

Motions to Renew, Modify or Terminate ~ Please Read

As of April 4, 2020 the PROTECTION ORDER OFFICE will be closed to the public. During the current public health crisis & due to current EMERGENCY ORDERS in place, protection order filings must be submitted electronically by email or by fax.

FILLING OUT YOUR MOTION PACKET

- Petitioner and respondent remain the same even if you are the moving party. Petitioner will always be the petitioner, respondent will always be the respondent.
- Make sure to include your case number on all forms.
- Fill out ALL of the document in the packet. Your forms may be rejected and/or not processed that day.

FILING YOUR DOCUMENTS

1. Once you are ready to file your forms they can be submitted to the Clerk's Office by fax (425-388-3127 or email (protection.orders@snoco.org)).
2. If you have a smartphone, free scanning applications are available to download which allow you to scan documents and submit by email. (Scannable by Evernote or Smart Doc Scanner have been successful apps used).
3. Documents scanned by an office supply store/business (i.e. Staples/Fed Ex/Minuteman Press) should be emailed to our office and your e-mail. Faxes must include a cover sheet with your contact information.
NOTE: The Clerk's office does not endorse the above stores or apps, they are simply options to consider
4. If you are unable to submit your documents electronically, you may "file" them at the Snohomish County Courthouse under the door of our office, Room #1526 (formerly C-125) at 3000 Rockefeller Ave in Everett. Please call us at 425-388-3638 to let us know you have "filed" them.
5. **DOCUMENTS SUBMITTED BY EMAIL must be in WORD or PDF format.** For security reasons we are unable to open documents in other formats or documents saved to a personal cloud or storage drive.
6. **Submitted photos taken of original documents or documents of poor quality or illegible (i.e. dark, blurry, etc.) WILL be rejected.**
7. More than 5 items (photos, text) provided as evidence should be cut and pasted into a WORD document, not sent as individual items.
8. Once we receive your forms we will provide a copy to the judicial officer for a hearing date and file the original in your case.
9. **You should monitor your phone and email once you submit your documents. We may need to obtain additional information from you - multiple attempts WILL NOT be made to contact you.** This could result in your motion not being processed in a timely manner. Once an order setting hearing is signed you will receive a copy of the order and any additional information by email.

SERVICE OF DOCUMENTS

10. The other party in the case must be served these documents and a return of service filed with our office in order for your hearing to go forward. If the other party is not served you may ask for a continuance for additional time to serve the other party.

➤ **QUESTIONS? YOU MAY CONTACT US BY:**

EMAIL: protection.orders@snoco.org
PHONE: 425-388-3638
FAX: 425-388-3127
WEBSITE: <https://snohomishcountywa.gov/5520/Protection-Orders>

**SUPERIOR COURT OF WASHINGTON
FOR SNOHOMISH COUNTY**

Petitioner

vs.

Respondent

NO.
**MOTION FOR RENEWAL OF
VULNERABLE ADULT PROTECTION
ORDER**
(PT, NTHG)
(Clerk's Action Required)

1. The Vulnerable Adult Protection Order dated _____, will expire on _____.

2. I want to renew the protection order because:

3. I want this order to remain effective longer than one year because the respondent is likely to resume acts of unlawful harassment if the order expires in a year.

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

DATED _____

Signature of Petitioner

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

Entry

Clerk's Action: A copy of this order will be forwarded on or before the next judicial day to the _____ County Sheriff's Office or Police Department where petitioner lives which shall enter it into WACIC.

Service

- The clerk of the court shall also forward a copy of this order on or before the next judicial day to _____ County Sheriff's Office City Police Department **where respondent lives** which shall personally serve the respondent with a copy of this order and shall promptly complete and return to this court proof of service.
- Petitioner shall serve this order by mail publication.
- Petitioner shall make private arrangements for service of this order.
- Respondent appeared and was informed of the order by the court; further service is not required.

Date

Judge or Commissioner

I acknowledge receipt of a copy of this Order:

➤ _____
Signature of Respondent/Lawyer WSBA No.

Print Name

➤ _____
Signature of Petitioner/Lawyer WSBA No.

Print Name

**ALL RETURN HEARINGS &
HEARINGS FOR PROTECTION ORDERS
WILL BE HEARD TELEPHONICALLY OR REMOTELY
THROUGH ZOOM.**

Your initial appearance for your hearing will be telephonic. To make your initial appearance, **you must call (425) 388-5444 and enter meeting ID# 7507340** no later than 8:55am on the date set for your hearing. While on the call, you must remain quiet until your name is called by the Judge. Failure to be on the call by 8:55am may result in the case proceeding to a full hearing without your participation.

While on this call, the Judge will advise you if your case is assigned out to a different Judge. If your case is assigned to a different Judge, your hearing will proceed via Zoom and the law clerk for the Judge assigned to your case will provide you with a new telephone number and/or meeting ID# and password for your appearance. When using Zoom, you will be able to appear by video or by telephone through Zoom.

The Protocol for Remote Civil Bench Trials **DOES NOT** apply to protection order matters. However, because these hearings will take place through video or telephone, you should have any witnesses available to proceed with testimony telephonically or through video.

If you, or any of your witnesses, are unable to appear telephonically for your hearing, you may appear in person. If you appear in person, the Court will enforce the mask policy and social distancing.

If you have any questions about your appearance for this hearing, please contact the Law Clerk to the Presiding Judge at (425) 388-7335 or at Lauren.Malpica@snoco.org.

**Superior Court of Washington
For Snohomish County**

In re the Matter of:

A Vulnerable Adult (Person to be Protected)

Respondent (Person to be Restrained)

No. _____

**Notice to the Vulnerable Adult
(NTVA)**

Important Notice

Please Read Carefully

Petitioner _____ (name) filed a petition for a protection order on your behalf in Snohomish County Superior Court against _____ (name of respondent).

The hearing is scheduled for _____ (time) on _____ (date) at Snohomish County Courthouse, 3000 Rockefeller Ave., Everett, WA 98201; Department _____ (location).

If the protection order is granted, the judge may grant the request as stated in the petition. This may include requiring _____ (the respondent) to stay away from you and not to talk to you, or not handle your money, for up to five years.

Under the law you have certain rights.

You have the right to go to the court hearing. At the court hearing, the judge will decide whether or not you need protection.

You have the right to tell the judge that you agree or disagree with the petition.

You have the right to have a lawyer represent you.

You have the right to present evidence.

At the hearing, the judge may:

- grant the order for protection;
- dismiss the petition or parts of it;
- get more information to decide if you are unable to protect yourself or your property due to incapacity, undue influence, or duress; or
- require a guardianship petition to be filed. If a guardianship petition is filed, you have the right to have a lawyer appointed for you and you will have other rights.

If you have a disability that makes it hard for you to understand court documents or to be part of the court hearing, you may ask for help (an accommodation). You may use the Request for Reasonable Accommodation form available in the court clerk's office to ask for an accommodation.

For help with a disability accommodation, contact (petitioner must check one and complete):

ADA Designated Contact Person for the Superior Court

Name: Susan Pence

Address: M/S 502 3000 Rockefeller Avenue Everett, WA 98201

Telephone: 425-388-3564

Court Administrator for the Superior Court

Address: _____

Telephone: _____

NOTICE!

Filing by e-mail:

The **Law Enforcement Information Sheet** and **Confidential Information Form** included in this packet are confidential. When you file these documents with the Clerk's Office by **e-mail** you understand and agree that you are sending via a non-secure system and these documents may be subject to a public record request under Washington's Public Records Act (PRA). However, most of this information is readily publicly available in your court file or online, and any confidential personal identifying information may be exempt from PRA requests.

- By checking this box and filing this by **e-mail** you are agreeing that you understand this possibility.

Filing by FAX:

Filings to the court by **fax** are not subject to public disclosure.

**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 statewide law enforcement computer. Fill in the following information as completely as possible.

Snohomish County Superior Court	Case Number:
Filing Date:	<input type="checkbox"/> Domestic Violence <input type="checkbox"/> Dissolution/Separation/Invalidity/Non-parental Custody/Paternity <input type="checkbox"/> Unlawful Harassment <input type="checkbox"/> Vulnerable Adult <input type="checkbox"/> Sexual Assault <input type="checkbox"/> Stalking

Restrained Person's Information (This is the person that you want the court to restrain.)

First Name:	Middle:	Last:
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Other Known Last Names (i.e. maiden, previous married):

Nickname:	Relationship to Protected Person:
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Date of Birth	Sex	Race	Height	Weight	Eye Color	Hair Color	Skin Tone	Build
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Last Known Street Address:	Phone(s) w/Area Code	Need Interpreter? Yes or No
Apt or Unit #:	Cell:	Language:
City:	Home:	
State:	Zip:	

Email address:

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:
 Involuntary/Voluntary Commitment Suicide Attempt or Threats
 Assault Assault with Weapons Alcohol/Drug Abuse 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 Party Information

(This is the person you want the court to protect.)

First Name: _____ **Middle:** _____ **Last:** _____

Other Known Last Names (i.e. maiden, previous married): _____

Date of Birth	Sex	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) below.

Current Street Address: Apt or Unit #: City: _____ State: _____ Zip: _____	Phone(s) w/Area Code Cell: _____ Home: _____	Need interpreter? Yes or No Language: _____
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Email address:

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 and e-mail:

Name: _____

Address: _____ **City:** _____ **Zip:** _____

Contact Number: _____ **Email:** _____

Minor's Information

Name: First	Middle	Last	Sex	Race	Birth date	Resides With	Relation to Petitioner (i.e child, uncle, none)	Relationship to Respondent (i.e child, uncle, none)

Victim's Household Members or Adult Children Protected

Name: _____	birth date: _____
Name: _____	birth date: _____
Name: _____	birth date: _____
Name: _____	birth date: _____