

# **Anti-Harassment Petition Packet ~ Please Read**

As of April 4, 2020 the PROTECTION ORDER OFFICE will be closed to the public. During the current public health crisis & due to current EMERGENCY ORDERS in place, protection order filings must be submitted electronically by email or by fax.

## **COMPLETING YOUR DOCUMENTS**

1. If you need instructions for completing this petition go to **[www.court.wa.gov/forms](http://www.court.wa.gov/forms)**. Instructions are listed under the specific order you are filing.
2. **ALL DOCUMENTS INCLUDED IN THIS PACKET MUST BE COMPLETED** – There are no OPTIONAL documents.
3. You are the Petitioner - the person you are filing against is the Respondent.
4. In your Petition, your **statement** must include the most recent act of violence, including the **DATE and DETAILS**. Additional acts can be included as well. **DATES and DETAILS** are helpful for each event.
5. You may provide additional evidence such as police reports, medical records, photo, text messages or declarations from witnesses that have been signed under penalty of perjury along with your petition.
6. A **birthdate and address (including a unit, space or apt. #)** for both parties is required for the Law Enforcement Information Sheet and Confidential Information Form. **Law enforcement is UNABLE to serve the other party without an address.**
7. **IMPORTANT:** Make sure your personal e-mail and phone number are legible and accurate.

## **FILING YOUR DOCUMENTS**

8. Once you have completed your petition packet you can then submit the documents electronically to the Clerk's Office by email ([protection.orders@snoco.org](mailto:protection.orders@snoco.org)) or fax (425-388-3127).
9. If you are unable to submit your documents electronically, you may "file" the petition at the Snohomish County Courthouse under the door of our office, Room # 1526 (formerly C-125) at 3000 Rockefeller Ave in Everett. Please call us at 425-388-3638 to let us know you have "filed" them.
10. **DOCUMENTS SUBMITTED BY EMAIL must be in WORD or PDF format.** For security reasons we are unable to open documents in other formats or documents saved to a personal cloud or storage drive.
11. **Submitted photos taken of original documents or documents of poor quality or illegible (i.e. dark, blurry, etc.) WILL be rejected.**
12. More than 5 items (photos, text) provided as evidence should be cut and pasted into a WORD document, not sent as individual items.
13. If you have a smartphone, there are free scanning applications you can download which allow you to scan documents and submit by email. (Scannable by Evernote or Smart Doc Scanner have been successful apps used).
14. Documents scanned by an office supply store/business (i.e. Staples/Fed Ex/Minuteman Press) should be emailed to our office and your e-mail. Faxes must include a cover sheet with your contact information.

*NOTE: The Clerk's office does not endorse the above stores or apps, they are simply options to consider*
15. Once documents are received, they will be reviewed for completeness and presented to a judicial officer who will review your petition and sign an order granting or denying your request.
16. **You should monitor your phone and email once you submit your documents. We may need to obtain additional information from you - multiple attempts WILL NOT be made to contact you.** This could result in your petition not being processed in a timely manner. Once an order is signed you will receive a copy of the order and any additional information by email Please do not call repeatedly for the status of your order, we will contact you when an order is ready.

- Petitions received after 10:30 AM will be reviewed, processed & presented to the judicial officer the next court day.
- All Protection Order hearings will be heard via Zoom until further notice. If a temporary order is signed, you will receive full instructions on how to register for your Zoom hearing.

<b>Superior Court of Washington For Snohomish County</b>	
_____	No.
Petitioner,	
vs.	
_____	<b>Petition for an Order for Protection -</b> <input checked="" type="checkbox"/> <b>Harassment (PTORAH) and/or</b> <input type="checkbox"/> <b>Stalking (PTORSTK)</b>
Respondent.	

➤ **This is a Petition for an Order for Protection against Harassment and/or Stalking as checked in the caption.**

I believe:

- I am a victim of stalking.
- \_\_\_\_\_ (name) is the victim of stalking and he/she is a minor or vulnerable adult.

The respondent has been

- stalking the victim either in person or cyber stalking, **and**
- repeatedly contacting the victim or attempting to contact or monitor the victim for no lawful purpose and his/her actions caused the victim to feel intimidated, frightened, or threatened.

- I am a victim of unlawful harassment.
- \_\_\_\_\_ (name) is a victim of unlawful harassment and he/she is a minor.

The respondent's actions toward the victim have seriously alarmed, annoyed, or harassed the victim, or are detrimental to the victim and serve no legitimate or lawful purpose. The respondent's actions have caused substantial emotional distress to the victim or caused me to fear for the well-being of my child.

How do the victim and respondent know each other? \_\_\_\_\_

**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

- I am filing this petition on behalf of petitioner, (name) \_\_\_\_\_, a vulnerable adult as defined in RCW 74.34.020, who is a victim of stalking. I am an interested person as defined in RCW 74.34.020(10). My relationship to this petitioner is \_\_\_\_\_.

**2. Is the respondent 18 years of age or older?**

Yes  No

*(If no, use the Petition for Order for Protection Harassment/Stalking Respondent Under Age 18, instead of this petition.)*

**3. Where do the parties live?**

Petitioner lives in \_\_\_\_\_ County.

Did the petitioner leave their residence because of stalking conduct and that is the county of their new residence?

Yes  No

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

Respondent lives in \_\_\_\_\_ County.

**4. Where did the Conduct take place?**

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





8. Is the respondent 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 or stalking conduct other than testimony?

No

Yes. I have attached the following evidence:

Copy of mail or written notes

Copy of text messages

Copy of email 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, the approximate date of the order, 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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➤ **Requests**

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

I Request an **Order for Protection** following a hearing that will:

<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>Evaluation:</b> Order the respondent to have a <input type="checkbox"/> mental health <input type="checkbox"/> chemical dependency evaluation. <input type="checkbox"/> other: _____.
<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 immediately surrender all firearms, other dangerous weapons, and any concealed pistol licenses, and prohibit the respondent from accessing, obtaining or possessing firearms, or other dangerous weapons, or concealed pistol licenses.
<input type="checkbox"/> <b>Duration:</b> Remain effective longer than one year because respondent is likely to resume acts of unlawful harassment or stalking conduct 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. I request that a **Temporary Protection Order** granting the relief I requested above for a no-contact, surveillance, exclude from places, or stay away order be issued immediately, without prior notice to the respondent, be effective until the hearing.
- I also request a temporary surrender and prohibition of all firearms, other dangerous weapons, and concealed pistol licenses without notice to the other party 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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I declare 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

**IF YOUR ADDRESS IS CONFIDENTIAL PLEASE INDICATE A PLACE WHERE YOU AGREE TO BE SERVED LEGAL DOCUMENTS.**

I agree to receive legal documents at this address:

\_\_\_\_\_.

This address is not my home address because my family, household, or I would be at risk of abuse by respondent if I disclosed my home address.



# NOTICE!

## Filing and Receiving documents by e-mail:

The **Law Enforcement Information Sheet** and **Confidential Information Form** included in this packet are confidential. When you file/receive documents to and from the Clerk's Office by **e-mail** you understand and agree that you are sending/receiving via a non-secure system and these documents may be subject to a public record request under Washington's Public Records Act (PRA). However, most of this information is readily publicly available in your court file or online, and any confidential personal identifying information may be exempt from PRA requests.

- By checking this box you are agreeing that you understand this possibility.

**TO BE  
COMPLETED  
BY PETITIONER**

**Do NOT serve or show this sheet to the restrained person!**  
**Do NOT FILE in the court file. (Provide to Law Enforcement)**

**You MUST 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 statewide law enforcement computer. Fill in the following information as completely as possible.

**Snohomish County Superior Court**

Case Number:

Filing Date:

- Domestic Violence       Dissolution/Separation/Invalidity/Non-parental Custody/Paternity  
 Unlawful Harassment       Vulnerable Adult       Sexual Assault       Stalking

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

**First Name:**

**Middle:**

**Last:**

**Other Known Last Names (i.e. maiden, previous married):**

**Nickname:**

**Relationship to Protected Person:**

Date of Birth	Sex	Race	Height	Weight	Eye Color	Hair Color	Skin Tone	Build
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Last Known Street Address, include apartment or unit #:

Phone(s) w/Area Code

Need Interpreter?

City:

State:

Zip:

Cell:

**Yes or No**

Home:

Language:

**Email address:**

Employer

Employer's Address

WORK

WORK PHONE

Vehicle License #

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 120 [ ] 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.)

**First Name:**

**Middle:**

**Last:**

**Other Known Last Names (i.e. maiden, previous married):**

Date of Birth	Sex	Race	Height	Weight	Eye Color	Hair Color	Skin Tone	Build
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If your information **IS NOT confidential**, you must enter your address and phone number(s) below.

Current Street Address, include apt or unit #:

Phone(s) w/Area Code

Need interpreter?

