

<p align="center">BAINBRIDGE ISLAND MUNICIPAL COURT Kitsap County, Washington</p>	<p align="right">Mail: PO Box 151, Rollingbay, WA 98061 Location: 10255 NE Valley Rd, Bainbridge Island, WA Phone # 206-842-5641 Fax # 206-842-0316 Email: court@bainbridgewa.gov</p>
<p>Petitioner _____</p> <p align="center">vs.</p> <p>Respondent _____</p>	<p>No.</p> <p>Petition for Order for Protection (PTORPRT)</p>

<p>1. <input type="checkbox"/> I am a victim of domestic violence committed by the respondent.</p> <p><input type="checkbox"/> A member of my family or household is a victim of domestic violence committed by the respondent.</p> <p><input type="checkbox"/> I am a <input type="checkbox"/> guardian <input type="checkbox"/> guardian ad litem <input type="checkbox"/> next friend of a minor who is 13 to 15 years of age and is a victim of domestic violence in a dating relationship with a person age 16 or older. The name of the minor victim is _____.</p> <p>This person's identifying information is provided in paragraph 5 below.</p>		
<p>2. <input type="checkbox"/> The victim lives in this county.</p> <p><input type="checkbox"/> The victim left their residence because of abuse and this is the county of their new or former residence.</p>		
<p>3. The victim's age is:</p> <p><input type="checkbox"/> Under 16 <input type="checkbox"/> 16 or 17 <input type="checkbox"/> 18 or over</p>	<p>Respondent's age is:</p> <p><input type="checkbox"/> Under 16 <input type="checkbox"/> 16 or 17 <input type="checkbox"/> 18 or over</p>	
<p>4. The victim's relationship with the respondent is:</p> <p><input type="checkbox"/> spouse or former spouse</p> <p><input type="checkbox"/> parent of a child in common</p> <p><input type="checkbox"/> current or former domestic partner</p> <p><input type="checkbox"/> current or former cohabitant as part of a dating relationship</p>	<p><input type="checkbox"/> current or former dating relationship</p> <p><input type="checkbox"/> stepparent or stepchild</p> <p><input type="checkbox"/> current or former cohabitant as roommate</p>	<p><input type="checkbox"/> in-law</p> <p><input type="checkbox"/> parent or child</p> <p><input type="checkbox"/> blood relation other than parent or child</p>

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:

Case Name			
Case Number			
Court/County			

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

<p>¹ <input type="checkbox"/> 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, current or former domestic partner, the parent of a child in common, or a current or former cohabitant as part of a dating relationship, the respondent will not be able to obtain or possess a firearm, other dangerous weapon, ammunition, or concealed pistol license under state or federal law for the duration of the order.)</p>
<p>² <input type="checkbox"/> Restrain respondent from harassing, following, keeping under physical or electronic surveillance, cyberstalking as defined in RCW 9.61.260, and using telephonic, audiovisual, or other electronic means to monitor the actions, locations, or wire or electronic communication of <input type="checkbox"/> me <input type="checkbox"/> the minors named in paragraph 5 above <input type="checkbox"/> only the minors listed below; <input type="checkbox"/> members of the victim's household listed below <input type="checkbox"/> the victim's adult children listed below:</p>
<p>³ <input type="checkbox"/> 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>⁴ <input type="checkbox"/> 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 residence, 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>⁵ <input type="checkbox"/> Direct respondent to vacate our shared residence and restore it to me.</p>
<p>⁶ <input type="checkbox"/> 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:</p> <p><input type="checkbox"/> other:</p>
<p>⁷ <input type="checkbox"/> Grant me possession of essential personal belongings, including the following:</p>
<p>⁸ <input type="checkbox"/> Grant me use of the following vehicle: Year, Make & Model _____ License No. _____</p>
<p>⁹ <input type="checkbox"/> Other.</p>
<p>Protection involving a minor:</p>
<p>¹⁰ <input type="checkbox"/> 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:</p>
<p>¹¹ <input type="checkbox"/> 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:</p>
<p>¹² <input type="checkbox"/> Restrain the respondent from removing from the state: <input type="checkbox"/> the minors named in paragraph 5 above <input type="checkbox"/> these minors only:</p>
<p>Additional Requests:</p>
<p>¹³ <input type="checkbox"/> Direct the respondent to participate in appropriate treatment or counseling services.</p>
<p>¹⁴ <input type="checkbox"/> Require the respondent to pay the fees and costs of this action.</p>
<p>¹⁵ <input type="checkbox"/> 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.</p>

