

**LAW ENFORCEMENT INFORMATION**

**Do NOT serve or show this sheet to the restrained person!**

**Do NOT FILE in the court file. Give this form to law enforcement.**

**Type or print clearly!** This completed form is **required** by law enforcement. This information is **necessary** to serve, enforce and enter your order into the state wide law enforcement computer. Fill in the following information as completely as possible.

Court: KITSAP COUNTY DISTRICT COURT Case Number:

Domestic Violence  Dissolution/Separation/Invalidity/Nonparental Custody/Paternity  
 Unlawful Harassment  Vulnerable Adult  Sexual Assault

**Restrained Person's Information** (This is the person that you want the court to restrain.)

**Name:** First Middle Last Nickname Relationship to Protected Person

Date of Birth  Male  Female Race Height Weight Eye Color Hair Color Skin Tone Build

Last Known Address Street: City: State: Zip: Phone(s) w/Area Code Need Interpreter? **Yes or No** Language:

Employer Employer's Address WORK Hours: Phone: ( )

Vehicle License Number Vehicle Make and Model Vehicle Color Vehicle Year Drivers License or ID number State

**Does the restrained person have a disability, brain injury, or impairment requiring special assistance** when law enforcement serves the order?  No  Yes. If yes, describe (continue on back, if needed):

**Hazard Information** Restrained Person's History Includes:

Involuntary/Voluntary Commitment  Suicide Attempt or Threats  
 Assault  Assault with Weapons  Alcohol/Drug Abuse  Other:

**Weapons:**  Handguns  Rifles  Knives  Explosives  Other:

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

**Current Status** (Circle **Yes**, **No** or **N/A**.) Is the restrained person a current or former cohabitant as an intimate partner? **Y N**  
 Are you and the restrained person living together now? **Y N** Does the restrained person know he/she may be moved out of the home? **Y N N/A**  
 Does the restrained person know you're trying to get this order? **Y N** Is the restrained person likely to react violently when served? **Y N**

**Protected Person's Information** (This is the person you want the court to protect.)

**Name:** First Middle Last

Date of Birth  Male  Female Race Height Weight Eye Color Hair Color Skin Tone Build

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

Current Address Street: City: State: Zip: Phone(s) w/Area Code Need interpreter? **Yes or No** Language:

If your information **is confidential**, you must provide the name, address and phone number of someone willing to be your "contact."

Contact Name Contact Address Contact Phone

If you filed for someone else, list your name, phone number and address:

Minor's Information			Describe the minor's relationship using terms such as: child, grandchild, stepchild, nephew, none. →				Minor's Relationship to	
Name: First	Middle	Last	Sex	Race	Birth date	Resides With	Protected Person	Restrained Person

**Victim's Household Members or Adult Children Protected** Name: Birth date: Name: Birth date:

**District Court of Washington  
For Kitsap County**

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

\_\_\_\_\_  
Petitioner (Protected Person)

v.

\_\_\_\_\_  
Respondent (Restrained Person)

**Petition for an Order for  
Protection–Harassment**

➤ **Requests**

**I ask the Court for an order approving the following requests for protection:**

<input type="checkbox"/> <b>No-Contact:</b> restrain the respondent from making any attempts or having any contact, including nonphysical contact, with the person/s to be protected, directly, indirectly, or through third parties regardless of whether those third parties know of the order, except for mailing of court documents.
<input type="checkbox"/> <b>Surveillance:</b> prohibit or restrain the respondent from making any attempt to keep or from keeping the person/s to be protected under surveillance, including electronic surveillance.
<input type="checkbox"/> <b>Exclude from places:</b> exclude the respondent from the <input type="checkbox"/> residence <input type="checkbox"/> workplace <input type="checkbox"/> school <input type="checkbox"/> day care of the person/s to be protected.
<input type="checkbox"/> <b>Stay Away:</b> Prohibit or restrain the respondent from entering or being within, or from knowingly coming within, or knowingly remaining within _____ (distance) of the <input type="checkbox"/> residence <input type="checkbox"/> workplace <input type="checkbox"/> school <input type="checkbox"/> day care of the person/s to be protected. <input type="checkbox"/> other locations:_____.
<input type="checkbox"/> <b>Other:</b>
<input type="checkbox"/> <b>Pay Fees and Costs:</b> Require the respondent to pay fees and costs of this action, which may include administrative court costs and service fees and petitioner’s costs including attorneys’ fees.
<input type="checkbox"/> <b>Surrender Firearms:</b> Require the respondent to surrender any firearm or other dangerous weapon, or any concealed pistol license and prohibit the respondent from obtaining or possessing a firearm or other dangerous weapon, or a concealed pistol license because the respondent <input type="checkbox"/> used, displayed, or threatened to use a firearm or other dangerous weapon in a felony, or <input type="checkbox"/> previously committed any offense that makes him or her ineligible to possess a firearm.
<input type="checkbox"/> <b>Duration:</b> Remain effective longer than one year because respondent is likely to resume acts of unlawful harassment against the persons to be protected if the order expires in a year.

