

STATE OF WASHINGTON KING COUNTY DISTRICT COURT			
<table style="width: 100%; border: none;"> <tr> <td style="border-top: 1px solid black; width: 60%; padding: 5px;">Petitioner</td> <td style="text-align: center; padding: 5px;">vs.</td> <td style="border-top: 1px solid black; width: 40%; padding: 5px;">Respondent</td> </tr> </table>	Petitioner	vs.	Respondent
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NO.

**PETITION FOR ORDER  
FOR PROTECTION  
(PTORPRT) (All Cases)**

1. <input type="checkbox"/> I am <input type="checkbox"/> A member of my family or household is the victim of domestic violence committed by the respondent as described in the statement below.	3. My age is: <input type="checkbox"/> Under 16 <input type="checkbox"/> 16 or 17 <input type="checkbox"/> 18 or over									
2. <input type="checkbox"/> I live in this county. <input type="checkbox"/> I left my residence because of abuse and this is the county of my new or former residence.	Respondent's age is: <input type="checkbox"/> Under 16 <input type="checkbox"/> 16 or 17 <input type="checkbox"/> 18 or over									
4. My relationship with the respondent is: <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> spouse or former spouse</td> <td><input type="checkbox"/> current or former dating relationship</td> <td><input type="checkbox"/> in-law</td> </tr> <tr> <td><input type="checkbox"/> parent of a common child</td> <td><input type="checkbox"/> stepparent or stepchild</td> <td><input type="checkbox"/> parent or child</td> </tr> <tr> <td><input type="checkbox"/> current or former cohabitant as intimate partner</td> <td><input type="checkbox"/> current or former cohabitant as roommate</td> <td><input type="checkbox"/> blood relation other than parent or child</td> </tr> </table>		<input type="checkbox"/> spouse or former spouse	<input type="checkbox"/> current or former dating relationship	<input type="checkbox"/> in-law	<input type="checkbox"/> parent of a common child	<input type="checkbox"/> stepparent or stepchild	<input type="checkbox"/> parent or child	<input type="checkbox"/> current or former cohabitant as intimate partner	<input type="checkbox"/> current or former cohabitant as roommate	<input type="checkbox"/> blood relation other than parent or child
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5. Identification of Minors (if applicable)  No Minors involved.

Name (First, Middle Initial, Last)	Age	Race	Sex	How Related to		Resides with
				Petitioner	Respondent	

6. Other court cases or other restraining, protection or no-contact orders involving me, the minors and the respondent:

<b>CASE NAME</b>			
<b>CASE NUMBER</b>			
<b>COURT/COUNTY</b>			

<p><b>REQUEST FOR TEMPORARY ORDER:</b> AN EMERGENCY EXISTS as described in the statement below: I need a temporary restraining order issued immediately without notice to the respondent until a hearing to avoid irreparable injury. I request a Temporary Order for Protection that will:</p>		
<p><b>I REQUEST AN ORDER FOR PROTECTION</b> following a hearing THAT WILL:</p>		
		<p><sup>1</sup> RESTRAIN respondent from causing any physical harm, bodily injury, assault, including sexual assault, and from molesting, harassing, threatening, or stalking  <input type="checkbox"/> me <input type="checkbox"/> the minors named in paragraph 5 above <input type="checkbox"/> these minors only:</p> <p>(If the court orders this relief, and the respondent is your spouse or former spouse, the parent of a common child, or 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).)</p>
		<p><sup>2</sup> RESTRAIN respondent from coming near and from having any contact whatsoever, in person or through others, by phone, mail, or any means, directly or indirectly, except for mailing of court documents, with <input type="checkbox"/> me <input type="checkbox"/> the minors named in paragraph 5 above, subject to any court-ordered visitation <input type="checkbox"/> these minors only, subject to any court-ordered visitation:</p>
		<p><sup>3</sup> EXCLUDE respondent from <input type="checkbox"/> our shared residence <input type="checkbox"/> my residence  <input type="checkbox"/> my workplace <input type="checkbox"/> my school; <input type="checkbox"/> the day care or school of <input type="checkbox"/> the minors named in paragraph 5 above <input type="checkbox"/> these minors only:</p> <p><input type="checkbox"/> other:</p> <p>You have a right to keep your residential address confidential.</p>
		<p><sup>4</sup> DIRECT respondent to vacate our shared residence and restore it to me.</p>
		<p><sup>5</sup> PROHIBIT respondent from knowingly coming within, or knowingly remaining within _____ (distance) of: <input type="checkbox"/> our shared residence <input type="checkbox"/> my residence  <input type="checkbox"/> my workplace <input type="checkbox"/> my school; <input type="checkbox"/> the day care or school of <input type="checkbox"/> the minors named in paragraph 5 above.  <input type="checkbox"/> these minors only:  <input type="checkbox"/> other:</p>

		<sup>6</sup> GRANT me possession of essential personal belongings, including the following:
		<sup>7</sup> Grant me use of the following vehicle: Year, Make & Model _____ License No. _
		<sup>8</sup> OTHER:
		<sup>9</sup> DIRECT the respondent to participate in appropriate treatment or counseling services.
		<sup>10</sup> REQUIRE the respondent to pay the fees and costs of this action.
		<sup>11</sup> REMAIN EFFECTIVE longer than one year because respondent is likely to resume acts of domestic violence against me if the order expires in a year.
Check the following only if you are requesting protection involving a minor:		
		<sup>12</sup> Subject to any court-ordered visitation, GRANT me the care, custody and control of <input type="checkbox"/> the minors named in paragraph 5 above <input type="checkbox"/> these minors only:
		<sup>13</sup> RESTRAIN respondent from interfering with my physical or legal custody of <input type="checkbox"/> the minors named in paragraph 5 above <input type="checkbox"/> these minors only:
		<sup>14</sup> RESTRAIN the respondent from removing from the state: <input type="checkbox"/> the minors named in paragraph 5 above <input type="checkbox"/> these minors only:

**REQUEST FOR SPECIAL ASSISTANCE FROM LAW ENFORCEMENT AGENCIES:**

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

- Possession of my residence.  Use of designated vehicle.
- Possession of my essential personal belongings at  the shared residence  respondent's residence  other.
- Custody of  the minors named in paragraph 5 above  these minors only (If applicable):

\_\_\_\_\_

\_\_\_\_\_

OTHER: \_\_\_\_\_

Domestic violence includes physical harm, bodily injury, assault, stalking, OR inflicting fear of imminent physical harm, bodily injury or assault between family or household members.



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Describe medical treatment you received and for what: \_\_\_\_\_

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Describe any threats of suicide or suicidal behavior by the respondent: \_\_\_\_\_

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Does the respondent own or possess firearms?  Yes  No

Does the respondent use firearms, weapons or objects to threaten or harm you? Please describe: \_\_\_\_\_

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If you are requesting that the protection order lasts longer than one year, describe the reasons why: \_\_\_\_\_

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Other: \_\_\_\_\_

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(continue on separate page if necessary)

Check box if substance abuse is involved:  alcohol  controlled drugs  other \_\_\_\_\_

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

DATED \_\_\_\_\_ at \_\_\_\_\_ Washington.

\_\_\_\_\_  
Signature of Petitioner

You have a right to keep your residential address confidential. If you have one, please provide an address, other than your residence, where you may receive legal documents: \_\_\_\_\_

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