

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.**

District Court of Washington

County: Mason

Case No.: _____

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

Instructions – The Protected Person must complete this form. Fill out **all** sections as much as you can. If you do not know, write "unknown."
Type or print clearly! If law enforcement cannot read this form, they cannot serve or enforce your order!

1. Restrained Person's Info

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

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

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

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

Law enforcement needs this info to serve the order safely

Does the Restrained Person have a disability, brain injury, or impairment requiring special assistance when law enforcement serves the order? ☐ No ☐ Yes. If yes, describe (add pages, if needed): _____

Hazard Information Restrained Person's History includes:

☐ Involuntary/Voluntary Commitment ☐ Suicide Attempt or Threats (How recent?) _____

☐ Threats to "suicide by cop" ☐ Assault ☐ Assault with Weapons ☐ Alcohol/Drug Abuse

☐ Other: _____

Concealed Pistol License: ☐ Yes ☐ No

Weapons: ☐ Handguns ☐ Rifles ☐ Knives ☐ Explosives ☐ Unknown

☐ Other (include unassembled firearms and specify): _____

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

Current Status

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

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

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

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

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

4. Protected Person's Info

Name: First Middle Last			Date of Birth	
Sex	Race		Height	Weight
Eye Color	Hair Color		Skin Tone	Build
If your information <i>is not confidential</i> , 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 <i>is confidential</i> , 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:				

5. Minor's Info				
<i>For relationship, use terms such as child, grandchild, stepchild, nephew, or none.</i>				
1	Name: First Middle Last			
	Birth Date	Sex	Race	Resides With
	Relationship to Protected Person:		Relationship to Restrained Person:	
	2	Name: First Middle Last		
Birth Date		Sex	Race	Resides With
Relationship to Protected Person:		Relationship to Restrained Person:		
3		Name: First Middle Last		
	Birth Date	Sex	Race	Resides With
	Relationship to Protected Person:		Relationship to Restrained Person:	
	4	Name: First Middle Last		
Birth Date		Sex	Race	Resides With
Relationship to Protected Person:		Relationship to Restrained Person:		
[] More than 4 minors are protected. (Attach a page to list more children and their details.)				
6. Protected Household Members or Adult Children				
Name:		birth date:		
Name:		birth date:		
Name:		birth date:		
Name:		birth date:		
Privacy Notice: Only court staff, law enforcement, and some state agencies may see this form. The other party and their lawyer may not see this form unless a court order allows it. State agencies may disclose the information in this form according to their own rules.				
Changes: If any information changes, fill out another copy of this form and file it with the court clerk.				

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

I have attached ____ pages.

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



Sign here

Print name here



MASON COUNTY SHERIFF

Sheriff Ryan Spurling

322 N 3rd St Shelton, WA 98584 360.427.9670 x313 Sheriff@MasonCountyWa.gov

Confidential Request for Subject History Information

DO NOT SERVE OR SHOW THIS SHEET TO THE RESTRAINED PERSON

NOTICE

Secondary Dissemination of this Subject/Criminal History Record Information Response is Prohibited unless in compliance with RCW 10.97.050. This information was prepared by the Mason County Sheriff's Office on _____ for the official use of the Court to assist the Court in identifying the individual hereon. It may not be revealed to any other individual and/or agency for any other purpose than stated with the expressed written consent of the Sheriff of Mason County

Instruction:

Please complete this form when requesting subject/criminal history information from the Mason County Sheriff's Office Records Division. The information will be returned to the court by email or fax.

REQUESTOR INFORMATION:

Date of Request: _____ Purpose of Request: _____
Requestor's Name: (Print) _____
Mailing Address: _____
Date of Birth: _____ Drivers License Number: _____

NOTICE

Record information furnished solely on the basis of name and date of birth or other descriptors does not constitute positive identification. Positive identification or non-identification can be effected only upon receipt of fingerprints.

SUBJECT INFORMATION: (Please provide as much information as possible in the space below)

Subject's Name: (Print) _____
Address: _____
Alias/Maiden Name: _____
Date of Birth: _____ Race: _____ Gender: _____
Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____
Social Security Number: _____ Driver's License Number: _____
Additional Information: _____
Clerk/Deputy Signature: _____

[] Certified copy

The document to which this certificate is attached is a full, true and correct copy of the original on file and of record in my office.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of said Court this _____ day of _____, _____

Clerk of the District Court
In the State of Washington
In and for the County of Mason

District Court of Washington, County of Mason

Petitioner (*Person starting this case*) DOB

vs.

Respondent (*Person responding to this case*) DOB

Case No.

Petition for Protection Order

Clerk's Action: 1

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 may be required*)
Conduct also includes (*check all that apply*): ☐ 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: _____

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.

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 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).

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 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 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.)

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

13. 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: _____

Exceptions about minors, if any, provided in P below.

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. 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)
- 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. ☐ **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.

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

Complete **Attachment E: Firearms Identification** if Yes or 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: _____

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 provision in B above.

(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:** Do not attend 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.

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.

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 one year** unless you ask for something different. Orders restraining a parent from contacting their own children may not exceed one year.)

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

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.

- 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.

17. **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, 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.

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

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

20. Restrained Person's Substance Abuse

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 *(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 four digits). If you have audio or video evidence, contact the court for how to submit.)*

☐ 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)*: _____

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*

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.

"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.

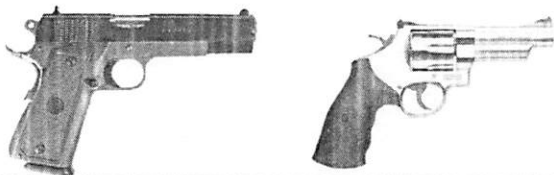
Attachment E: Firearms Identification

Only complete this attachment if the restrained person may own or have 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.

☐ **Handgun** (how many) _____



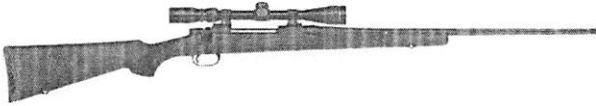
☐ **Unassembled Firearm** (how many) _____



☐ **Semi-automatic Rifle** (how many) _____



☐ **Rifle/Shotgun** (how many) _____



☐ **Other firearm/s** (describe)

[] Certified copy

The document to which this certificate is attached is a full, true and correct copy of the original on file and of record in my office. IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of said Court this _____ day of _____, _____

Clerk of the District Court
In the State of Washington
In and for the County of Mason

District Court of Washington, County of Mason

Petitioner, _____ Date of Birth _____

vs.

Respondent. _____ Date of Birth _____

No. _____

Temporary Protection Order and Hearing Notice (TMO-)

☐ Domestic Violence (RPRT)

☐ Sexual Assault (RSXP) ☐ Harassment (RAH)

☐ Stalking (STKH) ☐ Vulnerable Adult (RVA)

Clerk's action required: 5.B, 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
Eye Color	Hair Color	Skin Tone	Build

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

- A. 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.
- B. Antiharassment Temporary Protection Order
- ☐ No fee required (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, or nonconsensual sexual conduct or penetration or a sex offense. RCW 7.105.105(9).)

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 Protection Order Attachment A: Non-Parent (ICWA), PO 030A/PO 040A.)

7. Other Findings (if any)

Temporary Restraints (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: _____

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

- 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.

- 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.735 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.

☐ **Finances:** The following financial relief is ordered: _____

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: _____

Exceptions for Visitation and Transportation, if any (including exchanges, meeting location, pickup and dropoff): _____

Visitation listed here is an exception to any No-Contact provision in B above.

(*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:** Do not attend 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. 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 (RCW 7.105.320(1))

☐ 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: _____

☐ **Law enforcement must be present while the restrained person collects personal clothing, personal items needed during the duration of this order, and these other items (specify) _____**
from the shared residence that restrained person has been ordered to vacate in D above (RCW 7.105.320(3)).

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*) Mason / Shelton _____

(*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*) Mason / Shelton _____

(*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.** The restrained person appeared at the hearing, in person or remotely, and received notice of the order. No further service is required. See section 4 above for appearances. *(May apply even if the restrained person left before a final ruling is issued or signed.)*

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) Mason / Shelton _____
(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:

	In person Judge/Commissioner: <u>As Assigned</u> Courtroom: <u>LL2</u> Address: <u>419 N 4th St, Shelton, WA 98584</u>
	Online (audio and video) App: <u>Zoom</u> <input type="checkbox"/> Log-in: <u>(253) 215-8782 / MEETING ID – 853 567 1315</u> <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: <u>Mason County District Court – (360) 427-9670 ext. 339</u>
	By Phone (audio only) <input type="checkbox"/> Call-in number _____

	<input type="checkbox"/> You must get permission from the court at least 3 court days before your hearing to participate by phone only (without video). To make this request, contact: <u>Mason County District Court – (360) 427-9670 ext. 339</u>		
	If you have trouble connecting online or by phone (instructions, who to contact) <u>Mason County District Court – (360) 427-9670 ext. 339</u>		
	Ask for an interpreter, if needed. Contact: <u>District Court</u> <u>(360) 427-9670 ext. 339</u>		Ask for disability accommodation, if needed. Contact: <u>District Court</u> <u>(360) 427-9670 ext. 339</u>
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 _____ Signature of Petitioner/Lawyer _____	WSBA No. _____ WSBA No. _____	Print Name _____ Print Name _____	Date _____ Date _____
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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 9A.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.

District Court of Washington, County of Mason

Petitioner	DOB	No.: _____ Motion for Surrender and Prohibition of Weapons (MT)
vs.		
Respondent	DOB	

Motion for Surrender and Prohibition of Weapons

Use this motion to ask the court for a weapons order when:

- *you did not ask the court for a weapons order as a part of your protection order or restraining order, or*
- *the final protection order or restraining order issued by the court did not include a weapons order.*

1. I am protected by a ☐ civil protection ☐ restraining order issued on (date) _____ in this case:

2. I am asking the court to issue an Order to Surrender and Prohibit Weapons

☐ The court must issue an *Order to Surrender and Prohibit Weapons* because the order of protection included provisions that the respondent:

- is **restrained** from causing physical harm, bodily injury, assault, including sexual assault, and from molesting, harassing, threatening, or stalking, the protected person/s;
- had actual notice of the hearing and an opportunity to be heard; and
 - represented a credible threat to the physical safety of the protected person, intimate partner of the restrained person, or child; or
 - the protection/restraining order prohibits the use of physical force against and intimate partner, protected person, or child that would cause bodily injury.

☐ The restrained person (name) _____: (check all that apply)

☐ has used, displayed, or threatened to use a firearm or other dangerous weapon in a felony. Describe this offense:

☐ is ineligible to possess a firearm under the provisions of RCW 9.41.040. Describe this offense:

☐ has possession of a firearm or other dangerous weapon which presents a serious and imminent threat to public health or safety, or to the health or safety of any individual. My concern for imminent threat is based on the following:

4. Information about the firearms or other dangerous weapon/s:

What kind of firearm or other dangerous weapon?	Where is it located?

5. The restrained person and I are:

☐ Intimate partners because we are *(check all that apply)*:

☐ current or former spouses or domestic partners, ☐ parents of a child-in-common, ☐ age 13 or older and are/were in a dating relationship, and ☐ have ☐ have not lived together.

☐ family or household members because we are *(check all that apply)*:

- | | |
|---|--|
| <input type="checkbox"/> current or former adult cohabitants as roommates | <input type="checkbox"/> adult in-laws |
| <input type="checkbox"/> adults related by blood | <input type="checkbox"/> parent and child |
| <input type="checkbox"/> stepparent and stepchild | <input type="checkbox"/> grandparent and grandchild |
| <input type="checkbox"/> parent's intimate partner and child guardian. | <input type="checkbox"/> person who has been a legal guardian. |

☐ Does not apply.

6. I request that the court:

- Prohibit the restrained person from accessing, having in their custody or control, obtaining, possessing, purchasing, receiving or attempting to purchase or receive any firearms or other dangerous weapons, or obtaining or possessing a concealed pistol license.
- Require the restrained person to immediately surrender all firearms, other dangerous weapons, and any concealed pistol licenses issued under RCW 9.41.070.
- ☐ Order temporary surrender of and prohibit the purchase of all firearms, other dangerous weapons, and any concealed pistol licenses issued under RCW 9.41.070 without notice to the restrained person because:
 - ☐ irreparable injury could result if an order is not issued until the time for response has elapsed.
 - ☐ 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.

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

Signed on: (date) _____ at (city) _____, Washington.

➤

Signature of Protected Person/Attorney WSBA No.

Print Name

Protected person or attorney, you must:

- **Schedule a hearing** on the Motion for Order to Surrender and Prohibit Weapons.
- **Arrange to serve notice** of the hearing on the other party.
- **File proof of service** in the court file prior to the hearing.

[] Certified copy

The document to which this certificate is attached is a full, true and correct copy of the original on file and of record in my office. IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of said Court this _____ day of _____, _____

Clerk of the District Court
In the State of Washington
In and for the County of Mason

District Court of Washington, County of Mason

Petitioner

vs.

Defendant/Respondent

No.: _____

**Order to Surrender
and Prohibit Weapons**

- ☐ Issued Without Notice (ORWPN)
☐ Temporary/Pre-Trial (ORWPNP)
☐ Final/Post Conviction (ORWPNP)
☐ Compliance Review Hearing (ORCRH)

Next Hearing Date/Time: _____

At: 419 N 4th St., Shelton, WA 98584

(Clerk's Action Required)

Order to Surrender and Prohibit Weapons

1. This order is based on the findings in the order issued on (date) _____

2. Surrender of Weapons

(Name) _____:

You must **immediately surrender** all firearms and other dangerous weapons in your possession or control, and any concealed pistol licenses issued under RCW 9.41.070 to this local law enforcement agency: _____

You must immediately surrender all firearms and other dangerous weapons subject to this order, including but not limited to the following:

See the attach sheet if there are more to list.

3. Weapons Prohibition

You are prohibited from accessing, having in your custody or control, obtaining, possessing, purchasing, receiving or attempting to purchase or receive any firearms or other dangerous weapons, or obtaining or possessing a concealed pistol license.

4. This Order expires:

☐ at the same time as the protection order entered under this case number.

☐ on (date) _____ or until further order of the court.

If you have firearms, other dangerous weapons, or concealed pistol licenses:

Step 1: **Immediately** surrender all firearms, other dangerous weapons, and concealed pistol licenses.

Important! If you have notice of this order, **immediately** surrender all firearms, other dangerous weapons, and concealed pistol licenses to the local law enforcement agency listed in section 2 on the same day as the hearing. Contact the local law enforcement agency for directions on how to immediately surrender the firearms, dangerous weapons and concealed pistol licenses.

If a law enforcement officer serves you, surrender firearms and other dangerous weapons, and your concealed pistol license to the law enforcement officer.

Step 2: **Get a receipt** for the surrender of firearms, other dangerous weapons, and concealed pistol licenses from law enforcement.

Step 3: **Complete** the *Proof of Surrender* form and file it with the receipt.

Step 4: **File** the documents with the clerk of the court within 5 court days.

If you do not have firearms, other dangerous weapons, or concealed pistol licenses:

Step 1: **Immediately** complete and sign the *Declaration of Non-Surrender* form.

Step 2: **File** the declaration with the clerk of the court within 5 court days.

If you already surrendered all firearms, other dangerous weapons, and concealed pistol licenses under another order, they must remain in the possession of the law enforcement agency that received them until further order of the court. You must provide proof of that surrender to the court.

The Law Enforcement Officer serving this order shall inform you that the order is in effect upon service and that you must immediately surrender all firearms, other dangerous weapons, and any concealed pistol licenses issued under RCW 9.41.070. The serving officer shall conduct a search for firearms, other dangerous weapons, and concealed pistol licenses as permitted by law. The serving officer shall take possession of:

- **All firearms,**
- **Other dangerous weapons,**
- **Concealed pistol licenses belonging to Respondent,**

that are surrendered, in plain sight, or discovered during a lawful search. RCW 9.41.801.

5. 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) Mason / Shelton

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

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

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

6. Service

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

Law enforcement agency: (*county or city*) Mason / Shelton
(*check only one*): ☐ Sheriff's Office or ☐ Police Department

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.** The restrained person appeared at the hearing, in person or remotely, and received notice of the order. No further service is required. (*May apply even if the restrained person left before a final ruling is issued or signed.*)

This order replaces all prior *Orders to Surrender and Prohibit Weapons* issued under this case number.

7. Compliance Hearing

- ☐ **No Compliance Hearing Scheduled.** The court finds that respondent has timely and completely surrendered all firearms and dangerous weapons in the respondent's custody, control, or possession and any concealed pistol license to a law enforcement agency and is in compliance with this order pursuant to RCW 7.105.340(6).
- ☐ **Respondent: You must attend the hearing listed on page 1 of this order** and show the court that you surrendered your firearm/s and concealed pistol license/s.

Warning!

- If you fail to comply with this order, you may be found in contempt of court and/or be charged with a misdemeanor and punished accordingly.
- You may also be charged with a crime up to and including a **felony** if you are found to own, possess, or control a firearm or other dangerous weapon.
- **Voluntarily surrendering weapons may not be used against a Respondent in any criminal prosecution under chapter 7.105, 9.41, or 9A.56.310 RCW.**

Dated _____ at (*time*) _____ a.m./p.m. _____
Judge/Commissioner

I acknowledge receipt of a copy of this order.

Signature of Restrained Person/Defendant Print Name

Signature of Restrained Person/Defendant's Attorney WSBA No. Print Name

Signature of Protected Person or Attorney WSBA No. Print Name

You may download the forms listed in this order from the Washington Courts' forms website:
<http://www.courts.wa.gov/forms/>.

District Court of Washington, County of Mason

<div style="border-bottom: 1px solid black; margin-bottom: 5px;">Petitioner (Protected Person) Date of Birth _____</div> <div style="margin-bottom: 5px;">vs.</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Respondent (Restrained Person) Date of Birth _____</div>	<div style="border-bottom: 1px solid black; margin-bottom: 5px;">No. _____</div> <div>Proof of Service (RTS) Clerk's Action Required: 2C</div>
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Proof of Service

Server declares:

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

2. **Able to Serve**

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

B. ☐ **Electronic Service**

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

I served the court documents checked in section 4 for this case to
(name of party) _____
on (date) _____ at (time) _____ via
☐ email ☐ text ☐ social media applications ☐ other technology
At the following email address/s, phone number/s, social media application and
user name, or other address: _____

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

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

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

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

3. **Not Able to Serve**

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

4. **List of Documents**

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

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

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

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

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

5. **Fees Charged for Service:**

☐ Does not apply.

☐ Fees: \$ _____ + Mileage \$ _____ = Total: \$ _____

6. **Other:** _____

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

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

Signature of server

Print or type name of server

Law Enforcement Agency (if any)