**Emergency temporary protection (up to 14 days) until the court hearing:**

- An emergency exists as described below. Great or irreparable harm will result if a temporary antiharassment protection order is not granted. I request that a **Temporary Antiharassment Protection Order** granting the relief I requested on page 1 for a no-contact, surveillance, exclude from places, or stay away order be issued immediately, without prior notice to the respondent, to be effective until the hearing.
- I also request a temporary surrender of a firearm or other dangerous weapon without notice to the respondent because irreparable injury could result if an order is not issued until the hearing.

What irreparable harm would result if an order is not issued immediately without prior notice to the respondent?

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➤ **Definitions**

**Unlawful harassment** means:

- a knowing and willful course of conduct directed at a specific person which seriously alarms, annoys, or harasses, or is detrimental to such person and which serves no legitimate or lawful purpose.
  - The course of conduct shall be such as would cause a reasonable person to suffer substantial emotional distress and shall actually cause substantial emotional distress to the petitioner, or when the course of conduct would cause a reasonable parent to fear for the well-being of their child.

“Course of conduct:”

- means a pattern of conduct composed of a series of acts over a period of time, however short, evidencing a continuity of purpose.
- includes, in addition to any other form of communication, contact, or conduct, the sending of an electronic communication. Constitutionally protected activities, including free speech, are not included within the meaning of “course of conduct.”

➤ **This is a Petition for an Order for Protection against Harassment**

**1. Who is the petitioner?**

My name is (please print) \_\_\_\_\_ . I am the petitioner.

- I am 18 or older and I am petitioning on my own behalf.
- I am 16 or 17 and I am petitioning on my own behalf.
- I am the parent or guardian of child/ren under age 18 and I am petitioning on their behalf:

Children's Name/s (First, Middle Initial, Last)	Age

I am not the parent or guardian, but the child/ren live/s with me; and I am petitioning on their behalf; and the respondent is not a parent.

Children's Name/s (First, Middle Initial, Last)	Age

2. Is the respondent 18 years of age or older?  Yes  No

3. Where do the parties live?

Petitioner lives in \_\_\_\_\_ county.

Children named above live in \_\_\_\_\_ county.

Respondent lives in \_\_\_\_\_ county.

4. Where did the Conduct take place?

The conduct took place in \_\_\_\_\_ county.

• **Statement describing the victim/s need for protection from the respondent**

- Write clearly. If you need more space below, attach additional page/s. Do not write on the back.

5. Describe what the Respondent did or said that you think is harassment.

- You must describe what the respondent actually said.
- You must describe what the respondent actually did.

**The respondent has committed acts of harassment as follows:**

What did the respondent do or say that you believe to be harassing behavior? For each incident, include the date, time (on or about), location, what was said, how statements were made, and what was done to a victim.

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20 horizontal lines for writing.

How did the respondent make these statements?  in person  mail/written notes  
 e-mail  text  phone  social media (such as facebook and twitter)  
 other (describe):

6. How did the incidents you describe above make you or the minor feel?

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

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8. Has the respondent previously committed an offense that makes him or her ineligible to possess a firearm under the provisions of RCW 9.41.040? Please describe:

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9. Does possession of a firearm or other dangerous weapon by the respondent present a serious and imminent threat to public health or safety, or to the health or safety of a victim? Please describe:

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10. Do you have any evidence of the harassment conduct other than testimony?

- No
- Yes. I have attached the following evidence:
  - Copy of mail or written notes
  - Copy of text messages
  - Copy of emailed messages
  - Copy of social media messages
  - Police report
  - Declaration or Affidavit from the following witness: \_\_\_\_\_
  - Other (describe): \_\_\_\_\_

11. Has/have the **victim/s or the respondent** ever requested or obtained protection from the other person in a restraining order, civil protection order, or criminal no-contact order?

If yes, list the type of order, the name of the court and the approximate date, and whether the request was granted:

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12. Is there any other litigation between the victim/s and the respondent? This includes all matters - pending or past - such as parenting plans, landlord-tenant disputes, employment disputes, or property disputes. If yes, provide case number/s if known, type of case, and name of court:

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

Dated: \_\_\_\_\_ at \_\_\_\_\_ Washington.

\_\_\_\_\_  
Petitioner

\_\_\_\_\_  
Print or type name

My address for the purpose of receiving service of legal documents is:

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This is not my residence address. My family, household or I would be at risk of abuse by respondent if I disclosed my residence address. I agree to receive service of process at this address.

**KITSAP COUNTY DISTRICT COURT, STATE OF WASHINGTON**

_____ Petitioner(s)/Plaintiff(s), v. _____ Respondent(s)/Defendants.	No. _____ <b>MOTION AND DECLARATION FOR WAIVER OF CIVIL FEES AND SURCHARGES – GR 34</b>
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**I. MOTION**

- 1.1 I am the  petitioner/plaintiff  respondent/defendant in this action.
- 1.2 I am asking for a waiver of fees and surcharges under General Rule 34.

**II. BASIS FOR MOTION**

- 2.1 General Rule 34 allows the court to waive “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. As outlined below, I am indigent.

DATED: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF REQUESTING PARTY

\_\_\_\_\_  
PRINT OR TYPE NAME

**III. DECLARATION**

- 3.1 I cannot afford to meet my necessary household living expenses and pay the fees and surcharges imposed by the court. Please see the attached Financial Statement, which I incorporate as part of this declaration.
- 3.2 In addition to the information in the financial statement I would like the court to consider the following:

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

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



## FINANCIAL STATEMENT

1. My name is:

2.  I provide support to people who live with me: How many? \_\_\_\_\_ Age(s): \_\_\_\_\_

**3. My Monthly Income:**

Employed  Unemployed

Employer's Name:

Gross pay per month (salary or hourly pay) \$ \_\_\_\_\_

Take home pay per month \$ \_\_\_\_\_

**4. Other Sources of Income Per Month in my Household:**

Source \_\_\_\_\_ \$ \_\_\_\_\_

Source \_\_\_\_\_ \$ \_\_\_\_\_

Source \_\_\_\_\_ \$ \_\_\_\_\_

Source \_\_\_\_\_ \$ \_\_\_\_\_

Sub-Total: \$ \_\_\_\_\_

I receive food stamps

**Total Income, lines 3 (take home pay) and 4** \$ \_\_\_\_\_

**6. My Monthly Household Expenses:**

Rent/Mortgage \$ \_\_\_\_\_

Food/Household Supplies \$ \_\_\_\_\_

Utilities \$ \_\_\_\_\_

Transportation \$ \_\_\_\_\_

Ordered Maintenance actually paid \$ \_\_\_\_\_

Ordered Child Support actually paid \$ \_\_\_\_\_

Clothing \$ \_\_\_\_\_

Child Care \$ \_\_\_\_\_

Education Expenses \$ \_\_\_\_\_

Insurance (car, health) \$ \_\_\_\_\_

Medical Expenses \$ \_\_\_\_\_

Sub-Total \$ \_\_\_\_\_

**5. My Household Assets**

Cash on hand \$ \_\_\_\_\_

Checking Account Balance \$ \_\_\_\_\_

Savings Account Balance \$ \_\_\_\_\_

Auto #1 (Value less loan) \$ \_\_\_\_\_

Auto #2 (Value less loan) \$ \_\_\_\_\_

Home (Value less mortgage) \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

**Total Household Assets** \$ \_\_\_\_\_

**7. My Other Monthly Household Expenses**

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Sub-Total: \$ \_\_\_\_\_

**8. My Other Debts with Monthly Payments:**

\_\_\_\_\_ \$ \_\_\_\_\_ /mo

\_\_\_\_\_ \$ \_\_\_\_\_ /mo

\_\_\_\_\_ \$ \_\_\_\_\_ /mo

\_\_\_\_\_ \$ \_\_\_\_\_ /mo

Sub-Total: \$ \_\_\_\_\_

**Total Household Expenses and Debts, lines 6, 7, and 8** \$ \_\_\_\_\_

Date:

Signature: