relationship, use terms such as child, grandchild, stepchild, nephew, or none.</i>				
<b>1</b>	Name: First                      Middle                      Last			
	Birth Date	Sex	Race	Resides With
	Relationship to Protected Person:		Relationship to Restrained Person:	
<b>2</b>	Name: First                      Middle                      Last			
	Birth Date	Sex	Race	Resides With
	Relationship to Protected Person:		Relationship to Restrained Person:	
<b>3</b>	Name: First                      Middle                      Last			
	Birth Date	Sex	Race	Resides With
	Relationship to Protected Person:		Relationship to Restrained Person:	
<b>4</b>	Name: First                      Middle                      Last			
	Birth Date	Sex	Race	Resides With
	Relationship to Protected Person:		Relationship to Restrained Person:	
[ ] <b>More than 4 minors are protected.</b> (Attach a page to list more children and their details.)				
<b>6. 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: \_\_\_\_\_

## 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.

<b>1. Restrained Person's PARENT or GUARDIAN's Info</b>			
<b>Name:</b> 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	Build		Skin Tone
Phone/s with Area Code (voice):		Need Interpreter? <input type="checkbox"/> No <input type="checkbox"/> Yes      Language:	
<b>2. Where can the Restrained Person's PARENT or GUARDIAN be served?</b>			
List all known contact information.			
Last Known Address. <b>Street:</b>			
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
<b>3. Disability, hazard, and weapon info about Restrained Person's PARENT or GUARDIAN</b>			
Law enforcement needs this info to serve the order safely			
<b>Does the PARENT or GUARDIAN 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> 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: _____			
<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:
<hr/>
<hr/>
<b>Current Status</b>
Is the PARENT or GUARDIAN living with the restrained person now? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
Are you and the PARENT or GUARDIAN living together now? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
Does the PARENT or GUARDIAN know you are trying to get this order? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
Is the PARENT or GUARDIAN likely to react violently when served? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>