

CIVIL PROTECTION ORDER RENEWAL

Forms in this packet:

1. Law Enforcement and Confidential Information Form (LECIF) (PO 003)
2. Motion to Renew Protection Order (PO 050)
3. Declaration (PO 018)
4. Order Setting Hearing on Renewal and Extending Order until Hearing (PO 054)
5. Proof of Service (PO 004)
6. Order Renewing Protection Order (PO 056)

**If you were a protected minor during the time of the original protection order, and are now an adult wishing to renew, use this form...

7. Petition and Motion to Renew Protection Order – Protected Minor (PO 052)

NOTE: Each case is different and you may require additional forms. All state forms can be found at www.courts.wa.gov/forms www.Washingtonlawhelp.org has detailed instructions to help with the forms in this packet as well as other actions that may be needed to move your case forward.

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.

Superior Court of Washington

County: Klickitat

Case No.: _____

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	
Previous Names:				
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:
Previous Addresses:		
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	
Previous Names:				
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			Phone(s) w/Area Code	
Street:				
City:	State:	Zip:		
Email address:			Need interpreter? <input type="checkbox"/> No <input type="checkbox"/> 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)
Previous Addresses:	
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.) <input type="checkbox"/> Email above <input type="checkbox"/> Phone number above <input type="checkbox"/> Address above <input type="checkbox"/> Other: _____	

5. Minor's Info

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:	
<input type="checkbox"/> 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:
Name:	Birth Date:
Name:	Birth Date:
Name:	Birth Date:

Privacy Notice: Only court staff, law enforcement, prosecutors' offices, 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 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
Eye Color	Hair Color		Weight
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			
<p>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): _____</p> <p>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: _____</p> <p>Concealed Pistol License: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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): _____</p>			

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**

Superior Court of Washington, County of Klickitat

Petitioner

vs.

Defendant/Respondent

No. _____

**Order Setting Hearing on Renewal (ORH)
and Extending Order Until Hearing
(ORPRTR)**

Clerk's Action Required: **3, 4, 5, 6**

Next Hearing Date/Time: _____

At: _____

Order Setting Hearing on Renewal and Extending Order Until Hearing

1. The Protected Person filed a *Motion to Renew Protection Order* or *Petition and Motion to Renew Protection Order – Protected Minor* on (date) _____ for an order which expires or expired on (date): _____.

Warning to Restrained Person: The court will renew the protection order unless you prove by a preponderance of the evidence that there has been a substantial change in circumstances and you will not resume acts of:

domestic violence unlawful harassment sexual assault stalking

abandonment, abuse, financial exploitation, or neglect of a vulnerable adult against the protected person/s when the order expires.

2. **Hearing.**

This order is issued without a hearing.

The court held a hearing before issuing this order. These people attended:

Protected Person in person by phone by video

Protected Person's Lawyer in person by phone by video

Petitioner (*if not the protected person*) in person by phone by video

Restrained Person in person by phone by video

Restrained Person's Lawyer in person by phone by video

Other: _____ in person by phone by video

3. **The Court sets a hearing.** The parties shall appear at a hearing as scheduled above. See How to Attend at the end of this order (section 7).

At the hearing, the court will decide whether or not to renew the protection order.

Continuation. The hearing on renewal is continued because: _____

4. **Extension (ORPRTR).** The court temporarily extends the order until the hearing date listed above.

Clerk's Action: The court clerk shall forward a copy of this order immediately to the following law enforcement agency (*county or city*) _____
(*check only one*): Sheriff's Office or Police Department
(*List the same agency that entered the protection order*)

This agency shall enter this order into WACIC and National Crime Info Center (NCIC).

5. **Service on the Restrained Person**

Required. The restrained person must be served with a copy of the service packet.

The **law enforcement agency** where the restrained person lives or can be served shall serve the restrained person with a copy of this order and shall promptly complete and return proof of service to this court.

Law enforcement agency: (*county or city*) _____
(*check only one*): Sheriff's Office or Police Department

The **protected person** (or person filing on their behalf) shall make private arrangements for service and have proof of service returned to this court. (*This is not an option if this order requires: weapon surrender, vacating a shared residence, transfer of child custody, or if the restrained person is incarcerated. In these circumstances, law enforcement must serve, unless the court allows alternative service.*)

Clerk's Action. The court clerk shall forward a copy of the motion for renewal, this order, and any order to surrender and prohibit weapons on or before the next judicial day to the agency and/or party checked above. The court clerk shall also provide a copy of these orders to the protected person.

Alternative Service Allowed. The court authorizes alternative service by separate order (*specify*): _____

Not Required. The restrained person appeared at the hearing, in person or remotely, and received notice of the order. No further service is required. See section 2 above for appearances. (*May apply even if the restrained person left before a final ruling is issued or signed.*)

6. **Service on Others**

Service on the vulnerable adult adult restrained person's guardian/conservator minor restrained person's parent/s or legal guardian/s (*name/s*)

_____ is:

Ordered.

Dated: _____ at _____ a.m./p.m.

Judge/Court Commissioner

Print Judge/Court Commissioner Name

I received a copy of this Order or I attended the hearing remotely and have actual notice of this order. It was explained to me on the record:



Signature of Respondent/Lawyer WSBA No. Print Name Date



Signature of Petitioner/Lawyer WSBA No. Print Name Date

Superior Court of Washington, County of Klickitat

Petitioner	Date of Birth	No. _____
vs.		
Respondent	Date of Birth	

Proof of Service
(RTS/RTSPO)
Clerk's Action Required: 2C, 4

Proof of Service

Important! Promptly file this completed form with the court clerk.

Server declares:

1. My name is _____ . I am 18 or older.
I am a peace officer **not** a party to this case.

2. **Able to Serve:**

A. **Personal Service:** I served the court documents checked in section **4** for this case to *(name of party)* _____
on *(date)* _____ at *(time)* _____
by giving the documents directly to them at this address:

B. **Electronic Service:**

Important! Do **not** use electronic service if your case involves the surrender of firearms, transfer of child custody, removing Respondent from the parties' shared residence, an incarcerated Respondent, or a petition for a vulnerable adult protection order is filed by someone other than the vulnerable adult. In these cases, after **2** unsuccessful attempts at personal service, you can ask the court to authorize electronic service.

I served the court documents checked in section **4** for this case to
(name of party) _____
on *(date)* _____ at *(time)* _____ via

email text social media applications other technology

At the following email address/s, phone number/s, social media application and
username, or other address: _____

I received a read receipt or communication from the receiving party (*describe or attach*): _____

C. **Service by Mail:** I served the court documents checked in section 4 for this case to (*name of party*) _____ on (*date*) _____ at (*time*) _____.

I sent **2** copies of the documents, postage prepaid: one by ordinary, first-class mail and one by other mail with certified or tracking information (*attach receipts*).

I sent the mail to this/these address/es: _____

Clerk's Action: The court clerk shall forward a copy of this *Proof of Service* immediately to the following law enforcement agency (*county or city*) _____ (*check only one*): Sheriff's Office or Police Department (*List the same agency that entered the temporary order, if any*)

This agency shall enter this *Proof of Service* into WACIC and National Crime Info. Center (NCIC).

3. Not Able to Serve:

I was unable to make personal service on (*name of party*) _____ I notified the serving party that service was not successful. Personal service was attempted on the following date/s _____.

Electronic service was attempted at the following address/es but it bounced back, was undeliverable, or there was no follow-up communication _____

I did not mail court documents to (*name of party*) _____ because I do not know the party's last known address.

4. List of Documents:

Important! You must check or write in the title of **every** document that you served. Use the "Other Documents" box to write in the title of any document not already listed.

Clerk's Action: Form code is *RTS* unless otherwise specified below.

I served the following documents (*check all that apply*):

New Petition	After a Full Hearing
<input type="checkbox"/> Petition for Protection Order	<input type="checkbox"/> Protection Order (RTSPO)
<input type="checkbox"/> Temporary Protection Order and Hearing Notice (RTSPO)	<input type="checkbox"/> Order to Surrender and Prohibit Weapons
<input type="checkbox"/> Order to Surrender and Prohibit Weapons	<input type="checkbox"/> Order Realigning Parties
<input type="checkbox"/> A blank Law Enforcement and Confidential Information Form	<input type="checkbox"/> Order Extending Order to Surrender and Prohibit Weapons
<input type="checkbox"/> Order Transferring Case and Setting Hearing	
<input type="checkbox"/> Reissuance of Temporary Protection Order and Notice of Hearing	

<input type="checkbox"/> Declaration/s of: _____ _____ _____ _____	
<input type="checkbox"/> Denial Order <input type="checkbox"/> Notice to Vulnerable Adult	
Renewals <input type="checkbox"/> Motion to Renew Protection Order <input type="checkbox"/> Petition and Motion to Renew Protection Order - Protected Minor <input type="checkbox"/> Order Setting Hearing on Renewal and Extending Order Until Hearing <input type="checkbox"/> Order for Renewal of Order for Protection	Motions <input type="checkbox"/> Motion to Modify or Terminate Protection Order <input type="checkbox"/> Motion for Surrender and Prohibition of Weapons <input type="checkbox"/> Order Scheduling Hearing about a Protection Order <input type="checkbox"/> Motion to Realign Parties <input type="checkbox"/> Motion to Set Show Cause Hearing - Contempt <input type="checkbox"/> Order on Hearing - Contempt <input type="checkbox"/> Order re Adequate Cause
Weapons Compliance <input type="checkbox"/> Findings and Order on Review: Weapons Surrender Compliance <input type="checkbox"/> Order on Hearing - Contempt <input type="checkbox"/> A blank Proof of Surrender <input type="checkbox"/> A blank Declaration of Non-Surrender <input type="checkbox"/> Receipt for Surrender Weapons and Concealed Pistol License <input type="checkbox"/> Order to Release Weapons	After a Motion Hearing <input type="checkbox"/> Order Modifying or Terminating Protection Order <input type="checkbox"/> Order to Surrender and Prohibit Weapons
Other Documents <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	

5. Fees Charged for Service:

- Does not apply.
 Fees: \$_____ + Mileage \$_____ = Total: \$_____

6. Firearms/Deadly Weapons:

If an *Order to Surrender and Prohibit Weapons* has been issued in this case. Restrained Person:

surrendered the firearms deadly weapons CPL.
(file *Law Enforcement Receipt* separately).

did not surrender the firearms/deadly weapons specified in the order (*provide details related to what happened, including any denials of ownership/possession*):

asserted they have no firearms, deadly weapons, or a CPL.

7. **Other** (*include details such as conduct at time of service, threats, avoidance of service, and statements regarding firearms possession*): _____

I declare, under penalty of perjury under the laws of the State of Washington, that the statements on this form are true.

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

▶ _____
Signature of server

Print or type name of server

Law Enforcement Agency (if any)

4. Findings:

- Uncontested.** The restrained person did not contest the motion for renewal.
- Evidence.** The restrained person did **not** prove by a preponderance of the evidence that there has been a substantial change in circumstances as provided in RCW 7.105.405(5) and that the restrained person will not:
 - (for *dv orders*) resume acts of domestic violence against the protected person or the protected person's children or household members who are minors or vulnerable adults when the protection order expires.
 - (for *sexual assault orders*) engage in, or attempt to engage in, physical or nonphysical contact or acts of commercial sexual exploitation with the protected person when the order expires.
 - (for *stalking orders*) resume acts of stalking against the protected person or the protected person's family or household members when the order expires.
 - (for *anti-harassment orders*) resume harassment of the protected person when the order expires.
 - (for *vulnerable adult orders*) resume acts of abandonment, abuse, financial exploitation, or neglect against the vulnerable adult when the order expires.
- Other findings:** _____

5. Order:

The court **grants** the protected person's motion for renewal of the order/s. The new order/s shall be in effect for a fixed time no less than 1 year, or permanently.

The *Motion for Renewal* filed on (date) _____ is:

- Granted without change.** The terms of the Protection Order entered on (date) _____ are renewed and shall expire on date listed on page 1.
 - Terms of the *Order to Surrender and Prohibit Weapons* entered on (date) _____ are renewed and shall expire date listed on page 1.
 - Compliance review hearing is set for (date) _____
See **How to Attend** below.
- Granted with changes** as requested by the protected person and as stated separately in the amended order/s as follows (*check all that apply*):
 - Protection Order*, PO 040.
 - Order to Surrender and Prohibit Weapons*, WS 001.
- Fees and Costs Granted to the Protected Person** as stated in the *Judgment – Protection Order*, PO 044, entered separately.

6. Washington Crime Information Center (WACIC) and Other Data Entry

Clerk's Action. The court clerk shall forward a copy of this order immediately to the following law enforcement agency (*county or city*) _____

(check only one): Sheriff's Office or Police Department
(List the same agency that entered the earlier order, if any)

This agency shall enter this order into WACIC and National Crime Info. Center (NCIC).

7. Service on the Restrained Person

Required. The restrained person must be served with a copy of this order.

The **law enforcement agency** where the restrained person lives or can be served shall serve the restrained person with a copy of this order and shall promptly complete and return proof of service to this court.

Law enforcement agency: (county or city) _____
(check only one): Sheriff's Office or Police Department

The **protected person** (or person filing on their behalf) shall make private arrangements for service and have proof of service returned to this court. *(This is not an option if this order requires: weapon surrender, vacating a shared residence, transfer of child custody, or if the restrained person is incarcerated. In these circumstances, law enforcement must serve, unless the court allows alternative service.)*

Clerk's Action. The court clerk shall forward a copy of this order on or before the next judicial day to the agency and/or party checked above. The court clerk shall also provide a copy of the service packet to the protected person.

Alternative Service Allowed. The court authorizes alternative service by separate order (specify): _____

Not Required. The restrained person appeared at the hearing, in person or remotely, and received notice of the order. No further service is required. See section 2 above for appearances. *(May apply even if the restrained person left before a final ruling is issued or signed.)*

8. Service on Others (Vulnerable Adult or Restrained Person under age 18)

Service on the vulnerable adult adult's guardian/conservator Restrained Person's parent/s or legal guardian/s (name/s) _____ is:

Required

The **law enforcement agency** where the person to be served lives or can be served shall serve a copy of this order and shall promptly complete and return proof of service to this court.

Law enforcement agency: (county or city) _____ (check only one): Sheriff's Office or Police Department

The **protected person** or person filing on their behalf shall make private arrangements for service and have proof of service returned to this court.

Clerk's Action. The court clerk shall forward a copy of this order on or before the next judicial day to the agency and/or party checked above.

Not required. They appeared at the hearing where this order was issued and received a copy.

Signature of Respondent/Lawyer *WSBA No.* *Print Name* *Date*



Signature of Petitioner/Lawyer *WSBA No.* *Print Name* *Date*

Hope Card: A Hope Card is a small card you can easily carry that has some details of your protection order. It is one way to show you have a full protection order. You can request one at www.courts.wa.gov/hopecard.

4. I want the renewed order to stay in place [] for (*number*) _____ year/s [] permanently.
5. I request the Restrained Person pay the fees and costs of this action.

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

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



Sign here

Print name

You must provide an address where you will receive legal documents. You have a right to keep your residential address confidential. If you have one, you may provide an address, other than your residence, where you will receive legal documents:

Hope Card: A Hope Card is a small card you can easily carry that has some details of your protection order. It is one way to show you have a full protection order. You can request one at www.courts.wa.gov/hopecard.

This document must be served on the other party, and proof of service must be in the court file prior to the hearing.