

District Court of Washington, County of Okanogan

<div style="border-bottom: 1px solid black; margin-bottom: 10px;">Petitioner</div> <div style="text-align: center;">vs.</div> <div style="border-bottom: 1px solid black; margin-top: 10px;">Respondent</div>	DOB	DOB	<div style="border-bottom: 1px solid black; margin-bottom: 10px;">No. _____</div> <div>Motion and Declaration for Waiver of Filing Fees and Surcharges – Harassment (MTWVF) (RCW 7.105.105(9))</div>
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Motion and Declaration For Waiver of Filing Fees and Surcharges – Harassment

1. I am the Petitioner in this action. I am asking for a waiver of all filing fees and surcharges.
2. **Basis**
[] **Unable to Pay.** GR 34 allows the court to waive “filing fees or surcharges the payment of which is a condition precedent to a litigant's ability to secure access to judicial relief” for a person who is indigent. RCW 7.105.105(9)(b)(ii) provides that the court must waive the antiharassment protection order filing fee if the court determines the petitioner is not able to pay the costs of filing. As outlined below, I am indigent and not able to pay the costs of filing.

I cannot afford to meet my necessary household living expenses and pay the filing fees and surcharges imposed by the court. Please see the attached **Financial Statement**, WPF GR 34.0300, which I incorporate as part of this declaration.

- [] In addition to the information in the financial statement I would like the court to consider the following:

☐ **Filing Fee Prohibited.** To the best of my understanding, my petition for an antiharassment protection order is based on (*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

RCW 7.105.105(9)(b)(i) prohibits the court from charging filing fee in this situation.

3. ☐ **Mail** (*Check if applies.*) I filed this motion by mail. I enclosed a self-addressed stamped envelope with the motion so that I can receive a copy of the order once it is signed.

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

Signed at (*city*) _____, (*state*) _____ on (*date*) _____

Signature

Print or Type Name

Case Name: _____ Case Number: _____

Financial Statement (Attachment)			
1. My name is: _____			
2. <input type="checkbox"/> I provide support to people who live with me: How many? _____ Age(s): _____			
3. My Monthly Income:		6. My Monthly Household Expenses:	
Employed <input type="checkbox"/> Unemployed <input type="checkbox"/>		Rent/Mortgage:	\$ _____
Employer's Name: _____		Food/Household Supplies:	\$ _____
Gross pay per month (salary or hourly pay):	\$ _____	Utilities:	\$ _____
Take home pay per month:	\$ _____	Transportation:	\$ _____
4. Other Sources of Income Per Month in my Household:		Ordered Maintenance actually paid:	\$ _____
Source: _____	\$ _____	Ordered Child Support actually paid:	\$ _____
Source: _____	\$ _____	Clothing:	\$ _____
Source: _____	\$ _____	Child Care:	\$ _____
Source: _____	\$ _____	Education Expenses:	\$ _____
Sub-Total:		Insurance (car, health):	\$ _____
<input type="checkbox"/> I receive food stamps.		Medical Expenses:	\$ _____
Total Income, lines 3 (take home pay) and 4:		Sub-Total:	\$ _____
5. My Household Assets:		7. My Other Monthly Household Expenses:	
Cash on hand:	\$ _____		\$ _____
Checking Account Balance:	\$ _____		\$ _____
Savings Account Balance:	\$ _____		\$ _____
Auto #1 (Value less loan):	\$ _____		\$ _____
Auto #2 (Value less loan):	\$ _____	Sub-Total: \$ _____	
Home (Value less mortgage):	\$ _____	8. My Other Debts with Monthly Payments:	
Other:	\$ _____		\$ _____ /mo
Other:	\$ _____		\$ _____ /mo
Other:	\$ _____		\$ _____ /mo
Other:	\$ _____		\$ _____ /mo
Other:	\$ _____	Sub-Total: \$ _____	
Total Household Assets:		Total Household Expenses and Debts, lines 6, 7, and 8:	
\$ _____		\$ _____	
Date: _____		Signature: _____	

Petitioner	vs.	DOB
Defendant/Respondent		DOB

No.: _____

Order Re Waiver of Filing Fees and Surcharges – Harassment

☐ Granted (ORPRFP)

☐ Denied (ORDYMT)

Clerk's Action Required: **3**

1. The Court received the motion to waive filing fees and surcharges filed by or on behalf of the Petitioner.
2. **Findings.** The Court reviewed the motion and supporting declaration/s. Based on the declaration/s and any relevant records and files, the Court finds:
 - [] The Petitioner is indigent based on the following; they:
 - [] are represented by a qualified legal aid provider that screened and found the applicant eligible for free civil legal aid services; and/or
 - [] receive benefits from one or more needs-based, means-tested assistance programs; and/or
 - [] have household income at or below 125% of the federal poverty guideline; and/or
 - [] have household income above 125% of the federal poverty guideline but cannot meet basic household living expenses and pay the fees and/or surcharges; and/or
 - [] other: _____
 - [] The Petitioner is seeking protection from a person who has engaged in:
 - [] stalking
 - [] hate crime

- ☐ single act/threat of violence including malicious and intentional threat or presence of firearm/weapon causing substantial emotional distress
- ☐ domestic violence and is a family or household member
- ☐ nonconsensual sexual conduct or penetration or a sex offense
- ☐ other: _____.

3. Order. Based on the findings the court orders:

- ☐ The motion is granted, and
- ☐ filing fees and surcharges are waived due to Protected Person's inability to pay.
- ☐ the court is prohibited from charging a filing fee because this petition for an antiharassment protection order is based on the reason checked in section 2.
- ☐ Law Enforcement shall serve all papers in this action without charging a fee for service to the Petitioner.
- ☐ Other: _____
_____.

☐ The motion is denied because _____
_____.

If there is a material change in financial circumstances, the ruling can be revisited by the Court or the Petitioner.

If the motion was granted and the Court, upon review, later finds that either the Petitioner or another responsible party to this proceeding has sufficient resources to pay the waived filing fees or surcharges, the Court may modify this order and require the Petitioner or another party to pay the filing fees and/or surcharges that have been waived by this order.

Dated: _____

Judge/Commissioner

Print Judge/Commissioner Name

Presented by:

Signature of Petitioner or Lawyer/WSBA No.

Print or Type Name

Date

District Court of Washington, County of Okanogan

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.

Be as specific and descriptive as possible. Put the date, names, what happened and where. Use names rather than pronouns (he/she/they) as much as possible. If you cannot remember the date, put the time of year it happened (around a holiday, winter, summer, how old your child was) or about how long ago.

- Who did what?
- When did this happen?
- How were any statements made? (in person, mail, text, phone, email, social media)
- How did this make you, the minor, or the vulnerable adult feel?

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.

clearly should know that the vulnerable adult lacks the capacity to consent to the release or use of the vulnerable adult's 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 the 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 vulnerable adult's health, welfare, or safety including, but not limited to, conduct prohibited under RCW 9A.42.100.

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)

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: Okanogan _____

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 **is not confidential**, 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 **is confidential**, 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:		
<input type="checkbox"/> 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