

**District Court of Washington
For Okanogan 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 _____.

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:

Respondent is a service member, or a dependent of a service member, or it is unknown whether the respondent is a service member or dependent of a service member.

4. 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 alternative address.)

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

| Case Name | | | |
|---------------------------|--|--|--|
| Case Number | | | |
| Court/County/State | | | |

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, e-mail, fax and written notes, 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. **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.)

5. **Other**:

Request for a Temporary Sexual Assault Protection Order: An Emergency Exists as described in the statement below. Petitioner needs a temporary protection order issued immediately, without prior notice to the respondent, that grants the relief requested above.

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

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 Sexual Assault

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 (First, Middle, Last)

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 (First, Middle, Last)

Sex:

Race:

Birth date:

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

Current Address (Street, City, State, Zip)

Phone

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

(For SA Orders Only) Name and contact phone number of person filing petition on behalf of protected person:

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 (First, Middle, Last)

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

Confidential Information Form (INFO)

| | | |
|-------------------------|---------------|---|
| County: Okanogan | Cause Number: | Do not file in a public access file. |
|-------------------------|---------------|---|

Court Clerk: This is a Restricted Access Document

- Divorce/Separation/Invalidity/Nonparental Custody/Paternity/Modifications
 Sexual Assault
 Other
 Domestic Violence
 Antiharassment
 Information Change (Check if you are updating information)
 A restraining order or protection order is in effect protecting the petitioner the respondent the children.
 The health, safety, or liberty of a party or child would be jeopardized by disclosure of address information because: _____

The following information about the parties is required in all cases:
 (Use the Addendum To Confidential Information Form to list additional parties or children)

| Petitioner Information | Type or Print Only | Respondent Information |
|--|---------------------------|------------------------|
| Name (First, Middle, Last) | | |
| Race | Sex | Birth date |
| Driver's Lic. or Identocard (# and State) | | |
| Mailing Address (P.O. Box/Street, City, State, Zip) | | |
| Relationship to Child(ren) | | |
| Name (First, Middle, Last) | | |
| Race | Sex | Birth date |
| Driver's Lic. or Identocard (# and State), (or, if unavailable, residential address) | | |
| Mailing Address (P.O. Box/Street, City, State, Zip) | | |
| Relationship to Child(ren) | | |

The following information is required if there are children involved in the proceeding. (Soc. Sec. No. is not required for petitions in protection order cases (Domestic Violence/Antiharassment/Sexual Assault.)

- 1) Child's Name (First, Middle, Last)
- Child's Race/Sex/Birth date
- Child's Soc. Sec. No. (If required)
- Child's Present Address or Whereabouts

| |
|--|
| 2) Child's Name (First, Middle, Last) |
| Child's Race/Sex/Birth date |
| Child's Soc. Sec. No. (If required) |
| Child's Present Address or Whereabouts |
| List the names and present addresses of the persons with whom the child(ren) lived during the last five years: |
| |
| |
| List the names and present addresses of any person besides you and the respondent who has physical custody of, or claims rights of custody or visitation with, the child(ren): |
| |
| |

| | |
|---|--|
| <u>Except for petitions in protection order cases (Domestic Violence/Antiharassment/ Sexual Assault), the following information is required:</u> | |
| Petitioner's Information | Respondent's Information |
| Soc. Sec. No.: | Soc. Sec. No.: |
| Residential Address (Street, City, State, Zip) | Residential Address (Street, City, State, Zip) |
| Telephone No.: () | Telephone No.: () |
| Employer: | Employer: |
| Empl. Address: | Empl. Address: |
| Empl. Phone No.: () | Empl. Phone No.: () |
| For Nonparental Custody Petitions only, list other Adults in Petitioner(s) household (Name/DOB): | |

Additional information: _____

Addendum(s) To Confidential Information Form attached. List other parties or children in Addendum(s).

I certify under penalty of perjury under the laws of the state of Washington that the above information is true and accurate concerning myself and is accurate to the best of my knowledge as to the other party, or is unavailable. The information is unavailable because _____

Signed on _____ [Date] at _____ [City and State].

 Petitioner/Respondent

Addendum To Confidential Information Form (AD)

| | | |
|--|---------------|---|
| County: Okanogan | Cause Number: | Do not file in a public access file. |
| Court Clerk: This is a Restricted Access Document | | |

The following information about additional parties is required in all cases.

| Additional Petitioner Information | Type or Print only | Additional Respondent information |
|---|---------------------------|-----------------------------------|
| Name (First, Middle, Last) | | |
| Race | Sex | Birth date |
| Drivers Lic. or Identocard (# and State) | | |
| Mailing Address (P.O. Box/Street, City, State, Zip) | | |
| Relationship to Child(ren) | | |
| Name (First, Middle, Last) | | |
| Race | Sex | Birth date |
| Drivers Lic. or Identocard (# and State), (or, if unavailable, residential address) | | |
| Mailing Address (P.O. Box/Street, City, State, Zip) | | |
| Relationship to Child(ren) | | |

The following information is required if there are additional children involved in the proceeding (Soc. Sec. No. is not required for petitions in protection order cases (Domestic Violence/Antiharassment/ Sexual Assault.)

| |
|--|
| 3) Child's Name First, Middle, Last |
| Child's Race/Sex/Birth date |
| Child's Soc. Sec. No. (If required) |
| Child's Present Address or Whereabouts |
| 4) Child's Name (First, Middle, Last) |
| Child's Race/Sex/Birth date |
| Child's Soc. Sec. No. (If required) |
| Child's Present Address or Whereabouts |

Except for petitions in protection order cases (Domestic Violence/Antiharassment/ Sexual Assault), the following information is required:

| Additional Petitioner Information | Additional Respondent Information |
|--|--|
| Soc. Sec. No.: | Soc. Sec. No.: |
| Residential Address (Street, City, State, Zip) | Residential Address (Street, City, State, Zip) |
| Telephone No.: () | Telephone No.: () |
| Employer: | Employer: |
| Empl. Address: | Empl. Address: |
| Empl. Phone No.: () | Empl. Phone No.: () |