

**COWLITZ COUNTY DISTRICT COURT
CASE INFORMATION COVER SHEET**

Court Case Number _____

Attorney Name: _____	Bar Number: _____
Plaintiff/Petitioner: _____	
Defendant/Respondent: _____	
Amount of Suit: \$ _____	
<small>Please check <u>one</u> category that best describes this case for indexing purposes. Accurate case indexing saves time in docketing new cases and assists in forecasting needed judicial resources. Cause of action definitions are listed on this form. Thank you for your cooperation.</small>	

- | | |
|---|--|
| <input type="checkbox"/> Abusive Litigation (ABL) | <input type="checkbox"/> Municipal Court Judgment (MCJ) |
| <input type="checkbox"/> Alcohol Treatment (ALT) | <input type="checkbox"/> Name Change (CHN) |
| <input type="checkbox"/> Animal Impound (AMI) | <input type="checkbox"/> NSF Check (NSF) |
| <input type="checkbox"/> Anti-Harassment Petition (HAR) | <input type="checkbox"/> Open Account (OPA) |
| <input type="checkbox"/> Automobile Damages (AUT) | <input type="checkbox"/> Other (OTH) |
| <input type="checkbox"/> Breach of Contract (BRE) | <input type="checkbox"/> Petition for Seized Goods (PFS) |
| <input type="checkbox"/> Carry Concealed Weapon (CCW) | <input type="checkbox"/> Personal Injury (PIN) |
| <input type="checkbox"/> Commercial Electronic Mail (CEM) | <input type="checkbox"/> Private Tow (PRI) |
| <input type="checkbox"/> Damage Deposit (DD) | <input type="checkbox"/> Property Damages (PRP) |
| <input type="checkbox"/> District Court Judgment (DCJ) | <input type="checkbox"/> Property Damages-Gangs (PRG) |
| <input type="checkbox"/> Domestic Violence Petition (DVP) | <input type="checkbox"/> Public Tow (PUB) |
| <input type="checkbox"/> Extreme Risk Protection Order (XRP) | <input type="checkbox"/> Rent (REN) |
| <input type="checkbox"/> Extreme Risk Protection Order-Under 18 (XRU) | <input type="checkbox"/> Replevin (REP) |
| <input type="checkbox"/> Firearm Forfeiture (PFA) | <input type="checkbox"/> Restitution (RES) |
| <input type="checkbox"/> Foreclosure Lien (FOR) | <input type="checkbox"/> Services Rendered (SER) |
| <input type="checkbox"/> Goods and Services (GS) | <input type="checkbox"/> Sexual Assault Protection (SXP) |
| <input type="checkbox"/> Lease Agreement (LA) | <input type="checkbox"/> Stalking Protection (STK) |
| <input type="checkbox"/> Loan (LOA) | <input type="checkbox"/> Transcript (TRN) |
| <input type="checkbox"/> Mental Illness (MI) | <input type="checkbox"/> Wages (WAG) |
| <input type="checkbox"/> Mental Illness-Juvenile (MIJ) | <input type="checkbox"/> Written Instrument (WR) |

See Reverse for Case Information Category Definitions

If you cannot determine the appropriate category, please describe the cause of action below:

Please Note: Public information in court files and pleadings may be posted on a public Web site.

CASE INFORMATION DEFINITIONS

Abusive Litigation – Request to restrict a current or former intimate partner party from filing abusive litigation for the purposes of harassing, intimidating, or maintaining contact with the other party.

Alcohol Treatment-Petition for involuntary treatment for one who is incapacitated by alcohol.

Animal Impound – Civil animal impound proceedings filed pursuant to RCW 16.08.080.

Anti-Harassment Petition- Petition for protection from civil harassment.

Automobile Damages-Complaint involving damage to an automobile.

Breach of Contract-Complaint involving monetary dispute where a contract is involved.

Carry Concealed Weapon-Petition for permission to carry a concealed weapon by a person that was formerly denied a Concealed Weapons Permit.

Commercial Electronic Mail-Complaint involving receipt of unsolicited commercial email

Damage Deposit-Request for return of a damage deposit.

District Court Judgment – Criminal or infraction judgment filed by a collection agency representing a district court for legal action.

Domestic Violence Petition- Petition for protection from domestic violence.

Extreme Risk Protection Order-Petition to restrict ownership, possession, custody or control of a firearm or concealed weapons permit.

Extreme Risk Protection Order Under 18-Petition to restrict access, possession, purchase, custody or control of a firearm by a minor.

Firearm Forfeiture – Civil cause of action for firearm forfeiture proceedings filed pursuant to RCW 9.41.098.

Foreclosure-Complaint involving termination of ownership rights when a mortgage or tax foreclosure is involved, where ownership is not in question.

Goods and Services-Money owed for goods and services rendered.

Lease Agreement-money owed on lease agreement.

Loan-Money due on a loan.

Mental Illness-Petition for involuntary treatment for an adult who is incapacitated by mental illness.

Mental Illness-Juvenile - Petition for involuntary treatment for a juvenile who is incapacitated by mental illness.

Municipal Court Judgment - Criminal or infraction judgment filed by a collection agency representing a municipal court for legal action.

Name Change-Petition for name change.

NSF Check-Check written with non-sufficient funds in the account.

Open Account-Money due on a revolving account.

Other-Used when other cause codes do not apply.

Personal Injury-Complaint involving physical injury.

Petition for Seized Goods-Petition for return of money or possessions seized by a police agency.

Private Tow- Petition to challenge a vehicle impound ordered by a private party or business.

Property Damage-Complaint involving damage to property.

Property Damage –Gangs –Complaint involving damage to property related to gang activity.

Public Tow- Petition to challenge a vehicle impound ordered by a public agency (i.e., law enforcement).

Rent-Money due for rent owing.

Replevin-Action for recovery of personal property or monetary value.

Restitution-Petition for restoring property or proceeds, not an unlawful detainer.

Written Instrument-Money owed based upon a written instrument such as a promissory note, contract, etc.

Services- Money due for services rendered.

Sexual Assault Protection Order-Petition under RCW 7.90.020.

Stalking Protection Order-Petition under Chapt. 7 RCW for issuance of a stalking protection order.

Transcript-Transcript of judgment filed from another court.

Wages-Money owed for wages earned.

Updated: 12/28/2020

Court of Washington
For

vs.

Respondent.

No.

Petition for an Order for Protection

-

Harassment (PTORAH) and/or

Stalking (PTORSTK)

➤ **This is a Petition for an Order for Protection against Harassment and/or Stalking as checked in the caption.**

I believe:

I am a victim of stalking.

_____ (name) is the victim of stalking and he/she is a minor or vulnerable adult.

The respondent has been

- stalking the victim either in person or cyber stalking, **and**
- repeatedly contacting the victim or attempting to contact or monitor the victim for no lawful purpose and his/her actions caused the victim to feel intimidated, frightened, or threatened.

I am a victim of unlawful harassment.

_____ (name) is a victim of unlawful harassment and he/she is a minor.

The respondent's actions toward the victim have seriously alarmed, annoyed, or harassed the victim, or are detrimental to the victim and serve no legitimate or lawful purpose. The respondent's actions have caused substantial emotional distress to the victim or caused me to fear for the well-being of my child.

How do the victim and respondent know each other? _____

I have given a detailed explanation below.

1. Who is the petitioner?

My name is (please print) _____ . I am the petitioner.

- I am 18 or older and I am petitioning on my own behalf.
- I am 16 or 17 and I am petitioning on my own behalf.
- I am the parent or guardian of child/ren under age 18 and I am petitioning on their behalf:

Children's Name/s (First, Middle Initial, Last)	Age

- I am not the parent or guardian, but the child/ren live/s with me and I am petitioning on their behalf and the respondent is not a parent.

Children's Name/s (First, Middle Initial, Last)	Age

- I am filing this petition on behalf of petitioner, (name) _____, a vulnerable adult as defined in RCW 74.34.020, who is a victim of stalking. I am an interested person as defined in RCW 74.34.020(10). My relationship to this petitioner is _____.

2. Is the respondent 18 years of age or older?

Yes No

(If no, use the Petition for Order for Protection Harassment/Stalking Respondent Under Age 18, instead of this petition.)

3. Where do the parties live?

Petitioner lives in _____ County.

Did the petitioner leave their residence because of stalking conduct and that is the county of their new residence?

Yes No

Children named above live in _____ County.

Respondent lives in _____ County.

4. Where did the Conduct take place?

The conduct took place in _____ County.

Statement describing the victim/s need for protection from the respondent

- Write clearly. If you need more space below, attach additional page/s. Do not write on the back.

5. Describe what the Respondent did or said that you think is harassment or stalking.

- You must describe what the respondent actually said.
- You must describe what the respondent actually did.

The respondent has committed acts of harassment or stalking as follows:

A. Describe the most recent incident of harassment or stalking.

Date and time (on or around): _____

Location: _____

What did the respondent do or say that you believe to be harassing or stalking behavior?

How did the respondent make these statements? in person mail/written notes
 e-mail text phone social media (such as Facebook and Twitter)
 other (describe): _____

B. Describe other incidents of harassment or stalking. For each incident, include the date, time (on or about), location, what was said, how statements were made, and what was done to a victim.

6. How did the incidents you describe above make you, the minor, or the vulnerable adult feel?

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

8. Is the respondent ineligible to possess a firearm under the provisions of RCW 9.41.040? Please describe:

9. 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 a victim? Please describe:

10. Do you have any evidence of the harassment or stalking conduct other than testimony?

No

Yes. I have attached the following evidence:

Copy of mail or written notes

Copy of text messages

Copy of email messages

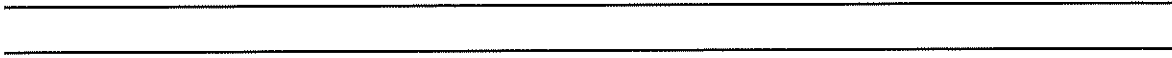
Copy of social media messages

Police report

Declaration or Affidavit from the following witness: _____

Other (describe): _____

11. Has/have the **victim/s or the respondent** ever requested or obtained protection from the other person in a restraining order, civil protection order, or criminal no-contact order? If yes, list the type of order, the name of the court, the approximate date of the order, and whether the request was granted:



12. Is there any other litigation between the victim/s and the respondent? This includes all matters - pending or past - such as parenting plans, landlord-tenant disputes, employment disputes, or property disputes. If yes, provide case number/s if known, type of case, and name of court:

➤ **Requests**

13. I ask the Court for an order approving the following requests for protection:

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

<input type="checkbox"/> No Contact: Restrain the respondent from making any attempts or having any contact, including nonphysical contact, with the person/s to be protected, directly, indirectly, or through third parties, regardless of whether those third parties know of the order, except for mailing of court documents.
<input type="checkbox"/> Surveillance: Prohibit or restrain the respondent from making any attempt to keep or from keeping the person/s to be protected under surveillance, including electronic surveillance.
<input type="checkbox"/> Exclude from places: Exclude the respondent from the <input type="checkbox"/> residence <input type="checkbox"/> workplace <input type="checkbox"/> school <input type="checkbox"/> day care of the person/s to be protected.
<input type="checkbox"/> Stay Away: Prohibit or restrain the respondent from entering or being within, or from knowingly coming within, or knowingly remaining within _____ (distance) of the <input type="checkbox"/> residence <input type="checkbox"/> workplace <input type="checkbox"/> school <input type="checkbox"/> day care of the person/s to be protected. <input type="checkbox"/> other locations: _____.
<input type="checkbox"/> Other:
<input type="checkbox"/> Evaluation: Order the respondent to have a <input type="checkbox"/> mental health <input type="checkbox"/> chemical dependency evaluation. <input type="checkbox"/> other:
<input type="checkbox"/> Pay Fees and Costs: Require the respondent to pay fees and costs of this action, which may include administrative court costs and service fees and petitioner's costs including attorneys' fees.
<input type="checkbox"/> Surrender Firearms: Require the respondent to immediately surrender all firearms, other dangerous weapons, and any concealed pistol licenses, and prohibit the respondent from accessing, obtaining or possessing firearms, or other dangerous weapons, or concealed pistol licenses.
<input type="checkbox"/> Duration: Remain effective longer than one year because respondent is likely to resume acts of unlawful harassment or stalking conduct against the persons to be protected if the order expires in a year.

Emergency temporary protection (up to 14 days) until the court hearing:

An emergency exists as described below. I request that a **Temporary Protection Order** granting the relief I requested above for a no-contact, surveillance, exclude from places, or stay away order be issued immediately, without prior notice to the respondent, be effective until the hearing.

I also request a temporary surrender and prohibition of all firearms, other dangerous weapons, and concealed pistol licenses 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?

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

Dated: _____ at _____ Washington.

Petitioner

Print or type name

I agree to receive legal documents at this address:

_____.

This address is not my home address because my family, household, or I would be at risk of abuse by respondent if I disclosed my home address.

**Confidential
Information (CIF)**

**Clerk: Do not file in
a public access file**

Superior Court of Washington,

County: _____

Case No.: _____

Important! Only court staff 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.

