

## Worksheet for the Harassment and/or Stalking Petition

There are several different kinds of protection orders. This worksheet is designed to help you complete a petition for Harassment Orders and/or Stalking Protection Orders.

**If you qualify for a Domestic Violence Protection order, this is not the correct form to complete.**

To help you figure out which order you may be able to get, read the 2 options in the table below. Each option generally describes harassment or stalking conduct. More than one option may apply:

Option 1 (Harassment protection order) Harassment is a pattern of conduct that makes you feel annoyed, alarmed or distressed.	Option 2 (stalking protection order) Stalking is conduct like harassment, following, or monitoring, that makes you feel intimidated, frightened, or threatened and occurs more than once. It may also involve cyberstalking which is transmitting threats or obscene words or pictures to or about you one or more times.
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You can find a complete definition of Harassment or Stalking at the end of this worksheet.

**You may be eligible for one or both of these orders.** The court will determine which order best fits your situation.

**Your next step is to fill out the petition.** In the petition, you will let the court know what protections you want and explain what the other party has done.

**If you think the conduct is harassment, then file your petition in the city or county where** the harassment took place here OR if the person who committed the acts lives in the city or county.

**If you think the conduct is stalking, then file your petition in the city or county** where you reside or where you fled to avoid the stalking contact.

**\* If the respondent is under the age of 16 start your petition in Superior Court**

➤ **You can start your petition in Municipal or District Court.**

- The Municipal or District Court will transfer your case to Superior Court, **or**
- You can start your petition in Superior Court instead of Municipal or District Court

**If:**

1. this case involves title or possession of real property, and the respondent claims an interest in that property such as ownership or right to occupy.
2. the order put limits on the respondent's care, custody, or control of his or her minor children.
3. you and the respondent are parties in a superior court case.
- 4a. you are alleging harassment by a respondent who is under the age of 18.
- 4b. you are alleging stalking and the petitioner, victim, or respondent is under the age of 18.

➤ **Definitions**

**Unlawful harassment** means:

- a knowing and willful course of conduct directed at a specific person which seriously alarms, annoys, or harasses, or is detrimental to such person and which serves no legitimate or lawful purpose.
  - The course of conduct shall be such as would cause a reasonable person to suffer

substantial emotional distress and shall actually cause substantial emotional distress to the petitioner, or when the course of conduct would cause a reasonable parent to fear for the well-being of their child.

"Course of conduct:"

- means a pattern of conduct composed of a series of acts over a period of time, however short, evidencing a continuity of purpose.
- includes, in addition to any other form of communication, contact, or conduct, the sending of an electronic communication. Constitutionally protected activities, including free speech, are not included within the meaning of "course of conduct."

**Stalking Conduct** means:

a) any act of stalking as defined under RCW 9A.46.110: A person intentionally and repeatedly harasses or repeatedly follows another person, and

- the person being harassed or followed is placed in fear that the stalker intends to injure the person, another person, or property of the person or of another person. The feeling of fear must be one that a reasonable person in the same situation would experience under all the circumstances; and
- the stalker either: (i) intends to frighten, intimidate, or harass the person; or (ii) knows or reasonably should know that the person is afraid, intimidated, or harassed even if the stalker did not intend to place the person in fear or intimidate or harass the person.

Or

b) any act of cyberstalking as defined under RCW 9.61.260: With intent to harass, intimidate, torment, or embarrass any other person, and under circumstances not constituting telephone harassment, the stalker makes an electronic communication to a person or a third party:

- using any lewd, lascivious, indecent, or obscene words, images, or language, or suggesting the commission of any lewd or lascivious act;
- anonymously or repeatedly whether or not conversation occurs; or
- threatening to inflict injury on the person or property of the person called or any member of his or her family or household.

Or

c) any course of conduct involving repeated or continuing contacts, attempts to contact, monitoring, tracking, keeping under observation, or following another [person] that:

- would cause a reasonable person to feel intimidated, frightened, or threatened and that actually causes such a feeling;
- serves no lawful purpose; and
- the stalker knows or reasonably should know threatens, frightens, or intimidates the person, even if the stalker did not intend to intimidate, frighten, or threaten the person.

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**If you are seeking the court's assistance in obtaining a Protection Order in Kitsap County District or Superior Court:**

You must first be screened by the Superior Court Clerk's office at 614 Division Street, Room 202, Port Orchard, WA 98366. They are open Monday through Friday, 8:00a.m. to 12:15 p.m. and 1:15 p.m. to 4:30 p.m. They are closed from 12:15 p.m. to 1:15 p.m. for lunch.

\* For an Unlawful Harassment Protection orders you need to be in the Superior Court Clerk's office no later than 11 a.m.

\* For other protection orders you need to be in the Superior Court Clerk's office no later than 3:00 p.m.

\* Times may be subject to change. Phone # (360) 337-7164 ext. 3480

<b>POULSBO MUNICIPAL COURT</b> <b>Kitsap County, Washington</b>	200 Moe St NE, Poulsbo, WA 98370 Phone: 360.779.9846 Fax 360.779.1584
_____ Petitioner vs. _____ Respondent	No. <b>Petition for an Order for Protection -</b> <input type="checkbox"/> <b>Harassment (PTORAH) and/or</b> <input type="checkbox"/> <b>Stalking (PTORSTK)</b>

\* If a stalking protection order is granted there is no filing fee or fee for service by law enforcement per statute.

\* There is a \$73 filing fee for anti-harassment orders, which must be paid before the order can be issued, and a fee by the law enforcement agency that will serve the respondent, unless waived by the judge. You will need to pay the law enforcement agency before they will attempt service. You may make your own arrangements for service on the respondent. You will need a Return of Service form from the court office.

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

I believe:

- I am, or the minor or vulnerable adult I am petitioning for is, a victim of stalking because
  - the respondent and I, or the minor or vulnerable adult I am petitioning for, are not and never have been related by blood or marriage, lived together, or been in a dating relationship, and
  - the respondent has been
    - stalking me either in person or (cyber stalking), and
    - repeatedly contacting me or attempting to contact or monitor me for no lawful purpose and his/her actions caused me to feel intimidated, frightened or threatened.

- I am, or the minor I am petitioning for is, a victim of unlawful harassment because the respondent's actions toward me have seriously alarmed, annoyed or harassed me, or are detrimental to me and they serve no legitimate or lawful purpose. The respondent's actions have caused me substantial emotional distress or caused me to fear for the well-being of my child.
  - The respondent and I:

- are or have been related by blood or marriage, lived together, or been in a dating relationship
- have not been and are not now related by blood or marriage, lived together, or been in a dating relationship.

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. Who is the respondent?**

The Respondent/s is/are 18 years of age or older.

**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.





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

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

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8. Has the respondent previously committed an offense that makes him or her ineligible to possess a firearm under the provisions of RCW 9.41.040? Please describe:

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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:

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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 emailed 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 and the approximate date, and whether the request was granted:

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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:

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➤ **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"/> <b>No-Contact:</b> 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"/> <b>Surveillance:</b> 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"/> <b>Exclude from places:</b> 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"/> <b>Stay Away:</b> 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"/> <b>Other:</b>  
<input type="checkbox"/> <b>Evaluation:</b> Order the respondent to have a <input type="checkbox"/> mental health <input type="checkbox"/> chemical dependency evaluation. <input type="checkbox"/> other: _____
<input type="checkbox"/> <b>Pay Fees and Costs:</b> 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.



- Surrender Firearms:** 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.
- 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 Stalking 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, to be effective until the hearing.
- I also request a 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?

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I certify 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

My address for the purpose of receiving service of legal documents is:

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This is not my residence address. My family, household or I would be at risk of abuse by respondent if I disclosed my residence address. I agree to receive service of process at this address.

**POULSBO MUNICIPAL COURT  
Kitsap County, Washington**

200 Moe St NE, Poulsbo, WA 98370  
Phone: 360.779.9846 Fax 360.779.1584

\_\_\_\_\_  
Petitioner

vs.

\_\_\_\_\_  
Respondent

No.

**Motion for Surrender of Weapons  
(MT)**

1. I am protected by a civil protection order issued in this case:  
 Domestic Violence, Ch. 26.50 RCW     Anti-harassment, Ch. 10.14 RCW  
 Sexual Assault, Ch.7.90 RCW         Stalking, Ch. 7.92 RCW
2. The restrained person (name) \_\_\_\_\_ has: (check all that apply)

- used, displayed, or threatened to use a firearm or other dangerous weapon in a felony.

Describe this offense:

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

- previously committed an offense that makes him or her ineligible to possess a firearm under the provisions of RCW 9.41.040. Describe this offense:

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

- possession of a firearm or other dangerous weapon which presents a serious and imminent threat to public health or safety, or to the health or safety of any individual. My concern for imminent threat is based on the following:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Information about the firearms or other dangerous weapon/s:

What kind of firearm or other dangerous weapon?	Where is it located?

4. My relationship with the restrained person is:
- |  |  |  |
|--|--|--|
| <input type="checkbox"/> spouse or former spouse                                       | <input type="checkbox"/> current or former dating relationship                         | <input type="checkbox"/> in-law                                    |
| <input type="checkbox"/> parent of a child in common                                   | <input type="checkbox"/> stepparent or stepchild                                       | <input type="checkbox"/> parent or child                           |
| <input type="checkbox"/> current or former domestic partner                            | <input type="checkbox"/> current or former cohabitant as part of a dating relationship | <input type="checkbox"/> blood relation other than parent or child |
| <input type="checkbox"/> current or former cohabitant as part of a dating relationship | <input type="checkbox"/> roommate  |  |

5. I request that the court:

- Prohibit the restrained person from obtaining or possessing a firearm or other dangerous weapon, or a concealed pistol license.
- Require the restrained person to surrender any firearm, other dangerous weapon, and any concealed pistol license issued under RCW 9.41.070.
- Order temporary surrender of a firearm or other dangerous weapon without notice to the restrained person because irreparable injury could result if an order is not issued until the time for response has elapsed.

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

Dated: \_\_\_\_\_ at (place) \_\_\_\_\_, Washington.

\_\_\_\_\_  
Signature of Protected Person/Attorney WSBA No.      Print Name

**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:	Case Number:
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<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Dissolution/Separation/Invalidity/Nonparental Custody/Paternity
<input type="checkbox"/> Unlawful Harassment	<input type="checkbox"/> Vulnerable Adult
	<input type="checkbox"/> 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				Phone(s) w/Area Code	Need Interpreter? <b>Yes</b> or <b>No</b>
Street:					Language:
City:		State:	Zip:		

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:

<input type="checkbox"/> Involuntary/Voluntary Commitment	<input type="checkbox"/> Suicide Attempt or Threats
<input type="checkbox"/> Assault	<input type="checkbox"/> Assault with Weapons
<input type="checkbox"/> Alcohol/Drug Abuse	<input type="checkbox"/> 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				Phone(s) w/Area Code	Need interpreter? <b>Yes</b> or <b>No</b>
Street:					Language:
City:		State:	Zip:		

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	
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: