

Please print clearly using blue or black ink.

| In re the protection of: |             |  |
|--------------------------|-------------|--|
|                          |             | Case No.   |
| Petitioner Name<br>v.    | DOB         | <b>RESPONSE TO PETITION FOR<br/>PROTECTION ORDER</b> |
| Name                     | DOB         |  |
|                          | Respondent. |  |

COMES NOW the above-named Respondent/Restrained Person and states the following: (*check all that apply*)

#### 1. Receipt of Documents

I have received a copy of the Petition for a Protection Order filed against me.
 I have received a copy of the Temporary Protection Order and Notice of Hearing, if issued.

#### 2. Response

I object to the issuance of the Protection Order against me.

I do not object to the issuance of the Protection Order against me.

I do not object to the issuance of a *modified* Protection Order against me that states:

#### 3. Statement

My side of the story is:

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|      |   |
|      | Additional Pages are attached.                                      |
| 4.   | Supporting Documents  |
|      | In support of my response, I have attached the following documents: |
|      | Police reports  |
|      | Hospital/Medical records  |
|      | Treatment records   |
|      | Court documents   |
|      | Declarations from other witnesses                                   |
|      | Other:  |

*Important*! By attaching these documents, you are waiving any applicable privacy rights under tribal, state, and federal law.

### **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 response 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           |

*Important!* This document and all attachments must be served on the other party.



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:

Response

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):\_\_\_\_\_

Sign here

Print name

Date:



Please print clearly using blue or black ink.

| In re  |  |
|--|--|
| Plaintiff/Petitioner Name<br>v.<br>Defendant/Respondent Name   | Case No<br>COVER SHEET FOR DOCUMENTS                             |
| I am [] a j<br>attached documents are true and correct copies<br>[] Additional Pages are attached.               | party not a party to this case and certify the of the originals. |
| Signature and Declaration  |  |
| I certify under penalty of perjury under the laws<br>Washington that all the information provided in<br>correct. | -  |
| Signed at (City and State):  | Date:  |
|  |  |
| Sign here  | Print name   |
| Important! This document and all att   | achments must be served on the parties.                          |



|                | dress is confidential and I request the Court Clerk to deliver copies of<br>Petitioner on my behalf.                 |
|----------------|--|
|                | certify that I am over the age of 18 and served the on the Plaintiff/Petitioner Defendant/Respondent in this matter: |
| On<br>address: | these documents were sent by first class mail to the following   |
|                | of perjury under the laws of the Tulalip Tribes and the State of pregoing is true and correct.                       |

Signed at (City and State):\_\_\_\_\_

Sign here

Print name

Date:\_\_\_\_\_



Please print clearly using blue or black ink.

| In re the protection of: |            |  |
|--------------------------|------------|--|
|                          |            | Case No.   |
| Petitioner Name<br>v.    | DOB        | DECLARATION AND PROOF OF<br>SURRENDER<br>(Attach receipt issued by law |
| Name                     | DOB        | enforcement)   |
|                          | Respondent |  |

COMES NOW the above-named Respondent and states under penalty of perjury:

- 1. The court ordered me to immediately surrender all firearms and other dangerous weapons that I own or have in my possession or control, and any concealed pistol licenses issued to me.
- 2. On (*date*) \_\_\_\_\_\_ at \_\_\_\_\_ a.m./p.m., I surrendered to (*local law enforcement agency*) \_\_\_\_\_\_ all:
  - [] firearms
  - [] concealed pistol licenses, and/or
  - [] other dangerous weapons

Court case number (*if in a different case*):\_\_\_\_\_

Law enforcement agency case number:

3. Attached is a true and correct copy of the **Receipt for Surrendered Firearms, Other Dangerous Weapons, and Concealed Pistol License** or similar document issued to me by law enforcement as proof of my surrender.

I declare, under penalty of perjury under the laws of the Tulalip Tribes and the State of Washington, that this statement is true and correct and that **I do not possess, control, or have custody of any other** firearms, dangerous weapons, or a concealed pistol license/s.

| Date: | at ( <i>city</i> ) | , Washington |  |
|-------|--------------------|--------------|--|
|       |                    |              |  |
|       |                    |              |  |

Signature of Restrained Person/Respondent

Print name



| Please print clearly using blue or black ink.                                 |                           |   |  |
|---|---------------------------|---|--|
| In re the protection of: Petitioner Name v. Name This declaration is made by: | DOB<br>DOB<br>Respondent. | Case No<br>DECLARATION OF<br>(Protection Order) |  |
| Name:   |                           |   |  |
| Age:  |                           |   |  |
| Relationship to the parties in this   | s action:                 |   |  |
| I declare the following:  |                           |   |  |
|   |                           |   |  |
|   |                           |   |  |
|   |                           |   |  |



| Additional Dagas are attached |  |
|-------------------------------|--|

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 declaration 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 other party.



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:

following documents on the Petitioner if

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):\_\_\_\_\_

Sign here

Print name

Date:



| Please print clearly using blue or black ink. |                   |   |
|---|-------------------|---|
| In re the protection of:                      |                   |   |
|   |                   | Case No.                                  |
| Petitioner Name<br>v.                         | DOB               | DECLARATION OF NO WEAPONS<br>TO SURRENDER |
| Name  | DOB<br>Respondent |   |

COMES NOW the above-named Respondent and states under penalty of perjury:

- 1. The court ordered me to immediately surrender all firearms and other dangerous weapons that I own or have in my possession or control, and any concealed pistol licenses issued to me.
- 2. I have not surrendered any firearms, other dangerous weapons, or concealed pistol licenses pursuant to that order because I do not have any of those items.
- 3. I also understand that:
  - I am prohibited from accessing, having in my custody or control, obtaining, possessing, purchasing, receiving or attempting to purchase or receive any firearms or other dangerous weapons, or obtaining or possessing a concealed pistol license until further order of the court.
  - If I fail to comply with the court's order to surrender and prohibit weapons, I may be found in contempt of court and could be charged with a crime.
  - I may be charged with a crime up to and including a felony if I am found to own, possess, or control a firearm or other dangerous weapon while the court's order to surrender and prohibit weapons is in effect.

I declare, under penalty of perjury under the laws of the Tulalip Tribes and the State of Washington, that this statement is true and correct and that **I do not possess, control, or have custody of any other** firearms, dangerous weapons, or a concealed pistol license(s).

| Date: | at ( <i>city</i> ) | , Washington |
|-------|--------------------|--------------|
|-------|--------------------|--------------|

Signature of Restrained Person/Respondent

Print name



|   | Please print clearly             | using blue or black ink.   |
|---|----------------------------------|--|
| In re the protection of:<br>Petitioner Name<br>v.   | DOB                              | Case No<br>MOTION TO MODIFY/TERMINATE<br>PROTECTION ORDER; NOTICE OF<br>MOTION HEARING |
| Name  | DOB<br>Respondent                | A dearing on:/ In Person   |
| <ol> <li>Protection Order to         On         2. Request to modify o         I would like the P     </li> </ol> | be modified or term<br>this Cour | rt entered an order of protection that expires on:<br>terminated (ended).              |
|   |                                  |  |
| <b>3. Reason for request</b><br>I would like the order  | r modified or terminat           | ed because:  |

| OTH ENIOT WAT |  |  |  |
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Additional Pages are attached.

#### 4. Supporting Documents

In support of my request, I have attached the following documents:

|  | Compliance forms |
|--|------------------|
|--|------------------|

Treatment records

Court documents

- Affidavits/Declarations from witnesses
- Other:

alip Tribal

*Important*! By attaching these documents, you are waiving any applicable privacy rights under tribal, state, and federal law.

#### 5. Request for Hearing

I understand that the Protection Order cannot be modified or terminated without a hearing and request that a hearing be scheduled on this motion.

# **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 motion 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           |

*Important!* This document and all attachments must be served on the other party.



|                          | ress is confidential and I request the Court Clerk to deliver copies of<br>Petitioner on my behalf.   |
|--------------------------|---|
| following documents or   | certify that I am over the age of 18 and served the<br>the Petitioner Respondent in this matter:<br>r Terminate Protection Order; Notice of Hearing |
| On<br>address:<br>       | these documents were sent by first class mail to the following  |
| • • •                    | of perjury under the laws of the Tulalip Tribes and the State of egoing is true and correct.  |
| Signed at (City and Stat | <i>e</i> ): Date:   |

Signed at (City and State):\_\_\_\_\_

Sign here

Print name



| In re the protection of:                     |                          | Case No   |
|--|--------------------------|---|
| Name   | DOB<br>Protected Person. | MOTION AND DECLARATION IN<br>SUPPORT FOR RESTORATION OF<br>FIREARM/WEAPONS RIGHTS (TTC<br>4.25) |
| Petitioner Name<br>□ on behalf of self<br>v. | DOB                      |   |
| Name   | DOB<br>Respondent        |   |

COMES NOW, \_\_\_\_

\_\_\_\_\_, Respondent, and motions

the Court for an Order Restoring the Right to Possess Firearms/Weapons.

On \_\_\_\_\_\_, this Court entered a protective order under Tulalip Tribal Code chapter 4.25 (Domestic Violence) that prohibited Respondent from owning or possessing firearms/weapons. Respondent asks the court for an Order of Restoration that applies to the above-cited cause of action.

This petition is based upon TTC 4.25.560, TTC 3.50, Respondent's Declaration, and the relevant court records.

□ The Petitioner's address is confidential and I request the Court Clerk deliver a copy to Petitioner.

Dated:

Respondent's Attorney

Respondent's Signature

Address

City, state, zip code

Telephone



### **RESPONDENT'S DECLARATION IN SUPPORT OF MOTION**

- \_\_\_\_\_, **Declarant**, state (check all that apply):
- □ 1. I am not currently charged with any felony, misdemeanor, or other crime in Tulalip Tribal court or any other Tribal, federal or state court.
- □ 2. I have no warrants for my arrest currently issued in Tulalip Tribal court, or any other Tribal, federal, or state court.
- □ 3. I am not under a court order (other than this matter), either criminal or civil in any other jurisdiction, prohibiting the possession of a firearm.
- □ 4. I have not been convicted of murder, manslaughter, robbery, assault, arson, terrorism, maiming, kidnapping, or any sex crime outlined in TTC 3.20.
- $\Box$  5. I have not been found by a court to be a danger to myself or others, OR at least one (1) year has passed since I was found to be a danger to myself or others AND I am not currently committed in any mental institution.
- □ 6. I have complied with the terms of the protective order issued in this matter.
- □ 7. The protective order in this matter expired on or was terminated by

## I CERTIFY AND DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE TULALIP TRIBES THAT THE ABOVE IS TRUE AND CORRECT.

Signed on: \_\_\_\_\_\_at \_\_\_\_\_ Date City, State

Respondent's Signature

Print Name

## YOU MUST PROVIDE A COPY OF THIS MOTION AND DECLARATION TO THE PETITIONER AND FILE PROOF OF SERVICE WITH THE COURT. IF THE PETITIONER'S ADDRESS IS CONFIDENTIAL, THE COURT CLERK WILL MAIL IT FOR YOU.

Motion/Decl. to Restore Firearms/Weapons v. 12/2023 Page 2 of 2