



Isolates the protected person(s) from friends, family, coworkers, interests and activities outside the home, including limiting when or how the protected person can leave the home;

Controls the protected person's daily activities, such as employment, social activities, use of money or resources, use of a phone, computer or vehicle;

Threatens to harm the protected person's children, uses the children to deliver messages that threaten or harass the protected person, or threatens to report the protected person to child welfare agencies or law enforcement; or

Restricts the protected person's ability to make decisions about the household, home, or family; or

Constantly monitors or has other persons monitor the protected person's daily activities.

Dating Violence – Protection from someone in a social relationship of a romantic or intimate nature with the protected person who has committed domestic violence, nonconsensual sexual conduct or penetration, unlawful harassment, or stalking.

Family Violence – Protection from a family or household member who has committed domestic violence, nonconsensual sexual conduct or penetration, unlawful harassment, or stalking.

Sexual Assault – Protection from someone who has committed sexual assault.

Stalking – Protection from someone who has committed stalking.

Vulnerable Adult – Protection from someone who has abandoned, abused, financially exploited, or neglected a vulnerable adult (or threatened to do so).

Important! *If you are asking for a Vulnerable Adult Protection Order, you must complete Attachment A: Vulnerable Adult as part of this Petition.*

Anti-Harassment – Protection from someone who engages in behavior directed at the protected person that seriously alarms, annoys, or is detrimental to such person, and that serves no legitimate or lawful purpose, or who unlawfully threatens the protected person, including using words or conduct that places the protected person in reasonable fear that the threat will be carried out.

Harassment can include threats using any form of communication or conduct (including electronic communications) to (*check all that apply*):

cause physical harm to the protected person immediately or in the future;

cause physical damage to the protected person's property;

physically confine or restrain the protected person; or

engage in any other act that would substantially harm the protected person's physical or mental health or safety.

If more than one of the protection order types listed above fits your situation, list any additional order types here: _____



Who are the parties to this matter? This section is about the protected person(s) and the restrained person.

1. Who is the filing party?

- I am victim of domestic violence, family violence, dating violence, stalking, or harassment.
- I am a family member or household member of a minor or vulnerable who is the victim of domestic violence, family violence, dating violence, stalking, or harassment on behalf of the minor or vulnerable adult.
- I am a Prosecutor of the Tulalip Tribes.
- I am acting in an official capacity in the protection of domestic violence, family violence, dating violence, stalking, or harassment survivors:
 - Legacy of Healing Elder Services Child Advocacy Center
 - beda?chelh Other: _____

2. Who should the order protect? ("Protected Person") (*Check all that apply.*)

- Me, the person filing this petition.**
- 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 a minor at least age 16. The minor is a member of my family or household. I have been chosen by the minor and am capable of pursuing their best interest in this case.

Child's Name	Age	Gender	Lives With	How related to you	How related to Restrained Person

- Someone else.** (*Describe who you are filing for here.*) I am filing to protect:
 - a household member (*name and date of birth*) _____
 - _____
 - a vulnerable adult (*name*) _____
(*See definition and complete Attachment A.*)
 - 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.*) _____

3. Who should the order restrain? ("Restrained Person")

Full Name: _____

Restrained Person's age: Under 18 18 or over unknown

4. My Service Address. What is your address for receiving legal documents? You have the right to keep your residential address private.

I want to keep my residential address private. You may use a different mailing address for receiving legal documents.

Mailing Address: _____

If you agree to receive legal documents by email, please provide your email address:

5. Restrained Person's Address. Please provide the restrained person's current address. If unknown, provide the last known address.

Last Known Address I have no known address and will file a separate request to provide notice by publication.

Is this address within the Tulalip Reservation? Yes No Unknown

6. Interpreter Requested

Do you or the restrained person need an interpreter? Yes, Language: _____ No

How do the parties know each other? This helps the Court determine what kind of protective order to issue.

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) and who never lived together live or have lived together



Are there other court cases involving the parties or any children?

11. 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.*)

Yes. If yes, fill out below No

Type of Case (see examples)	Court Location (City or County and State)	Court Type (County / City / Tribal / Military)	Case Number (if known)	Status (active / dismissed / pending / expired, unknown)

Important! You are responsible providing any file copies of court cases. The Court cannot research or obtain another court's records on behalf of a party.

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).

12. Immediate Protection: Do you need a Temporary Protection Order to start immediately, without prior notice to the restrained person? Yes No

I request that the Court hold the record open for 72 hours if the information I provided is insufficient for an immediate order at the time of filing. (TTC 4.25.500(3))

13. 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 12 or 13, 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.)

If the Court does not grant an emergency order immediately, I would like an extra 72 hours to provide more information. (TTC 4.25.500(3))

What kind of protections do you need? Check everything you want the court to order.

14. I ask for a protection order with these restraints:

General Restraints

A. **No Harm:** The restrained person must 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 2 above

these minors only: _____

B. **No Contact:** The restrained person must not make any attempts or have any contact, including nonphysical contact, directly, indirectly, including any electronic communications and social media, 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 2 above

these minors only: _____

Exception (if any): Only this type of contact is allowed: _____

Exceptions about minors, if any, provided in section 13(T) below.

C. **Exclude and Stay Away:** The restrained person must 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 2 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: The restrained person must not harass, follow, monitor, keep under physical or electronic surveillance, cyber harass, 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 2 above

[] these minors only: _____

[] these members of the protected person's household: _____

F. [] Intimate Images: The restrained person must not possess or distribute intimate images of a protected person. 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. [] Evaluation: The restrained person must get an evaluation for: [] mental health

[] chemical dependency (drugs/alcohol) [] domestic violence [] sexual behavior

H. [] Treatment: The restrained person must participate in state- or tribe-certified treatment for: [] sexual behavior [] domestic violence perpetrator

Important! These treatment interventions can be a *minimum* of 6 months depending on the severity of the restrained person's conduct and behavior.

I. [] Personal Belongings: The protected person shall have possession of essential personal belongings, including the following:

J. [] Assets: The restrained person must not transfer, encumber, conceal, or dispose of real or personal property except as authorized by the Court.

K. [] Accounts: The restrained person must not cancel or change any leases, utilities, vehicles, or telecommunication accounts.

L. [] Finances: The restrained person must provide the following financial relief:

[] Timely pay any existing debts of the protected person, including mortgage or rental payments, necessary to maintain the protected person in his/her residence.

[] Child support: _____

[] Other: _____



M. [] Vehicle: The protected person shall have exclusive use of the following vehicle:
 Year, Make & Model _____
 License No. _____
 Vehicle Identification Number (VIN) if known: _____

N. [] Restrict Abusive Litigation: The restrained person must not engage in abusive litigation or in frivolous filings against the protected person, making harassing or libelous communications about the protected person to third parties, including social media, or making false reports to investigative agencies.

O. [] 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

P. Does the restrained person have or own firearms? [] Yes [] No [] Unknown
 If yes, please complete **Attachment B: Firearms.**

Q. Is the restrained person already not allowed to have firearms? [] Yes [] No
 [] Unknown
 If Yes, why? _____

R. 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

S. Even if the restrained person does not have firearms now, has the restrained person ever used firearms, other weapons, or dangerous objects to threaten or harm you?
 [] Yes [] No
 If Yes, describe what happened.

Minors

Important! In determining custody and/or visitation, the Court must consider the restrained person's history of causing physical harm, bodily injury, assault, or causing reasonable fear of physical harm, bodily injury, or assault to another person. (TTC 4.25.510(e))

T. [] Custody: The protected person should be granted temporary care, custody and control of [] the minors named in section 2 above
 [] these minors only: _____

Exceptions for Visitation and Transportation (including exchanges, meeting location, and pickup and dropoff) of Minors (if any): _____



[] Visitation is allowed but should have the following conditions to protect the safety of the protected person(s) and the minor children: _____

[] Visitation listed here is an exception to any No Contact provision in **12** above.
(Only for children the protected and restrained persons have together.)

U. [] **No Interference:** The restrained person must not interfere with the protected person's physical or legal custody of [] the minors named in section **2** above [] these minors only: _____

V. [] **Removal from State:** The restrained person must not remove from the state: [] the minors named in section **2** above [] these minors only: _____

W. [] **School:** The restrained person must stay away from and 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

X. [] **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:

Name of Pet	Type of Pet



Y. **No Interference:** The restrained person must not interfere with the protected person's efforts to claim the pet/s named above.

Z. **Stay Away:** Do not knowingly come within, or knowingly remain within 500 ft. or (other 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

AA. **Safety:** The restrained person must 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.

BB. **Accounting:** The restrained person must provide an accounting of the disposition of the vulnerable adult's income or other resources.

CC. **Property Transfer:** The restrained person must not transfer the property of the vulnerable adult the restrained person the protected person. This restraint can last for up to 90 days.

Other Restraints

DD. The Court should also order:

Do you need help from law enforcement? They may help you collect the personal items, possessions or other property you requested by accompanying you and standing by until you are finished.

15. 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 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 2 above these minors only: _____
- Other: _____



How long do you need the final order to last?

16. Length of Order

(The permanent order, if granted, 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 but may be renewed following notice and a hearing.)

I need this order to last for: [] 1 year [] up to 5 years [] permanently [] until each minor listed in section 2 turns 18 [] Other (specify how long): _____

If you want protection for more than one year, briefly explain why. _____

Why do you need a protection order? What happened? This is your statement, where you tell your experience. **You may attach additional pages.**

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.

For all of the questions below, include details:

- Who did what?
- When did this happen?
- Where 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. Court records arising from a civil petition for a domestic violence or family violence order are confidential. Documents and other information contained in the file may be released to the petitioner, law enforcement officers, judicial officers, Tribal Prosecutor or Reservation Attorney, victim advocates, child protection workers, and elder protection workers. The records may be released, except for the address and location of the protected person, to the respondent. The records may also be released to other persons upon order of the Court for good cause shown. (TTC 4.25.240)

17. 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.

Important! If there is a police report or a court record, you are responsible for providing a copy to the Court. The Tulalip Tribal Court does not have access to police reports. You must complete a court records request for any court records in Tulalip Tribal Court.



Additional pages attached.

20. Suicidal/Self-Harm Behavior. Describe any threats of self-harm or suicide attempts by the Restrained Person.

Additional pages attached.

21. Restrained Person’s Substance Abuse

Is substance abuse involved? Yes No Unknown
If yes, what type of substance abuse? Alcohol Drugs Other

22. Violence or Threats of Violence Involving Children *(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.

Additional pages attached.



23. 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 have attached (number): _____ pages.

Signature and Declaration

I certify under penalty of perjury under the laws of the Tulalip Tribes and the State of Washington that all the information provided in this petition and any attachments is true and correct. My signature constitutes a certificate that I have read the pleadings, motions, and legal memoranda and that, to the best of my knowledge, information, and good faith belief, there exist grounds to support it.

Signed at (City and State): _____ Date: _____

Sign here

Print name

If presented by an attorney:

Attorney Signature

Print Name

WSBA/Tulalip Tribal Bar No.

Address

City, State ZIP

Phone

Email



Attachment A: Elder/Vulnerable Adult

Only complete this attachment if your case involves an Elder/Vulnerable Adult. **If not**, skip or remove this attachment.

1. **Is the protected person an elder or vulnerable adult?** The adult (*check all that apply*):
 - Elder/Tribal Elder at least 62 years old and a Tulalip tribal member or a Tulalip member's spouse.
 - Vulnerable adult as defined in TTC 4.30.100(20).
2. **Does the Elder/Vulnerable Adult know you are filing this petition?**
 - Yes No If no, what efforts did you make to notify the Elder/Vulnerable Adult? _____

3. **Connection to Tulalip Tribes.** Does the Elder/Vulnerable Adult live on the Tulalip Reservation? Yes No If no, is the Elder/Vulnerable Adult admitted to a long-term facility? Yes No
4. **Connection to the elder/vulnerable adult.** What is your relationship to the Elder/Vulnerable Adult?
 - Tulalip Tribes Elder Protection Program is filing this petition for an Elder/Vulnerable Adult who has consented lacks capacity or ability to consent to this petition.
 - I am the Elder/Vulnerable Adult's guardian, or limited guardian.
I was appointed in (*jurisdiction*) _____
in Case Number _____
on or about (*date*) _____
(*Attach a copy of your letters or order appointing guardian*)
 - To protect the Elder/Vulnerable Adult, I imposed an **emergency restriction** on the Elder/Vulnerable Adult's right to associate with the restrained person on (*date*) _____.
 - I am the Elder/Vulnerable Adult's legal fiduciary. I was appointed trustee power of attorney on or about (*date*) _____. (*Attach a copy of your relevant documents*)
 - I am interested in the welfare of the Elder/Vulnerable Adult. I have a good faith belief that the court's intervention is necessary and that the Elder/Vulnerable Adult is unable at this time to protect their own interests, due to incapacity, undue influence, or duress.

What is the nature of your relationship to the Elder/Vulnerable Adult? How long has this relationship lasted? (*Describe*) _____

What is the incapacity, undue influence, or duress that makes the Elder/Vulnerable Adult



unable to protect their own interests? (*Describe*) _____

Definitions for Elder/Vulnerable Adult Protection Orders: See TTC 4.30.100 for all definitions.

“Elder” or **“Tribal elder”** means a Tulalip Tribal member or their spouse who is 62 years of age or older.

“Incapacitated person” means a person whose ability to receive and evaluate information or to make and communicate decisions is impaired to the extent the person lacks the ability to provide the essential requirements for their own physical health or safety and that they are at significant risk of personal harm, or that they are unable to manage their financial affairs, without Court-ordered assistance.

"Vulnerable adult" includes a person:

- (a) 18 years of age or older who has the functional, mental, or physical inability to care for himself or herself; or
- (b) A person found incapacitated or adult person who is eligible for the appointment of a guardian under the Elder and Vulnerable Adult Protection Code (TTC 4.30); or
- (c) A person who has a disability attributable to mental retardation, cerebral palsy, epilepsy, autism, or another neurological or other condition of an individual found by a physician to be closely related to mental retardation, which disability originates before the individual attains age 18, which has continued or can be expected to continue indefinitely, and which constitutes a substantial handicap to the individual.
- (d) A person admitted to any long-term facility or receiving services from health, hospice, or home care agencies locating or operating or providing care to persons on the Tulalip Reservation.

"Abuse" means action or inaction which threatens or actually causes physical or mental mistreatment or injury. Abuse includes but is not limited to:

- (a) Infliction of pain or injury;
- (b) Infliction of mental pain or psychological injury;
- (c) Unreasonable confinement;
- (d) Unreasonable restrictions on activities;
- (e) Intimidation, meaning to say or do something in such a way to frighten, or willfully placing



another in fear of harm by coercion, extortion, or duress;

(f) Humiliation, threats, or harsh language that results in physical harm or unreasonable emotional or psychological stress;

(g) Sexual abuse, which includes any type of contact with an elder or vulnerable adult for sexual gratification without the person's freely given consent;

(h) Neglecting or deserting a person you are responsible for; responsibility may be determined with a duty through a Court order, or through holding oneself out to the community or person's family as assuming the responsibility of caring for the person;

(i) Taking or misusing a person's property, medication, or money without their consent

"Consent" means agreement given without intimidation or coercion by a person with the capacity to make the agreement.

"Emergency" is a situation in which an elder or vulnerable adult is in imminent danger of harm.

"Essential requirements for physical health and safety" means the health care, food, shelter, clothing, personal hygiene, and protection without which physical injury or illness is more likely than not to occur.

"Exploitation" means the unauthorized or improper use of an elder's or vulnerable adult's person or resources, or the failure to use these person's resources for their benefit or according to the person's wishes. Exploitation includes but is not limited to:

(a) Any unauthorized use or occupation of the person's residence, property, utilities services, food, or money, to include but not limited to cash, checks, credit cards, debit cards, and bank accounts;

(b) Any use of the person's resources that exceeds the authorization he/she has given;

(c) Unreasonable imposition on the person's time or resources, such as leaving children with the person for extended periods without the person's consent or when the person cannot adequately care for both the children and him/herself at the same time; or

(d) Misuse of a power of attorney to obtain resources of the person for personal benefit.

"Imminent danger or harm" means a certain peril, immediate, and impending danger. It is highly probable in a situation, as opposed to remote or contingent. See definition of "emergency" above.

"Neglect" is the failure of a caregiver to provide for the basic needs of an elder or vulnerable adult by not supplying adequate resources, services, or supervision necessary to maintain the person's physical and mental health, exploitation, or by interfering with the delivery of such resources or services. Such resources and services include but are not limited to shelter, food, clothing, medication, medical services, and personal care such as assistance with hygiene and dressing. Neglect is also failing to take appropriate steps to prevent physical or psychological pain or injury inflicted upon an elder or vulnerable adult by a third party. Neglect includes the person's own inability to provide for his or her own basic needs.



Attachment B: 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.

- Does the restrained person own or have access to any firearms? Yes No Unknown
- 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
- Does the restrained person have a concealed pistol license (CPL)? Yes No Unknown
- When was the last time you saw the firearm/s? _____
- 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
- To the best of your knowledge, are the guns typically loaded? Yes No Unknown
- How important are the firearms to the restrained person?
 1 (not important) 2 (somewhat important) 3 (important for specific use) 4 (important)
 5 (very important) Unknown
- What does the restrained person generally use the firearms for, if known? (*check all that apply*)
 Hunting Collecting Target Shooting Protection Other: _____
- Does the respondent possess explosives? Yes No Unknown
- 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.

<input type="checkbox"/> Handgun (how many)____ 	<input type="checkbox"/> Unassembled Firearm (how many)____ 
<input type="checkbox"/> Semi-automatic Rifle (how many)____ 	



Rifle/Shotgun (how many) _____



Other firearm/s (describe)



IN THE TULALIP TRIBAL COURT
TULALIP INDIAN RESERVATION
TULALIP, WASHINGTON

Please print clearly using blue or black ink.

In re _____

Case No. _____

Plaintiff/Petitioner Name

COVER SHEET FOR DOCUMENTS

v.

Defendant/Respondent Name

I _____ am a party not a party to this case and certify the attached documents are true and correct copies of the originals.

Additional Pages are attached.

Signature and Declaration

I certify under penalty of perjury under the laws of the Tulalip Tribes and the State of Washington that all the information provided in this document and any attachments is true and correct.

Signed at (*City and State*): _____

Date: _____

Sign here

Print name

Important! This document and all attachments must be served on the parties.



DECLARATION OF SERVICE

The Petitioner's address is confidential and I request the Court Clerk to deliver copies of these documents to the Petitioner on my behalf.

I _____ certify that I am over the age of 18 and served the following documents on the Plaintiff/Petitioner Defendant/Respondent in this matter:

- Cover Sheet
- Attachments

On _____ these documents were sent by first class mail to the following address:

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

Signed at (*City and State*): _____

Date: _____

Sign here

Print name



DECLARATION OF SERVICE

The Petitioner’s address is confidential and I request the Court Clerk to deliver copies of these documents to the Petitioner on my behalf.

I _____ certify that I am over the age of 18 and served the following documents on the Petitioner in this matter:

- Declaration
- Attachments

On _____ these documents were sent by first class mail to the following address:

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

Signed at (*City and State*): _____

Date: _____

Sign here

Print name

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.

Tulalip Tribal Court
Tulalip Tribes

Case No.: _____

TULALIP TRIBAL COURT
6332 31ST AVE NE, SUITE B
TULALIP, WA 98271
PH: (360) 716-4773



Law Enforcement: Do not serve or show a **completed** LECIF to the other party.

Instructions – Protected Person must complete this form. Fill out **all** sections as much as you can. If you do not know, write “unknown.” Complete Attachment A if the Restrained Person is under age 18. Type or print clearly! If law enforcement cannot read this form or identify the person, 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				
(If only minors are protected, list them in 5. Provide contact information in this section for the person filing.)				
Name: First Middle Last			Date of Birth	
Sex	Race		Height	Weight
Driver's license or ID number	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? [] No [] Yes If yes, language:	
If your info is confidential , you must give a name, address, and phone of someone willing to be your "contact." If you filed for someone else , list your information as the contact.				
Contact Name:				
Contact Address			Contact Phone	
Contact Email Address			Date of Birth (if you are Petitioner)	
How can law enforcement contact you and other protected household members if firearms are returned to the restrained person? (Email/s preferred. Update law enforcement with any changes.) [] email above [] phone number above [] address above [] other: _____				

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:	

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:

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 Tulalip Tribes and 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

Attachment A: Restrained Person is a Minor

Only complete this attachment if the Restrained Person is under age 18. **If not**, skip or remove this attachment.

1. Restrained Person's PARENT or GUARDIAN's Info			
Name: First Middle Last			Date of Birth (if unknown give age range)
Nickname/Alias/AKA ("Also known as")			Relationship to Restrained Person <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian
Sex	Race	Height	Weight
Eye Color	Hair Color	Skin Tone	Build
Phone/s with Area Code (voice):		Need Interpreter? <input type="checkbox"/> No <input type="checkbox"/> Yes Language:	
2. Where can the Restrained Person's PARENT or GUARDIAN 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 Restrained Person's PARENT or GUARDIAN			
Law enforcement needs this info to serve the order safely			
Does the PARENT or GUARDIAN have a disability, brain injury, or impairment requiring special assistance when law enforcement serves the order? <input type="checkbox"/> No <input type="checkbox"/> Yes. If yes, describe (add pages, if needed): _____			
Hazard Information PARENT or GUARDIAN's history includes: <input type="checkbox"/> Involuntary/Voluntary Commitment <input type="checkbox"/> Suicide Attempt or Threats (How recent?) _____ <input type="checkbox"/> Threats to "suicide by cop" <input type="checkbox"/> Assault <input type="checkbox"/> Assault with Weapons <input type="checkbox"/> Alcohol/Drug Abuse <input type="checkbox"/> Other: _____			
Concealed Pistol License: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Weapons: <input type="checkbox"/> Handguns <input type="checkbox"/> Rifles <input type="checkbox"/> Knives <input type="checkbox"/> Explosives <input type="checkbox"/> Unknown <input type="checkbox"/> Other (include unassembled firearms and specify): _____			

Location of Weapons: Vehicle On Person Residence Describe in detail:

Current Status
Is the PARENT or GUARDIAN living with the restrained person now? **Yes** **No**
Are you and the PARENT or GUARDIAN living together now? **Yes** **No**
Does the PARENT or GUARDIAN know you are trying to get this order? **Yes** **No**
Is the PARENT or GUARDIAN likely to react violently when served? **Yes** **No**