



6. Respondent Information

<b>Name (Full legal)</b>	<b>Age:</b>	<b>Race:</b>	<b>Height:</b>	<b>Weight:</b>
	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		<b>Eyes:</b>	<b>Hair:</b>
<b>Tulalip Tribal Member:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Other Native:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Tribe:</b>
<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Home Phone</b>
<b>Employer Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Work Phone</b>
<b>Vehicle Make:</b>	<b>Model:</b>	<b>Tag No.:</b>		

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

Have you and the Respondent been involved in another court case?  YES  NO

If yes, where? County/Reservation: \_\_\_\_\_ State: \_\_\_\_\_

Case No.	Case No.
Case No.	Case No.

What kind of case? (check all that apply):

- Domestic Partnership  Divorce/Dissolution  Parentage/Paternity  Legal Separation  Civil Harassment  Domestic Violence  Criminal  Juvenile  Child Support  Other (specify): \_\_\_\_\_

Are there any domestic violence restraining/protective orders now (criminal, juvenile, family)?

- Yes  No – If yes, attach a copy if you have one.

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

1.  **Restrain** respondent from causing any physical harm, bodily injury, assault, including sexual assault, and from molesting, harassing, threatening, or stalking  me  the minors named in paragraph 5 above  these minors only:

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 tribal, state or federal law for the duration of the order.

If the respondent is a family member, the court **may** restrict the respondent from obtaining or possessing a firearm, other dangerous weapon, ammunition or concealed pistol license under tribal, state, or federal law for the duration of the order.

2.  **Restrain** respondent from harassing, following, keeping under physical or electronic surveillance, cyberstalking, or using telephonic, audiovisual, or other electronic means to monitor the actions, locations, or wire or electronic communication of  me  the minors named in paragraph 5 above  only the minors listed below,  members of the victim's household listed below  the victim's adult children listed: \_\_\_\_\_

3.  **Restrain** respondent from coming near and from having any contact whatsoever, in person or through others, by phone, mail, email, social media including but not limited to Facebook, Twitter, LinkedIn, etc., or any means, directly or indirectly, except for mailing of court documents, with  me  the minors named in paragraph 5 above, subject to any court-ordered visitation  these minors only, subject to any court-ordered visitation:

4.  **Exclude** respondent from our  shared residence  my residence  my workplace  my school  the residence, day care, or school of  the minors named in paragraph 5 above  these minors only: \_\_\_\_\_  
 other:

**You have a right to keep your residential address confidential.**

5.  **Direct** respondent to vacate our shared residence and restore it to me.

6.  **Prohibit** respondent from knowingly coming within, or knowingly remaining within \_\_\_\_\_ (distance) of  our shared residence  my residence  my workplace  my school  the day care or school of  the minors named in paragraph 5 above.  these minors only: \_\_\_\_\_

other:

7.  **Grant** me possession of essential personal belongings, including the following:

8.  **Grant** me use of the following vehicle:

Year, Make & Model \_\_\_\_\_ License No. \_\_\_\_\_

9.  **Other:**

\_\_\_\_\_  
\_\_\_\_\_

Protection involving a minor (complete only if minors are involved):

10.  Subject to any court-ordered visitation, **Grant** me the care, custody and control of  the minors named in paragraph 5 above  these minors only: \_\_\_\_\_

11.  **Restrain** respondent from interfering with my physical or legal custody of  the minors named in paragraph 5 above  these minors only: \_\_\_\_\_

12.  **Restrain** the respondent from removing from the state:  the minors named in paragraph 5 above  these minors only: \_\_\_\_\_

**Additional Requests:**

13.  **Direct** the respondent to participate in appropriate treatment or counseling services.

14.  **Require** the respondent to pay ANY fees and costs of this action.

15.  **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.

**Protection from Firearms and Other Dangerous Weapons**

16.  **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:**

17.  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:

shared residence  respondent's residence.

other location \_\_\_\_\_.

Custody of  the minors named in paragraph 5 above  these minors only (if applicable):

\_\_\_\_\_  
\_\_\_\_\_.

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

\_\_\_\_\_  
\_\_\_\_\_.



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

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

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Has the respondent previously committed an offense that makes him or her ineligible to possess a firearm under the provisions of Tulalip Tribal Code §4.25.560 or RCW §9.41.040? If yes, please describe:

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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:

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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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

(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 Tulalip Tribes and the State of Washington that the foregoing is true and correct.

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

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

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

**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: TULALIP TRIBAL COURT	Case Number:
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Domestic Violence                       Dissolution/Separation/Invalidity/Nonparental Custody/Paternity  
 Unlawful Harassment                       Vulnerable Adult                       Sexual Assault

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

<b>Name:</b> 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? <b>Yes or No</b> 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.)

<b>Name:</b> 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? <b>Yes or No</b> 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 Person      Restrained Person	
Name: First	Middle	Last	Sex	Race	Birth date	Resides With	Person	Person

<b>Victim's Household Members or Adult Children Protected</b>		Name:	birth date:
Name:	birth date:	Name:	birth date: