

<b>District Court of Washington For Mason County</b>	
_____	<b>No. Return of Service (RTS)</b>
Petitioner (Protected Person) vs.	
_____	
Respondent (Restrained Person)	

**Identification of server:**

1. My name is \_\_\_\_\_. I am  a peace officer  18 years of age or older and not the petitioner or the respondent.

**Able to serve:**

2.  I served \_\_\_\_\_ (name of person served)  
on \_\_\_\_\_ (date) at \_\_\_\_\_ (time) at this  
address:  
\_\_\_\_\_,  
with the documents checked in paragraph 4.

**Not able to serve:**

3.  I was unable to make personal service on the respondent.  I notified the petitioner that respondent was not served.  
 I was unable to make personal service on the petitioner.  I notified the respondent that petitioner was not served.  
 Personal service was attempted on the following date(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.  
 No service was attempted because: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.  
\_\_\_\_\_.

I mailed a copy of the documents checked in paragraph 4 to the respondent at his or her last known address: \_\_\_\_\_

I did not mail the documents checked in paragraph 4 to the respondent, because I do not know the respondent's last known address.

**List of documents:**

4. I served the:

<input type="checkbox"/> Summons	<input type="checkbox"/> Motion to Surrender Weapons
<input type="checkbox"/> Petition for an Order for Protection	<input type="checkbox"/> Order to Surrender Weapons (and Prohibit Weapons if applicable) Issued without Notice
<input type="checkbox"/> Temporary Protection Order and Notice of Hearing-Stalking	<input type="checkbox"/> Order to Surrender and Prohibit Weapons
<input type="checkbox"/> Order for Protection-Stalking	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Petition for an Order for Protection Respondent Under Age 18	_____
<input type="checkbox"/> Temporary Order for Protection and Notice of Hearing-Stalking Respondent Under Age 18	_____
<input type="checkbox"/> Order for Protection – Respondent Under Age 18-Stalking	_____

5. Other:

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

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

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

Fees: Service \_\_\_\_\_  
Mileage \_\_\_\_\_

\_\_\_\_\_  
Signature of Server

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

Total: \_\_\_\_\_

\_\_\_\_\_  
Law Enforcement Agency