1. Who is completing this form? (Name): _____
2. Is there a current restraining or protection order involving the parties or children? No Yes. If yes, who does the order protect? (Name/s): _____
3. Does your address information need to be confidential to protect your or your children's health, safety, or liberty? (Check one): Yes No
If yes, explain why? _____
4. **Your Information** - This person is a (check one): Petitioner Respondent
Interpreter needed? No Yes, language: _____

Full name (first, middle, last):		Date of birth (MM/DD/YYYY):	Sex:
Driver's license/Identicard (No., state):	Race:	Relationship to children in this case:	
Mailing address (This address will not be kept private.) (street address or P.O. box, city, state zip):			
Email:		Phone:	

If your case is **only** about a protection order, **skip to section 5.**

Home address (check one): <input type="checkbox"/> same as mailing address <input type="checkbox"/> listed below (street, city, state, zip):	
Social Sec. No:	
Employer's name:	Employer's phone:
Employer's address:	

5. **Other Party's Information** - This person is a (check one): Petitioner Respondent
Interpreter needed? No Yes, language: _____

Full name (first, middle, last):		Date of birth (MM/DD/YYYY):	Sex:
Driver's license/Identicard (No., state):	Race:	Relationship to children in this case:	
Mailing address (This address will not be kept private.) (street address or PO box, city, state zip):			
Email:		Phone:	

If your case is **only** about a protection order, **skip to section 6.**

Home address (check one): <input type="checkbox"/> same as mailing address <input type="checkbox"/> listed below (street, city, state, zip):	
Social Sec. No:	
Employer's name:	Employer's phone:
Employer's address:	

➤ **Skip sections 6–9 if your case does not involve children. Sign at the end.**

6. Children's Information (You do not have to fill out the children's Social Security numbers if your case is only about a protection order.)

Child's full name (first, middle, last)	Date of birth (MM/DD/YYYY)	Race	Sex	Soc. Sec. No.	Current location: lives with
1.					<input type="checkbox"/> You <input type="checkbox"/> other party: _____
2.					<input type="checkbox"/> You <input type="checkbox"/> other party: _____
3.					<input type="checkbox"/> You <input type="checkbox"/> other party: _____
4.					<input type="checkbox"/> You <input type="checkbox"/> other party: _____

7. Have the children lived with anyone other than you or the other party during the last 5 years? (Check one): No Yes If **yes**, fill out below:

Children lived with (name)	That person's current address
1.	
2.	

8. Do other people (not parents) have custody or visitation rights to the children? (Check one): No Yes If **yes**, fill out below:

Person with rights (name)	That person's current address
1.	
2.	

9. If you are asking for custody and are not the parent, list all other adults living in your home:

1. (Name):	Date of birth (MM/DD/YYYY):
2. (Name):	Date of birth (MM/DD/YYYY):

I declare under penalty of perjury under Washington State law that the information on this form about me is true. The information about the other party is the best information I have or is unavailable because (explain): _____

Check here if you need more space to list other Petitioners, Respondents, or children. Put that information on the *Attachment to Confidential Information*, form FL All Family 002, and attach it to this form.

Signed at (city and state): _____ Date: _____

 Petitioner/Respondent signs here Print name here

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! Law enforcement needs this form to serve the restrained person and enforce the order if it is violated. They also need it to make sure other courts and law enforcement agencies know about your order. Please fill in as much information as you can. If any information changes, please fill out another copy and give it to the court.

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

Restrained Person's Information

(This is the person that you want the court to restrain.)

Name:	First	Middle	Last	Date of Birth (if DOB unknown give age range)
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Nickname/Alias/AKA ("Also known as")	Relationship to Protected Person
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Sex	Race	Height	Weight	Hair Color	Eye Color	Skin Tone	Build
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Phone(s) w/Area Code (voice):	Need Interpreter? <input type="checkbox"/> No <input type="checkbox"/> Yes Language:
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Where can the restrained person be served? <i>List all known contact information.</i>	Last Known Address. Street:
	City: State: Zip:
	Cell number (text):
	Email:
	Social Media Account/s & User Name/s:
Other:	

Employer	Employer's Address	WORK Hours: Phone: ()
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Vehicle Make and Model	Vehicle License Number	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 (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 Other:
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

Protected Person's Information
(This is the person you want the court to protect.)

Name:								
First			Middle			Last		
Date of Birth	Sex	Race	Height	Weight	Eye Color	Hair Color	Skin Tone	Build
If your information <i>is not confidential</i> , you must enter your address and phone number(s) below.								
Current Address Street: City:						Phone(s) w/Area Code		
						State:	Zip:	
Email address:						Need interpreter? [] No [] Yes If yes, language:		
If your information <i>is confidential</i> , you must provide the name, address, and phone number of someone willing to be your "contact."								
Contact Name			Contact Address			Contact Phone		
If you filed for someone else, list your name, phone number, and address:								

Minor's Information

For relationship, use terms such as child, grandchild, stepchild, nephew, or none.

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:	

Victim's Household Members or Adult Children Protected

Name:	birth date:
Name:	birth date:
Name:	birth date:
Name:	birth date: