

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) _____.
My relationship to this petitioner is _____.

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

Yes No

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 than provided, attach additional page(s). Do not write on the back of this form.

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

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:

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 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:

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 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.
<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, 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?

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON AND THE NOOKSACK TRIBAL CODE THAT THE FOREGOING IS TRUE AND CORRECT.

Dated: _____ at _____, Washington.
(Month, Day, Year) (City)

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.

Whatcom CIVIL COUNTY SUPERIOR COURT
Case Information Cover Sheet (CICS)

Case Number _____ Case Title _____

Attorney Name _____ Bar Membership Number _____

Please check one category that best describes this case for indexing purposes. Accurate case indexing not only saves time in docketing new cases, but helps in forecasting needed judicial resources. Cause of action definitions are listed on the back of this form. Thank you for your cooperation. Form updated 12/28/2020

- | | | | |
|---|---|------------------------------|---|
| <input type="checkbox"/> ABJ | Abstract of Judgment | <input type="checkbox"/> PRG | Property Damage – Gangs |
| <input type="checkbox"/> ABL | Abusive Litigation | <input type="checkbox"/> PRP | Property Damages |
| <input type="checkbox"/> ALR | Administrative Law Review | <input type="checkbox"/> QTI | Quiet Title |
| <input type="checkbox"/> ALRJT | Administrative Law Review-Jury Trial (L&I) | <input type="checkbox"/> RDR | Relief from Duty to Register |
| <input type="checkbox"/> BAT | Ballot Title | <input type="checkbox"/> RFR | Restoration of Firearm Rights |
| <input type="checkbox"/> CHN | Non-Confidential Change of Name | <input type="checkbox"/> SDR | School District-Required Action Plan |
| <input type="checkbox"/> CBC | Contractor Bond Complaint | <input type="checkbox"/> SER | Subdivision Election Process Law Review |
| <input type="checkbox"/> COL | Collection | <input type="checkbox"/> SPC | Seizure of Property-Commission of Crime |
| <input type="checkbox"/> CON | Condemnation | <input type="checkbox"/> SPR | Seizure of Property-Resulting from Crime |
| <input type="checkbox"/> COM | Commercial | <input type="checkbox"/> STK | Stalking Petition |
| <input type="checkbox"/> CRP | Pet. for Cert. of Restoration of Opportunity | <input type="checkbox"/> SXP | Sexual Assault Protection |
| <input type="checkbox"/> DOL | Appeal Licensing Revocation | <input type="checkbox"/> TAX | Employment Security Tax Warrant |
| <input type="checkbox"/> DVP | Domestic Violence | <input type="checkbox"/> TAX | L & I Tax Warrant |
| <input type="checkbox"/> EOM | Emancipation of Minor | <input type="checkbox"/> TAX | Licensing Tax Warrant |
| <input type="checkbox"/> FIU | Foreign Judgment | <input type="checkbox"/> TAX | Revenue Tax Warrant |
| <input type="checkbox"/> FOR | Foreclosure | <input type="checkbox"/> TMV | Tort – Motor Vehicle |
| <input checked="" type="checkbox"/> FPO | Foreign Protection Order | <input type="checkbox"/> TRJ | Transcript of Judgment |
| <input type="checkbox"/> HAR | Unlawful Harassment | <input type="checkbox"/> TTO | Tort – Other |
| <input type="checkbox"/> INJ | Injunction | <input type="checkbox"/> TXF | Tax Foreclosure |
| <input type="checkbox"/> INT | Interpleader | <input type="checkbox"/> UND | Unlawful Detainer – Commercial |
| <input type="checkbox"/> LCA | Lower Court Appeal – Civil | <input type="checkbox"/> UND | Unlawful Detainer – Residential |
| <input type="checkbox"/> LCI | Lower Court Appeal – Infractions | <input type="checkbox"/> VAP | Vulnerable Adult Protection Order |
| <input type="checkbox"/> LUPA | Land Use Petition Act | <input type="checkbox"/> VEP | Voter Election Process Law Review |
| <input type="checkbox"/> MAL | Other Malpractice | <input type="checkbox"/> VVT | Victims of Motor Vehicle Theft-Civil Action |
| <input type="checkbox"/> MED | Medical Malpractice | <input type="checkbox"/> WDE | Wrongful Death |
| <input type="checkbox"/> MHA | Malignant Harassment | <input type="checkbox"/> WHC | Writ of Habeas Corpus |
| <input type="checkbox"/> MSC2 | Miscellaneous – Civil | <input type="checkbox"/> WMW | Miscellaneous Writs |
| <input type="checkbox"/> MST2 | Minor Settlement – Civil (No Guardianship) | <input type="checkbox"/> WRM | Writ of Mandamus |
| <input type="checkbox"/> PCC | Petition for Civil Commitment (Sexual Predator) | <input type="checkbox"/> WRR | Writ of Restitution |
| <input type="checkbox"/> PFA | Property Fairness Act | <input type="checkbox"/> WRV | Writ of Review |
| <input type="checkbox"/> PIN | Personal Injury | <input type="checkbox"/> XRP | Extreme Risk Protection Order |
| <input type="checkbox"/> PRA | Public Records Act | <input type="checkbox"/> XRU | Extreme Risk Protection Order Under 18 |

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.

**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.

_____ Court of Washington
County: _____
Case No.: _____

Law Enforcement: Do not serve or show a completed LECIF to the other party.

Instructions – The **Protected Person** must complete this form. Fill out **all** sections as much as you can. If you do not know, write "unknown."
Type or print clearly! If law enforcement cannot read this form, 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	
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:
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

Name: First		Middle	Last	Date of Birth	
Sex		Race		Height	Weight
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. Street:	Phone(s) w/Area Code
City: State: Zip:	

Email address:	Need interpreter? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, language:
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If your info *is confidential*, you must give a name, address, and phone 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:

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
	Relationship to Protected Person:		Relationship to Restrained Person:
2	Name: First _____ Middle _____ Last _____		
	Birth Date	Sex	Race
	Relationship to Protected Person:		Relationship to Restrained Person:
3	Name: First _____ Middle _____ Last _____		
	Birth Date	Sex	Race
	Relationship to Protected Person:		Relationship to Restrained Person:
4	Name: First _____ Middle _____ Last _____		
	Birth Date	Sex	Race
	Relationship to Protected Person:		Relationship to Restrained Person:

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:

Privacy Notice: Only court staff, law enforcement, 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

SUPERIOR COURT OF THE STATE OF WASHINGTON FOR WHATCOM COUNTY

<p>_____</p> <p style="text-align: right;">Plaintiff</p> <p>v.</p> <p>_____</p> <p style="text-align: right;">Defendant</p>	<p>Case No. _____</p> <p>LAW ENFORCEMENT INFORMATION</p> <p>****SEALED****</p>
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DO NOT SERVE OR SHOW THIS FORM TO THE RESTRAINED PERSON

Case No: _____

CONFIDENTIAL

FOREIGN PROTECTION ORDER INFORMATION

Fill in as much of the following information as possible. Type or print only.

PERSON BEING RESTRAINED

Interpreter needed in _____ language.

Name (Last, First, Middle) _____ Nickname _____ Alias _____ Race _____ Ethnicity _____

Sex _____ Height _____ Weight _____ Eye Color _____ Hair Color _____ Skin Tone _____ Build/Physical Description _____

Birthdate _____ Social Security Number _____ Dr. License or Identocard (# and State) _____

Current Street Address (City, State, Zip Code) _____ Home Phone Number _____

Vehicle License No. _____ Vehicle Make and Model _____ Vehicle Color _____ Vehicle Year _____

PERSONS BEING PROTECTED

Relation to Person Being Restrained: _____

Name (Last, First, Middle) _____ Driver's License or Identocard, (# and state) _____ Birthdate _____ Race _____ Sex _____

CHILDREN AND HOUSEHOLD MEMBERS

Name (First, Middle Initial, Last)	Birthdate	Age	Race	Sex	Dr. Lic., or Identocard (# and State)	How Related to Persons Protected	Restrained	Resides with

HISTORY/HAZARD INFORMATION

HISTORY Mental Health Problems
 Assault Assault w/Weapons
 Alcohol/Drug Abuse

WEAPONS Guns/Rifles Knives
 Explosives Other

Describe in detail: _____

Location of Weapons:

- Vehicle
- On Person
- Residence

FOREIGN PROTECTION ORDER INFORMATION

Originating court (name, address, telephone number): _____ Originating court cause number: _____

Date Order was entered: _____ Expiration date: _____ Respondent served by: personal service certified mail
 Respondent attended hearing
 other

Other legal proceeding between same individual (type, cause number and location of court): _____

RELIEF GRANTED (Restrained person is prohibited from)

Information regarding relief granted, citations and violations that are arrestable offenses is in the attached order.

DO NOT SERVE OR SHOW THIS SHEET TO THE PERSON RESTRAINED/RESPONDENT.

COURT CLERKS: GIVE THIS FORM TO LAW ENFORCEMENT. DO NOT FILE IN THE COURT FILE.

1
2
3
4 IN THE NOOKSACK TRIBAL COURT
5 FOR THE NOOKSACK INDIAN TRIBE
6 DEMING, WA

7 Case No.

8 Petitioner,

9 vs.

10 SUMMONS

11 Respondent

12 To:

13
14 **To the Respondent:** The Plaintiff/Petitioner has started a case against you in Nooksack Tribal Court.
15 The Complaint or Petition served upon you tells you what the Plaintiff/Petitioner is asking for.

16 **You must respond in writing for the court to consider your side.**

17 **Deadline!** Your *Response* must be filed with the Court and served on Petitioner within **20 days** of the
18 date you were served this *Summons*. If the case has been filed in court, you must also file your *Response*
19 by the same deadline.

20 **If you do not** file and serve your *Response* or a *Notice of Appearance* by the deadline:

- 21
 - No one has to notify you about other hearings in this case, and
 - The court may approve the Petitioner's requests without hearing your side. (This is called a *default judgment*.)

22 **Lawyer not required.** It is a good idea to talk to a lawyer, but you may file and serve your *Response*
23 without one.

24 **Follow these steps:**

- 25
 1. **Read the *Petition*** and any other documents you receive with this *Summons*. These documents explain what Petitioner is asking for.