City:

State:

Zip:

Cell:

**Yes or No**

Home:

Language:

**Email address:**

If your information **IS confidential**, you must provide the name, address & 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, address and email:

SERVICE:

ENTRY:

**Minor's Information**

<b>Name:</b> First	Middle	Last	Sex	Race	Birth date	Resides With	Relationship to Petitioner <small>(i.e child, uncle, none)</small>	Relationship to Respondent <small>(i.e child, uncle, none)</small>

**Victim's Household Members or Adult Children Protected**

Name:	birth date:
Name:	birth date:
Name:	birth date:
Name:	birth date:

## Confidential Information (CIF)

Clerk: Do not file in a public access file

Superior Court of Washington,  
Snohomish County

Case No: \_\_\_\_\_

**Important!** Only court staff 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.

1. Who is completing this form? (Name): \_\_\_\_\_
2. Is there a current restraining or protection order involving the parties or children?  
 Yes  No  
If yes, who does the order protect? (Name/s): \_\_\_\_\_
3. Does your address information need to be confidential to protect your or your children's health, safety, or liberty? (Check one):  Yes  No  
If yes, explain why? \_\_\_\_\_
4. **Your Information** - This person is a (check one):  Petitioner  Respondent  
Interpreter needed?  Yes  No Language, if yes: \_\_\_\_\_

Full name (first, middle, last):		Date of birth (MM/DD/YYYY):	Sex:
Driver's license/Identicard (No., state):	Race:	Relationship to children in this case:	
Mailing address (This address will <b>not</b> be kept private.) (street address or P.O. box, city, state zip):			

5. **Other Party's Information** – This person is a (check one):  Petitioner  Respondent  
Interpreter needed?  Yes  No Language, if yes: \_\_\_\_\_

Full name (first, middle, last):		Date of birth (MM/DD/YYYY):	Sex:
Driver's license/Identicard (No., state):	Race:	Relationship to children in this case:	
Mailing address (This address will <b>not</b> be kept private.) (street address or PO box, city, state zip):			

➤ **Skip sections 6–9 if your case does not involve children. Sign at the end.**

**6. Children's Information** (You do not have to fill out the children's Social Security numbers if your case is only about a protection order.)

Child's full name (first, middle, last)	Date of birth (MM/DD/YYYY)	Race	Sex	Current location: lives with
1.				<input type="checkbox"/> You <input type="checkbox"/> other party: _____
2.				<input type="checkbox"/> You <input type="checkbox"/> other party: _____
3.				<input type="checkbox"/> You <input type="checkbox"/> other party: _____
4.				<input type="checkbox"/> You <input type="checkbox"/> other party: _____
5.				<input type="checkbox"/> You <input type="checkbox"/> other party: _____
6.				<input type="checkbox"/> You <input type="checkbox"/> other party: _____

**7. Have the children lived with anyone other than you or the other party during the last five years?** (Check one):  No  Yes If yes, fill out below:

Children lived with (name)	That person's current address
1.	
2.	

**8. Do other people (not parents) have custody or visitation rights to the children?** (Check one):  No  Yes If yes, fill out below:

Person with rights (name)	That person's current address
1.	
2.	

**9. If you are asking for custody and are not the parent, list all other adults living in your home:**

1. (Name):	Date of birth (MM/DD/YYYY):
2. (Name):	Date of birth (MM/DD/YYYY):

I declare under penalty of perjury under Washington State law that the information on this form about me is true. The information about the other party is the best information I have or is unavailable because (explain): \_\_\_\_\_

Check here if you need more space to list other Petitioners, Respondents, or children. Put that information on the *Attachment to Confidential Information*, form FL All Family 002, and attach it to this form.

Signed at (city and state): \_\_\_\_\_ Date: \_\_\_\_\_



\_\_\_\_\_  
Petitioner/Respondent signs here

\_\_\_\_\_  
Print name here

**Superior Court of Washington  
For Snohomish County**

\_\_\_\_\_  
Petitioner

vs.

\_\_\_\_\_  
Respondent

**No.**

**JABS Check Confidential  
Document Cover Sheet  
(XJCD)**

**Clerk's Action Required:  
*File as Confidential Documents in  
the court file***

Attached are the JABS/related data base documents the court relied upon when considering:

- any temporary or final parenting plan or residential schedule, or directing residential placement or restraining or limiting contact with a child under Title 26 RCW.
- any order regarding a vulnerable child, or adult, or alleged incapacitated person.
- letters of guardianship or administrative or letters testamentary under Title 11 RCW.
- any relief under Title 71 RCW.
- any relief under Title 13 RCW.
- any order for protection, temporary order for protection, or criminal no-contact order under chapters 7.90, 7.92, 9A.46, 10.14, 10.99, 26.50, or 26.52 RCW.

*All confidential contact information such as addresses, phone numbers, or other information that might disclose the location or whereabouts of any person must be redacted. Laws of 2015, Ch. 140, § 1.*

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14. Documents scanned by an office supply store/business (i.e. Staples/Fed Ex/Minuteman Press) should be emailed to our office and your e-mail. Faxes must include a cover sheet with your contact information.

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