

**SEXUAL ASSAULT  
PROTECTION  
ORDER  
FORMS**

**District Court of Washington  
For Whatcom County**

Petitioner (Person to be protected)  
vs.

Respondent (Person to be restrained)

No.

**Petition for Sexual Assault  
Protection Order  
(PTORSXP)**

1. Petitioner is a victim of nonconsensual sexual conduct or nonconsensual sexual penetration committed by the respondent as described in the statement below.

I am filing on behalf of myself and I am 16 years or older.

I am filing on behalf of a minor, age \_\_\_\_\_.  
My relationship to the minor is \_\_\_\_\_.  
My name is \_\_\_\_\_.

I am filing on behalf of a vulnerable adult as defined in RCW 74.34.020 or 74.34.021; or other adult who, because of age, disability, health or inaccessibility, cannot file the petition. My relationship to the vulnerable adult or other adult is \_\_\_\_\_.  
My name is \_\_\_\_\_.

My name is \_\_\_\_\_.

2. Petitioner lives in  this city  this county.

3. Respondent's age is:

Under 16  16 or 17  18 or over

(Complete this if known.) If the respondent is under age 18, the name(s) of the minor's parent(s) or legal guardian(s) is/are:  
\_\_\_\_\_  
\_\_\_\_\_

4. Is respondent a service member or a dependent of a service member?

yes  no  unknown

5. Petitioner's relationship to respondent is:  
\_\_\_\_\_  
\_\_\_\_\_

6. Petitioner may be served with legal documents at: \_\_\_\_\_

(If disclosure of petitioner's address would risk abuse or harassment of the petitioner or the petitioner's family or household members, petitioner must list an alternate address.)

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

<b>Case Name</b>			
<b>Case Number</b>			
<b>Court/County/State</b>			

**Petitioner Requests a Sexual Assault Protection Order**, following a hearing, that will grant the relief requested below:

1. **Restrain** respondent from having any contact with petitioner, including but not limited to telephone calls, mail, written notes, email, texting, and social media (such as Facebook, and Twitter), directly, indirectly, or through third parties regardless of whether those third parties know of the order.

2. **Exclude** respondent from the following places:

- Petitioner's residence
- Petitioner's workplace
- Petitioner's school
- Petitioner's day care
- Other:

3. **Prohibit** respondent from knowingly coming within, or knowingly remaining within \_\_\_\_\_ (distance) of:

- Petitioner's residence
- Petitioner's workplace
- Petitioner's school
- Petitioner's day care
- Other:

4. **Other:**

5. **Restrain** respondent from attending \_\_\_\_\_ school at \_\_\_\_\_ (address) attended by the petitioner and **order** respondent to transfer to a different school. (If this relief is granted, respondent or respondent's parents or legal guardians will be responsible for transportation and all other costs associated with change of school.)

6. **Require** respondent to immediately surrender all firearms, other dangerous weapon, and any concealed pistol licenses, and prohibit respondent from accessing, obtaining or possessing firearms, other dangerous weapons, and concealed pistol licenses.

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

[ ] An emergency exists as described below. I request that a **Temporary Sexual Assault Protection Order** granting the relief requested above in 1 through 4 be issued immediately, without prior notice to respondent, to be effective until the hearing.

Describe the harm the temporary order is intended to prevent that would be likely to occur if respondent were given prior notice.

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[ ] I also request temporary surrender and prohibition of all firearms, other dangerous weapons, and any 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 injury (harm beyond repair) could result if an order is not issued immediately without prior notice to respondent?

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A Sexual Assault Protection Order is available to protect a victim of nonconsensual sexual conduct or nonconsensual sexual penetration, including a single incident of nonconsensual sexual conduct or nonconsensual sexual penetration, from future interactions with the assailant. **Nonconsensual** means a lack of freely given agreement. **Sexual conduct** means any of the following: (a) any intentional or knowing touching or fondling of the genitals, anus, or breasts, directly or indirectly, including through clothing; (b) any intentional or knowing display of the genitals, anus, or breasts for the purposes of arousal or sexual gratification of the respondent; (c) any intentional or knowing touching or fondling of the genitals, anus, or breasts, directly or indirectly, including through clothing, that the petitioner is forced to perform by another person or the respondent; (d) any forced display of the petitioner's genitals, anus, or breasts for the purposes of arousal or sexual gratification of the respondent or others; (e) any intentional or knowing touching of the clothed or unclothed body of a child under the age of 13, if done for the purpose of sexual gratification or arousal of the respondent or others; and (f) any coerced or forced touching or fondling by a child under the age of thirteen, directly or indirectly, including through clothing, of the genitals, anus, or breasts of the respondent or others. **Sexual Penetration** means any contact, however slight, between the sex organ or anus of one person by an object, the sex organ, mouth or anus of another person, or any intrusion, however slight, of any part of the body of one person or of any animal or object into the sex organ or anus of another person, including but not limited to cunnilingus, fellatio, or anal penetration. Evidence of emission of semen is not required to prove sexual penetration.



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

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

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

(Continue on separate page if necessary.)

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

Dated: \_\_\_\_\_ at \_\_\_\_\_ Washington.

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

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of Person Filing on Behalf of Petitioner

\_\_\_\_\_  
Print Name

**THE LAW ENFORCEMENT SHEET MUST BE**  
**COMPLETED CLEARLY AND COMPLETELY. AN**  
**ADDRESS FOR THE RESPONDENT IS REQUIRED.**  
**WE RELY ON THIS INFORMATION TO ENTER**  
**YOUR CASE**

**(TURN THIS PAGE FOR LAW  
ENFORCEMENT FORM)**

**DO NOT SERVE OR SHOW THIS SHEET TO THE RESTRAINED PERSON**

**COURT CLERKS: Give this form to Law Enforcement.**  
**DO NOT FILE in the court file.**

Case Number

Domestic Violence       Dissolution/Separation/Invalidity/Nonparental Custody/Paternity       Antiharassment

**LAW ENFORCEMENT INFORMATION**

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. Type or print only.

**RESTRAINED PERSON'S INFORMATION**

Name of Restrained Person (Last, First, Middle)

Drivers License or ID Number (specify type)

Nickname

Sex

Race

Birth date

Height

Weight

Eye Color

Hair Color

Skin Tone

Build

Relation to Protected Person

Last Known Address (Street, City, State, Zip)

Home Phone

Interpreter Required?  
Language:

Other Address (Street, City, State, Zip), if any:

Employer

Employer's Address

WORK  
Hours:  
Phone:

Vehicle License Number

Vehicle Make and Model

Vehicle Color

Vehicle Year

**PROTECTED PERSON'S INFORMATION**

Name of Protected Person (Last, First, Middle)

Sex

Race

Birth date

If your information *is not confidential*, enter your address and phone number(s).

Current Address (Street, City, State, Zip)

Phone

If your information *is confidential*, you may provide the name, address and phone number of someone willing to be your "contact."

Contact Name

Contact Address

Contact Phone

**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

Minor's Name (Last, First, Middle)

Sex

Race

Birth date

Resides With

Person

Person

**HAZARD INFORMATION**

Weapons

Guns/Rifles

Knives

Explosives

Other

Location of Weapons:

Describe in detail:

Vehicle

On Person

Residence

**CURRENT STATUS (For DV Orders Only) (circle)**

Are you and the restrained person living together right now?      Yes No  
 Does the restrained person know you are trying to get this order?      Yes No  
 Does the restrained person know he/she may be moved out of home?      Yes No  
 Is the restrained person likely to react violently when served?      Yes No

Restrained Person's History Includes:

Mental Health Problems (Commitment, Treatment, Suicide Attempt, Other)       Assault       Assault with Weapons  
 Alcohol/Drug Abuse

See Reverse For Additional Information

Prepared by:

Date