

Vulnerable Adult 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**. 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) 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.

**Superior Court of Washington
For Snohomish County**

In re the Matter of:

a Vulnerable Adult (Person to be Protected)

Respondent (Person to be Restrained)

No.

**Petition for Vulnerable Adult
Order for Protection
(PTORVA)**

1. Identification of Petitioner:

My name is (please print)

_____.

- I am a vulnerable adult filing on my own behalf.
- I am filing on behalf of a vulnerable adult, and (select one of the options below):
 - I am the vulnerable adult's guardian or legal fiduciary.
 - I am an interested person as defined in RCW 74.34.020(12).
- DSHS petitions on behalf of the vulnerable adult who:
 - Has consented to this petition.
 - Lacks the capacity or ability to consent to this petition.

2. Respondent's relationship to the vulnerable adult is (check all that apply):

- Spouse or former spouse.
- Parent of a common child.
- Current or former cohabitant as intimate partner.
- Other Family Member (describe): _____.
- Care Provider.
- Guardian.
- Trustee.
- Payee.
- Power of Attorney.
- Other: _____.

3. The vulnerable adult (check all that apply):

- | | | |
|---|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Is over 60 years old and does not have the functional, mental, or physical ability to care for himself or herself. <input type="checkbox"/> Was found incapacitated under chapter 11.88 RCW. <input type="checkbox"/> Has a developmental disability as defined in RCW 71A.10.020. | <ul style="list-style-type: none"> <input type="checkbox"/> Self-directs his or her own care and receives services from a personal aide under RCW 74.39. <input type="checkbox"/> Is receiving services from a home health, hospice, or home care agency licensed or required to be licensed under RCW 70.127. | <ul style="list-style-type: none"> <input type="checkbox"/> Is receiving in-home services from an individual provider under contract with DSHS <input type="checkbox"/> Has been admitted to a boarding home, nursing home, adult family home, soldiers' home, residential habilitation center or any other facility licensed by DSHS. |
|---|--|--|

4. The vulnerable adult lives in this county. **Or** This is the county of the vulnerable adult's new or former residence and he or she left or was removed from his or her previous residence as a result of, or to prevent, abandonment, abuse, personal exploitation, improper use of restraints, neglect, or financial exploitation.

5. My address for receiving legal documents is:

_____.

(If you wish to keep your residential address **confidential**, you may list an alternate address.)

6. My relationship to the vulnerable adult and authority to act:

(If you are filing on your own behalf, or if you are filing as DSHS, go to paragraph 7.)

I am the vulnerable adult's guardian or limited guardian. I was appointed in _____ County, State of _____, Cause No: _____ on or about _____ (date). (Attach a copy of your letters or order appointing guardian, if available.)

On _____ (date) I imposed an emergency restriction on the vulnerable adult's right to associate with the respondent to protect the vulnerable adult.

I am the vulnerable adult's legal fiduciary. I was appointed trustee power of attorney on or about _____ (date). (Attach a copy of your relevant documents, if available.)

I am interested in the welfare of the vulnerable adult. I have a good faith belief that the court's intervention is necessary and that the vulnerable adult is unable at this time to protect his or her own interests, due to incapacity, undue influence, or duress.

Describe the length and nature of your relationship to the vulnerable adult: _____

_____.

Describe the incapacity, undue influence, or duress that makes the vulnerable adult unable to protect his or her own interests: _____

_____.

7. Do you know of any person who is or claims to be the guardian or legal fiduciary (such as, trustee, payee, power of attorney) of the vulnerable adult? no yes. If yes, provide name and address:

_____.

8. Other court cases or other restraining, protection or no-contact orders involving the petitioner, the vulnerable adult or the respondent:

Case Name	Case Number	Court/County

I Request a Vulnerable Adult Protection Order that will grant the relief requested below:

¹ **Restrain** the respondent from committing or threatening to commit physical harm, bodily injury, assault, including sexual assault, against the vulnerable adult and from molesting, harassing, or stalking the vulnerable adult.

(If the court orders this relief after a hearing, and the respondent is the vulnerable adult's spouse or former spouse, the parent of a common child, a current or former cohabitant as intimate partner, the respondent will be prohibited from possessing a firearm or ammunition under federal law for the duration of this order. An exception exists for law enforcement officers and military personnel when carrying department/government-issued firearms. 18 U.S.C. § 925(a)(1).)

² **Restrain** the respondent from committing or threatening to commit acts of abandonment, abuse, personal exploitation, improper use of restraints, neglect, or financial exploitation against the vulnerable adult.

³ **Exclude** the respondent from the vulnerable adult's residence.

⁴ **Restrain** the respondent from coming near and from having any contact with the vulnerable adult, in person or through others, by phone, mail, or any means, directly or indirectly, except through an attorney, or mailing or delivery by a third party of court documents.

⁵ **Prohibit** the respondent from knowingly coming within, or knowingly remaining within _____ (distance) of the vulnerable adult's residence workplace adult day program; the premises of the long-term care facility where the vulnerable adult resides.

other:

⁶ **Require** the respondent to provide an accounting of the disposition of the vulnerable adult's income or other resources.

⁷ **Restrain** the respondent from transferring the vulnerable adult's property for up to 90 Days.

⁸ **Restrain** the respondent from transferring respondent's property for up to 90 Days.

⁹ **Require** the respondent to pay a filing fee, the court costs, including service fees, and costs incurred in bringing this action, including attorney's fees.

¹⁰ **Other:**

Request for a Temporary Vulnerable Adult Protection Order: *An Emergency Exists* as described in the statement below. The vulnerable adult needs a temporary protection order issued immediately, without prior notice to the respondent, that grants the relief requested above.

Request for Special Assistance From Law Enforcement Agencies:

I request the court order the appropriate law enforcement agency to assist the vulnerable adult in obtaining:

A **Vulnerable Adult protection order** is available to protect a vulnerable adult from abandonment, abuse, financial exploitation or neglect.

"Abandonment" means action or inaction by a person or entity with a duty of care for a vulnerable adult that leaves the vulnerable person without the means or ability to obtain necessary food, clothing, shelter, or health care.

"Abuse" means the willful action or inaction that inflicts injury, unreasonable confinement, intimidation, or punishment on a vulnerable adult. In instances of abuse of a vulnerable adult who is unable to express or demonstrate physical harm, pain, or mental anguish, the abuse is presumed to cause physical harm, pain, or mental anguish. Abuse includes sexual abuse, mental abuse, physical abuse, and personal exploitation of a vulnerable adult, and improper use of restraints against a vulnerable adult, which have the following meanings:

(a) **"Sexual abuse"** means any form of nonconsensual sexual conduct, including but not limited to unwanted or inappropriate touching, rape, sodomy, sexual coercion, sexually explicit photographing, and sexual harassment. Sexual abuse also includes any sexual conduct between a staff person, who is not also a resident or client, of a facility or a staff person of a program authorized under RCW 71A.12, and a vulnerable adult living in that facility or receiving service from a program authorized under RCW 71A.12, whether or not it is consensual.

(b) **"Physical abuse"** means the willful action of inflicting bodily injury or physical mistreatment. Physical abuse includes, but is not limited to, striking with or without an object, slapping, pinching, choking, kicking, shoving, or prodding.

(c) **"Mental abuse"** means a willful verbal or nonverbal action that threatens, humiliates, harasses, coerces, intimidates, isolates, unreasonably confines, or punishes a vulnerable adult. Mental abuse may include ridiculing, yelling, or swearing.

"Isolate" or **"isolation"** means to restrict a vulnerable adult's ability to communicate, visit, interact, or otherwise associate with persons of his or her choosing. Isolation may be evidenced by acts including but not limited to:

- (1) Acts that prevent a vulnerable adult from sending, making, or receiving his or her personal mail, electronic communications, or telephone calls; or
- (2) Acts that prevent or obstruct the vulnerable adult from meeting with others, such as telling a

prospective visitor or caller that a vulnerable adult is not present, or does not wish contact, where the statement is contrary to the express wishes of the vulnerable adult.

The term "isolate" or "isolation" may not be construed in a manner that prevents a guardian or limited guardian from performing his or her fiduciary obligations under RCW 11.92 or prevents a hospital or facility from providing treatment consistent with the standard of care for delivery of health services.

(d) "**Personal exploitation**" means an act of forcing, compelling, or exerting undue influence over a vulnerable adult causing the vulnerable adult to act in a way that is inconsistent with relevant past behavior, or causing the vulnerable adult to perform services for the benefit of another.

(e) "**Improper use of restraints**" means the inappropriate use of chemical, physical, or mechanical restraints for convenience or discipline or in a manner that: (i) is inconsistent with federal or state licensing or certification requirements for facilities, hospitals, or programs authorized under RCW 71A.12; (ii) is not medically authorized; or (iii) otherwise constitutes abuse under this section.

"**Chemical restraint**" means the administration of any drug to manage a vulnerable adult's behavior in a way that reduces the safety risk to the vulnerable adult or others, has the temporary effect of restricting the vulnerable adult's freedom of movement, and is not standard treatment for the vulnerable adult's medical or psychiatric condition.

"**Mechanical restraint**" means any device attached or adjacent to the vulnerable adult's body that he or she cannot easily remove that restricts freedom of movement or normal access to his or her body. "Mechanical restraint" does not include the use of devices, materials, or equipment that are (a) medically authorized, as required, and (b) used in a manner that is consistent with federal or state licensing or certification requirements for facilities, hospitals, or programs authorized under RCW 71A.12.

"**Physical restraint**" means the application of physical force without the use of any device, for the purpose of restraining the free movement of a vulnerable adult's body. "Physical restraint" does not include (a) briefly holding without undue force a vulnerable adult in order to calm or comfort him or her, or (b) holding a vulnerable adult's hand to safely escort him or her from one area to another.

"**Financial exploitation**" means the illegal or improper use, control over, or withholding of the property, income, resources, or trust funds of the vulnerable adult by any person or entity for any person's or entity's profit or advantage. "Financial exploitation" includes, but is not limited to:

- (a) The use of deception, intimidation, or undue influence by a person or entity in a position of trust and confidence with a vulnerable adult to obtain or use the property, income, resources, or trust funds of the vulnerable adult for the benefit of a person or entity other than the vulnerable adult;
- (b) The breach of a fiduciary duty, including, but not limited to, the misuse of a power of attorney, trust, or a guardianship appointment, that results in the unauthorized appropriation, sale, or transfer of the property, income, resources, or trust funds of the vulnerable adult for the benefit of a person or entity other than the vulnerable adult; or
- (c) Obtaining or using a vulnerable adult's property, income, resources, or trust funds without lawful authority, by a person or entity who knows or clearly should know that the vulnerable adult lacks the capacity to consent to the release or use of his or her property, income, resources, or trust funds.

"**Neglect**" means (a) a pattern of conduct or inaction by a person or entity with a duty of care that fails to provide the goods and services that maintain physical or mental health of a vulnerable adult, or that fails to avoid or prevent physical or mental harm or pain to a vulnerable adult; or (b) an act or omission by a person or entity with a duty of care that demonstrates a serious disregard of consequences of such a magnitude as to constitute a clear and present danger to the

Does the respondent own or possess weapons? Yes No Unknown

Does the respondent use firearms, weapons or objects to threaten or harm the vulnerable adult? Please describe:

Explain any additional reasons why this order should be issued immediately. List any immediate and irreparable injury, loss, or damage that would result to the vulnerable adult before the respondent or vulnerable adult can be served and heard: _____

Efforts to give notice: Did you make efforts to give notice of your request for temporary relief to respondent vulnerable adult? If so, describe how and when notice was given. If no notice was given, explain why not:

Other: _____

(Continue on separate page if necessary)

Personal service cannot be made upon Respondent within the state of Washington.

You could be required to post a bond or provide alternate security as a condition for obtaining a temporary order. The court may waive the bond in situations in which the vulnerable adult's health or life would be jeopardized. RCW 7.40.080, 74.34.120(5)(a).

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

Dated _____ at _____, Washington.

Signature of Petitioner

Print Name

**Superior Court of Washington
For Snohomish County**

In re the Matter of:

A Vulnerable Adult (Person to be Protected)

Respondent (Person to be Restrained)

No.

**Notice to the Vulnerable Adult
(NTVA)**

Important Notice

Please Read Carefully

Petitioner _____ (name) filed a petition for a protection order on your behalf in Snohomish County Superior Court against _____ (name of respondent).

The hearing is scheduled for _____ (time) on _____ (date) at Snohomish County Courthouse, 3000 Rockefeller Ave., Everett, WA 98201; Courtroom: _____ (location).

If the protection order is granted, the judge may grant the request as stated in the petition. This may include requiring _____ (the respondent) to stay away from you and not to talk to you, or not handle your money, for up to five years.

Under the law you have certain rights.

You have the right to go to the court hearing. At the court hearing, the judge will decide whether or not you need protection.

You have the right to tell the judge that you agree or disagree with the petition.

You have the right to have a lawyer represent you.

You have the right to present evidence.

At the hearing, the judge may:

- grant the order for protection;
- dismiss the petition or parts of it;
- get more information to decide if you are unable to protect yourself or your property due to incapacity, undue influence, or duress; or
- require a guardianship petition to be filed. If a guardianship petition is filed, you have the right to have a lawyer appointed for you and you will have other rights.

If you have a disability that makes it hard for you to understand court documents or to be part of the court hearing, you may ask for help (an accommodation). You may use the Request for Reasonable Accommodation form available in the court clerk's office to ask for an accommodation.

For help with a disability accommodation, contact (petitioner must check one and complete):

ADA contact information for the Superior Court

Address: M/S 502 3000 Rockefeller Avenue Everett, WA 98201

E-mail: SuperiorCourtADA@snoco.org

Court Administrator for the Superior Court

Address: 3000 Rockefeller Avenue, Everett, WA 98201 M/S 502

Phone: 425-388-3466

Fax: 425-388-3806

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.

REQUIRED FOR PROTECTION

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
 City: State: Zip: Cell: Home: Need Interpreter? **Yes or No**
 Language:

Email address:

Employer	Employer's Address	WORK	WORK PHONE
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Vehicle License #	Vehicle Make and Model	Vehicle Color	Vehicle Year	Drivers License or ID number	State
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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
 City: State: Zip: Cell: Home: Need interpreter? **Yes or No**
 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
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If you filed for someone else, list your name, phone number, address and email:

SERVICE:

ENTRY:

Minor's Information

Name: 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:

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 not 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 not 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.