

- 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. Who is the respondent?

The Respondent/s is/are 18 years of age or older.

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.

• Statement describing the victim/s need for protection from the respondent

- Write clearly. If you need more space below, attach additional page/s. Do not write on the back.

7. Has the respondent used, displayed, or threatened to use a firearm or other dangerous weapon in a felony? Please describe:

8. Has the respondent previously committed an offense that makes him or her ineligible to possess a firearm under the provisions of RCW 9.41.040? Please describe:

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:

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 emailed 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 and the approximate date, and whether the request was granted:

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:

➤ **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"/> No-Contact: 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"/> Surveillance: 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"/> Exclude from places: 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"/> Stay Away: 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"/> Other:
<input type="checkbox"/> Evaluation: Order the respondent to have a <input type="checkbox"/> mental health <input type="checkbox"/> chemical dependency evaluation. <input type="checkbox"/> other: _____.
<input type="checkbox"/> Pay Fees and Costs: 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"/> Surrender Firearms: Require the respondent to surrender any firearm or other dangerous weapon, or any concealed pistol license and prohibit the respondent from obtaining or possessing a firearm or other dangerous weapon, or a concealed pistol license.
<input type="checkbox"/> Duration: 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 Stalking 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, to be effective until the hearing.
- I also request a temporary surrender of a firearm or other dangerous weapon 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?

I certify 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

My address for the purpose of receiving service of legal documents is:

_____.

This is not my residence address. My family, household or I would be at risk of abuse by respondent if I disclosed my residence address. I agree to receive service of process at this address.