Protection involving pets.

¹⁶ **Grant** me exclusive custody and control of the following pet(s) owned, possessed, leased, kept, or held by me, respondent, or a minor child residing with either me or the respondent. (Specify name of pet and type of animal.):

¹⁷ **Prohibit** respondent from interfering with my efforts to remove the pet(s) named above.

¹⁸ **Prohibit** respondent from knowingly coming within, or knowingly remaining within _____ (distance) of the following locations where the pet(s) are regularly found:

petitioner's residence (You have a right to keep your residential address confidential.)

_____ Park

other: _____

Protection from Firearms and Other Dangerous Weapons

¹⁹ **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.

Notice: If you **are** the respondent's intimate partner, after actual notice and an opportunity to be heard at the hearing, the court may be required to order the respondent to surrender firearms, other dangerous weapons, or concealed pistol license.

I want emergency temporary protection effective immediately, that lasts (up to 14 days) until the court hearing:

An emergency exists as described below. I request that a **Temporary Order for Protection** granting the relief requested above in 1) through 12) be issued immediately, without prior notice to the respondent, to be effective until the hearing.

I also request 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?

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. Possession of the vehicle designated above.

Possession of my essential personal belongings at the shared residence respondent's residence

other location _____

Describe any violence or threats towards children: _____

Describe any stalking behavior by respondent, including use of telephonic, audiovisual or electronic means to harass or monitor: _____

Describe medical treatment you received and for what: _____

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

Does the respondent own or possess firearms? Yes No

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

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

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:

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 any individual? Please describe:

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

Other: _____

(Continue on separate page if necessary.)

Check box if substance abuse is involved: alcohol drugs other

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

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: _____

<input type="checkbox"/>	<p>This state is the home state of the children because:</p> <ul style="list-style-type: none"> <input type="checkbox"/> the children lived in Washington with a parent or a person acting as a parent for at least six consecutive months immediately before the beginning of this proceeding. <input type="checkbox"/> the children are less than six months old and have lived in Washington with a parent or a person acting as parent since birth. <input type="checkbox"/> any absences from Washington have been only temporary. <input type="checkbox"/> Washington was the home state of the children within six months before the beginning of this proceeding and the children are absent from the state; but a parent or person acting as a parent continues to live in this state.
<input type="checkbox"/>	<p>The children and the parents, or the children and at least one parent or a person acting as a parent, have significant connections with this state other than mere physical presence; and substantial evidence is available in this state concerning the children's care, protection, training and personal relationships and</p> <ul style="list-style-type: none"> <input type="checkbox"/> the children have no home state elsewhere. <input type="checkbox"/> the children's home state has declined to exercise jurisdiction on the ground that this state is the more appropriate forum under RCW 26.27.261 or 271.
<input type="checkbox"/>	<p>All courts in the children's home state have declined to exercise jurisdiction on the ground that a court of this state is the more appropriate forum to determine the custody of the children under RCW 26.27.261 or .271.</p>
<input type="checkbox"/>	<p>No other state has jurisdiction.</p>
<input type="checkbox"/>	<p>This court has temporary emergency jurisdiction over this proceeding because the children are present in this state and the children have been abandoned, or it is necessary in an emergency to protect the children because the children, or a sibling or parent of the children is subjected to or threatened with abuse. RCW 26.27.231.</p>

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

<p align="center">BAINBRIDGE ISLAND MUNICIPAL COURT Kitsap County, Washington</p>	<p align="right">Mail Addr: PO Box 151, Rolling Bay, WA 98061 Location: 10255 NE Valley Rd, Bainbridge Island, WA Phone # 206-842-5641 Fax # 206-842-0316</p>
<p>_____ Petitioner</p> <p>_____ Minor(s)</p> <p>Vs.</p> <p>_____ Respondent(s)</p> <p>_____ Minor(s)</p>	<p>NO:</p> <p align="center">PETITION FOR APPOINTMENT AS GUARDIAN AD-LITEM FOR MINORS</p>

Comes now the above named petitioner and requests the court to appoint petitioner respondent as guardian ad-litem for the above minor(s) who are not competent to commence or defend the action herein because said minor(s) are under the age of eighteen (18).

This petition is brought for the purpose of domestic violence other _____

Dated this _____ day of _____, 20_____.

Petitioner

The above named petitioner disposes and says:

- I am applying to be appointed to be the guardian ad-litem for the above named persons in this action because they are under the age of eighteen (18) and I am the _____ of the minor(s).
state nature of relationship to minor(s)
- I am applying for an order requesting the above named respondent be appointed as guardian ad-litem for the above named minor(s) and believe respondent is the _____ of the minor(s).
state nature of relationship to minor(s)

I know and have independently reviewed the facts upon which the minor(s) are claiming relief and believe them to be true, and that the action commenced or defense asserted is justifiable.

I certify under penalty of perjury under the laws of the State of Washington that the statements made herein are true to the best of my knowledge and belief.

Signed at _____, Washington on the _____ day of _____, 20_____.

Petitioner

Confidential Information Form (INFO)

County: KITSAP	Cause Number:	Do not file in a public access file.
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Court Clerk: This is a Restricted Access Document

<input type="checkbox"/> Divorce/Separation/Invalidity/Nonparental Custody/Paternity/Modifications <input type="checkbox"/> Sexual Assault <input type="checkbox"/> Other
<input type="checkbox"/> Domestic Violence <input type="checkbox"/> Antiharassment <input type="checkbox"/> Information Change (Check if you are updating information)
<input type="checkbox"/> A restraining order or protection order is in effect protecting <input type="checkbox"/> the petitioner <input type="checkbox"/> the respondent <input type="checkbox"/> the children.
<input type="checkbox"/> The health, safety, or liberty of a party or child would be jeopardized by disclosure of address information because: _____ _____ _____

The following information about the parties is required in all cases:
 (Use the Addendum To Confidential Information Form to list additional parties or children)

Petitioner Information	Type or Print Only	Respondent Information
Name (Last, First, Middle)		Name (Last, First, Middle)
Race	Sex	Birth date
Driver's Lic. or Identocard (# and State)		Driver's Lic. or Identocard (# and State), (or, if unavailable, residential address)
Mailing Address (P.O. Box/Street, City, State, Zip)		Mailing Address (P.O. Box/Street, City, State, Zip)
Relationship to Child(ren)		Relationship to Child(ren)

The following information is required if there are children involved in the proceeding. (Soc. Sec. No. is not required for petitions in protection order cases (Domestic Violence/Antiharassment/Sexual Assault.)

1) Child's Name (Last, First, Middle)
Child's Race/Sex/Birth date
Child's Soc. Sec. No. (If required)
Child's Present Address or Whereabouts

2) Child's Name (Last, First, Middle)
Child's Race/Sex/Birth date
Child's Soc. Sec. No. (If required)
Child's Present Address or Whereabouts
List the names and present addresses of the persons with whom the child(ren) lived during the last five years:
List the names and present addresses of any person besides you and the respondent who has physical custody of, or claims rights of custody or visitation with, the child(ren):

Except for petitions in protection order cases (Domestic Violence/Antiharassment/ Sexual Assault), the following information is required:	
Petitioner's Information	Respondent's Information
Soc. Sec. No.:	Soc. Sec. No.:
Residential Address (Street, City, State, Zip)	Residential Address (Street, City, State, Zip)
Telephone No.: ()	Telephone No.: ()
Employer:	Employer:
Empl. Address:	Empl. Address:
Empl. Phone No.: ()	Empl. Phone No.: ()
For Nonparental Custody Petitions only, list other Adults in Petitioner(s) household (Name/DOB):	

Additional information: _____

Addendum(s) To Confidential Information Form attached. List other parties or children in Addendum(s).

I certify under penalty of perjury under the laws of the state of Washington that the above information is true and accurate concerning myself and is accurate to the best of my knowledge as to the other party, or is unavailable. The information is unavailable because _____

Signed on _____ [Date] at _____ [City and State].

 Petitioner/Respondent

Addendum to Confidential Information Form (AD)

County: **KITSAP**

Cause Number:

Do not file in a public access file.

Court Clerk: This is a Restricted Access Document

The following information about additional parties is required in all cases.

Additional Petitioner Information	Type or Print Only	Additional Respondent Information
Name (Last, First, Middle)		Name (Last, First, Middle)
Race	Sex	Birth date
Drivers Lic. or Identocard (# and State)		Drivers Lic. or Identocard (# and State), (or, if unavailable, residential address)
Mailing Address (P.O. Box/Street, City, State, Zip)		Mailing Address (P.O. Box/Street, City, State, Zip)
Relationship to Child(ren)		Relationship to Child(ren)

The following information is required if there are additional children involved in the proceeding (Soc. Sec. No. is not required for petitions in protection order cases (Domestic Violence/Antiharassment/Sexual Assault).)

3) Child's Name (Last, First, Middle)

Child's Race/Sex/Birth date

Child's Soc. Sec. No. (If required)

Child's Present Address or Whereabouts

4) Child's Name (Last, First, Middle)

Child's Race/Sex/Birth date

Child's Soc. Sec. No. (If required)

Child's Present Address or Whereabouts

Except for petitions in protection order cases (Domestic Violence/Antiharassment/Sexual Assault), the following information is required:

Additional Petitioner Information	Additional Respondent Information
Soc. Sec. No.:	Soc. Sec. No.:
Residential Address (Street, City, State, Zip)	Residential Address (Street, City, State, Zip)
Telephone No.: ()	Telephone No.: ()
Employer:	Employer:
Empl. Address:	Empl. Address:
Empl. Phone No.: ()	Empl. Phone No.: ()

LAW ENFORCEMENT INFORMATION

Do NOT serve or show this sheet to the restrained person!
Do NOT FILE in the court file. Give this form to law enforcement.

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 state wide law enforcement computer. Fill in the following information as completely as possible.

Court:	Case Number:
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<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Dissolution/Separation/Invalidity/Nonparental Custody/Paternity
<input type="checkbox"/> Unlawful Harassment	<input type="checkbox"/> Vulnerable Adult
<input type="checkbox"/> Sexual Assault	

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

Name: First Middle Last			Nickname	Relationship to Protected Person
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Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	Race	Height	Weight	Eye Color	Hair Color	Skin Tone	Build
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Last Known Address Street: City:				State: Zip:	Phone(s) w/Area Code	Need Interpreter? Yes or No Language:
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Employer	Employer's Address	WORK Hours: Phone: ()
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Vehicle License Number	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 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.)

Name: First Middle Last		
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Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	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).

Current Address Street: City:				State: Zip:	Phone(s) w/Area Code	Need interpreter? Yes or No Language:
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If your information **is confidential**, you must provide the name, address and 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 and address:

Minor's Information	Describe the minor's relationship using terms such as: child, grandchild, stepchild, nephew, none. →				Minor's Relationship to Protected Restrained		
	Name: First Middle Last	Sex	Race	Birth date	Resides With	Person	Person

Victim's Household Members or Adult Children Protected	Name:	birth date:
Name:	birth date:	Name:
		birth date: