



**IN THE DISTRICT COURT OF THE STATE OF WASHINGTON
IN AND FOR THE COUNTY OF KITSAP**

Petitioner

vs.

Respondent

NO.

**PETITION FOR ORDER
FOR PROTECTION
(PTORPRT) (All Cases)**

1. <input type="checkbox"/> I am <input type="checkbox"/> A member of my family or household is the victim of domestic violence committed by the respondent as described in the statement below.	3. My age is: <input type="checkbox"/> Under 16 <input type="checkbox"/> 16 or 17 <input type="checkbox"/> 18 or over												
2. <input type="checkbox"/> I live in this county. <input type="checkbox"/> I left my residence because of abuse and this is the county of my new or former residence.	Respondent's age is: <input type="checkbox"/> Under 16 <input type="checkbox"/> 16 or 17 <input type="checkbox"/> 18 or over												
4. My relationship with the respondent is: <table style="width:100%; border:none;"> <tr> <td><input type="checkbox"/> Parent or child</td> <td><input type="checkbox"/> Have child in common</td> <td><input type="checkbox"/> Presently dating</td> </tr> <tr> <td><input type="checkbox"/> Spouse</td> <td><input type="checkbox"/> In-law</td> <td><input type="checkbox"/> Presently reside together</td> </tr> <tr> <td><input type="checkbox"/> Former spouse</td> <td><input type="checkbox"/> Related by blood</td> <td><input type="checkbox"/> Resided together in past</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Resided together in past</td> <td><input type="checkbox"/> Dated in past</td> </tr> </table>		<input type="checkbox"/> Parent or child	<input type="checkbox"/> Have child in common	<input type="checkbox"/> Presently dating	<input type="checkbox"/> Spouse	<input type="checkbox"/> In-law	<input type="checkbox"/> Presently reside together	<input type="checkbox"/> Former spouse	<input type="checkbox"/> Related by blood	<input type="checkbox"/> Resided together in past		<input type="checkbox"/> Resided together in past	<input type="checkbox"/> Dated in past
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	<input type="checkbox"/> Resided together in past	<input type="checkbox"/> Dated in past											

5. Identification of Minors (If applicable) No Minors involved.

Name (First, Middle Initial, Last)	Age	Race	Sex	How Related to Petitioner Respondent	Resides with

6. Other court cases or other restraining, protection or no-contact orders involving me, the minors and the respondent:

CASE NAME			
CASE NUMBER			
COURT/COUNTY			

REQUEST FOR TEMPORARY ORDER: AN EMERGENCY EXISTS as described in the statement below: I need a temporary restraining order issued immediately without notice to the respondent until a hearing to avoid irreparable injury. I request a Temporary Order for Protection that will:

	I REQUEST AN ORDER FOR PROTECTION following a hearing THAT WILL:
	1. RESTRAIN respondent from causing any physical harm, bodily injury, assault, including sexual assault, and from molesting, harassing, threatening, or stalking <input type="checkbox"/> me <input type="checkbox"/> the minors named in paragraph 5 above <input type="checkbox"/> these minors only:
	2. RESTRAIN respondent from coming near and from having any contact whatsoever, in person or through others, by phone, mail, or any means, directly or indirectly, except for mailing of court documents, with <input type="checkbox"/> me <input type="checkbox"/> the minors named in paragraph 5 above, subject to any court-ordered visitation <input type="checkbox"/> these minors only, subject to any court-ordered visitation: <input type="checkbox"/> Except to coordinate visitation
	3. EXCLUDE respondent from <input type="checkbox"/> our shared residence <input type="checkbox"/> my residence <input type="checkbox"/> my workplace <input type="checkbox"/> my school <input type="checkbox"/> the daycare or school of minors named in paragraph 5 above <input type="checkbox"/> these minors only: <input type="checkbox"/> other: You have the right to keep your address confidential
	4. DIRECT respondent to vacate our shared residence and restore it to me.
	5. RESTRAIN respondent from entering, knowingly coming within, or knowingly remaining within 500 feet of my <input type="checkbox"/> residence <input type="checkbox"/> my workplace <input type="checkbox"/> my school <input type="checkbox"/> day care or school of <input type="checkbox"/> the minors named in paragraph 5 above. <input type="checkbox"/> these minors only: <input type="checkbox"/> other:
	6. GRANT me possession of essential personal belongings, including the following:
	7. Grant me use of the following vehicle: Year, Make & Model _____ License No. _____
	8. OTHER:
	9. DIRECT the respondent to participate in appropriate treatment or counseling services.
	10. REMAIN EFFECTIVE longer than one year because respondent is likely to resume acts of domestic violence against me if the order expires in a year.

Check the following only if you are requesting protection involving a minor:

<input type="checkbox"/>	<input type="checkbox"/>	11. Subject to any court-ordered visitation, GRANT me the care, custody and control of <input type="checkbox"/> the minors named in paragraph 5 above <input type="checkbox"/> these minors only:
<input type="checkbox"/>	<input type="checkbox"/>	12. RESTRAIN respondent from interfering with my physical or legal custody of <input type="checkbox"/> the minors named in paragraph 5 above <input type="checkbox"/> these minors only:
<input type="checkbox"/>	<input type="checkbox"/>	13. RESTRAIN the respondent from removing from the state: <input type="checkbox"/> the minors named in paragraph 5 above <input type="checkbox"/> these minors only:

REQUEST FOR SPECIAL ASSISTANCE FROM LAW ENFORCEMENT AGENCIES:

I request the Court order the appropriate law enforcement agency to assist me in obtaining:

- Possession of my residence Use of designated vehicle.
- Possession of my essential personal belongings at the shared residence respondents residence other: _____.
- Custody of the minors named in paragraph 5 above these minors only (If applicable):
_____.
- OTHER: _____.

Domestic violence includes physical harm, bodily injury, assault, stalking, OR inflicting fear of imminent physical harm, bodily injury or assault between family or household members.

STATEMENT: The respondent has committed acts of domestic violence as follows. (Describe specific acts of domestic violence and their approximate dates, beginning with the most recent act. You may want to include police responses.)

Describe the most recent incident or threat of violence and date: _____

Describe the past incidents where you were experienced violence, where you were afraid of injury or where the respondent threatened to harm or kill you: _____
