

**King County Model Policy  
Appendix Forms**

**Domestic Violence Response,  
DV Related Court Orders,  
&  
Extreme Risk Protection Orders**

April 2019 ver.

## DOMESTIC VIOLENCE REPORT CHECKLIST

	CASE NUMBER		
<b>BACKGROUND</b>			
1.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;"> <input type="checkbox"/> Describe relationship between suspect and victim  <input type="checkbox"/> Check for valid court order, if yes describe in detail  <input type="checkbox"/> List and describe in detail any firearms in the home and any access to or possession of firearms by suspect                 </td> <td style="width: 40%; padding: 5px; vertical-align: top;">                     Include this information in the <b>first paragraph</b> of the police report and Superform narrative                 </td> </tr> </table>	<input type="checkbox"/> Describe relationship between suspect and victim <input type="checkbox"/> Check for valid court order, if yes describe in detail <input type="checkbox"/> List and describe in detail any firearms in the home and any access to or possession of firearms by suspect	Include this information in the <b>first paragraph</b> of the police report and Superform narrative
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<b>VICTIM INJURIES/STATEMENTS/OBSERVATIONS</b>			
2. 3. 4.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;"> <input type="checkbox"/> Describe any victim complaints of pain / injury  <input type="checkbox"/> Describe any visible injuries or impairment  <input type="checkbox"/> Was victim treated? If so, on scene or transported?  <input type="checkbox"/> Victim's emotional state and statements made  <input type="checkbox"/> Describe if victim is under influence &amp; what substance                 </td> <td style="width: 40%; padding: 5px; vertical-align: top;">                     Include this information in the police report narrative                 </td> </tr> </table>	<input type="checkbox"/> Describe any victim complaints of pain / injury <input type="checkbox"/> Describe any visible injuries or impairment <input type="checkbox"/> Was victim treated? If so, on scene or transported? <input type="checkbox"/> Victim's emotional state and statements made <input type="checkbox"/> Describe if victim is under influence & what substance	Include this information in the police report narrative
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<b>DV HISTORY FORM</b>			
5. 6.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;"> <input type="checkbox"/> Explain each box checked on the attached Domestic Violence History form (or note if refused to provide info)                 </td> <td style="width: 40%; padding: 5px; vertical-align: top;">                     Include in police report narrative                 </td> </tr> </table>	<input type="checkbox"/> Explain each box checked on the attached Domestic Violence History form (or note if refused to provide info)	Include in police report narrative
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<b>INCIDENT SUMMARY &amp; SUSPECT STATEMENTS</b>			
7. 8. 9. 10.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;"> <input type="checkbox"/> Explain incident, assault, force, threats, violations, etc.  <input type="checkbox"/> Describe any weapons used in assault  <input type="checkbox"/> Pre Miranda Suspect statements (&amp; circumstances)  <input type="checkbox"/> Miranda given, acknowledged, waived, &amp; noted in report  <input type="checkbox"/> Post Miranda Suspect statements  <input type="checkbox"/> Suspect's demeanor, visible injuries, pain, intoxication                 </td> <td style="width: 40%; padding: 5px; vertical-align: top;">                     Include this information in the police report narrative   <input type="checkbox"/> N/A, no suspect contact  <input type="checkbox"/> Refused                 </td> </tr> </table>	<input type="checkbox"/> Explain incident, assault, force, threats, violations, etc. <input type="checkbox"/> Describe any weapons used in assault <input type="checkbox"/> Pre Miranda Suspect statements (& circumstances) <input type="checkbox"/> Miranda given, acknowledged, waived, & noted in report <input type="checkbox"/> Post Miranda Suspect statements <input type="checkbox"/> Suspect's demeanor, visible injuries, pain, intoxication	Include this information in the police report narrative  <input type="checkbox"/> N/A, no suspect contact <input type="checkbox"/> Refused
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<b>VICTIM WRITTEN STATEMENT</b> ( <input type="checkbox"/> REFUSED)			
11. 12.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;"> <input type="checkbox"/> Includes a detailed description of the incident  <input type="checkbox"/> Describes injuries, including pain  <input type="checkbox"/> Describes the cause of injuries  <input type="checkbox"/> If in fear of suspect, reasons and history explained                 </td> <td style="width: 40%; padding: 5px; vertical-align: top;">                     Summarize elements of Victim statement (written/verbal) in police report narrative                 </td> </tr> </table>	<input type="checkbox"/> Includes a detailed description of the incident <input type="checkbox"/> Describes injuries, including pain <input type="checkbox"/> Describes the cause of injuries <input type="checkbox"/> If in fear of suspect, reasons and history explained	Summarize elements of Victim statement (written/verbal) in police report narrative
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<b>WITNESS STATEMENTS</b>			
13. 14. 15.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;"> <input type="checkbox"/> Identify RP, collect statement, note if refused  <input type="checkbox"/> Identify all Wits, collect statements, note refusals  <input type="checkbox"/> Identify child witnesses, ages, and whether interviewed  <input type="checkbox"/> Request follow up reports from all responding officers                 </td> <td style="width: 40%; padding: 5px; vertical-align: top;"> <input type="checkbox"/> N/A, no RP  <input type="checkbox"/> N/A, no Wits  <input type="checkbox"/> N/A, no children  <input type="checkbox"/> N/A, no other officers                 </td> </tr> </table>	<input type="checkbox"/> Identify RP, collect statement, note if refused <input type="checkbox"/> Identify all Wits, collect statements, note refusals <input type="checkbox"/> Identify child witnesses, ages, and whether interviewed <input type="checkbox"/> Request follow up reports from all responding officers	<input type="checkbox"/> N/A, no RP <input type="checkbox"/> N/A, no Wits <input type="checkbox"/> N/A, no children <input type="checkbox"/> N/A, no other officers
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<b>PHOTOS/VIDEO/OTHER EVIDENCE</b>			
16. 17. 18.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;"> <input type="checkbox"/> Victim photos taken, impounded, noted in report  <input type="checkbox"/> Scene photos, &amp; surveillance video impounded  <input type="checkbox"/> Suspect photos taken, impounded, noted in report  <input type="checkbox"/> Texts copied, phone messages preserved, noted in report  <input type="checkbox"/> Other evidence secured, impounded, described in report                 </td> <td style="width: 40%; padding: 5px; vertical-align: top;"> <input type="checkbox"/> N/A, no injury  <input type="checkbox"/> N/A, no photo/video  <input type="checkbox"/> N/A, no injury  <input type="checkbox"/> N/A, no texts/calls  <input type="checkbox"/> N/A, no other evidence                 </td> </tr> </table>	<input type="checkbox"/> Victim photos taken, impounded, noted in report <input type="checkbox"/> Scene photos, & surveillance video impounded <input type="checkbox"/> Suspect photos taken, impounded, noted in report <input type="checkbox"/> Texts copied, phone messages preserved, noted in report <input type="checkbox"/> Other evidence secured, impounded, described in report	<input type="checkbox"/> N/A, no injury <input type="checkbox"/> N/A, no photo/video <input type="checkbox"/> N/A, no injury <input type="checkbox"/> N/A, no texts/calls <input type="checkbox"/> N/A, no other evidence
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<b>ATTACHMENTS &amp; OTHER</b>			
19. 20. 21.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;"> <input type="checkbox"/> CAD printout  <input type="checkbox"/> Signed medical release  <input type="checkbox"/> Copy of court order(s)  <input type="checkbox"/> 911 recording requested (form sent to dispatch center)  <input type="checkbox"/> Victim/Witness non-disclosure request sent to records  <input type="checkbox"/> Victim Services Information form given to victim                 </td> <td style="width: 40%; padding: 5px; vertical-align: top;"> <input type="checkbox"/> Refused  <input type="checkbox"/> N/A, no order  <input type="checkbox"/> Not requested/completed  <input type="checkbox"/> Non-disclosure not requested                 </td> </tr> </table>	<input type="checkbox"/> CAD printout <input type="checkbox"/> Signed medical release <input type="checkbox"/> Copy of court order(s) <input type="checkbox"/> 911 recording requested (form sent to dispatch center) <input type="checkbox"/> Victim/Witness non-disclosure request sent to records <input type="checkbox"/> Victim Services Information form given to victim	<input type="checkbox"/> Refused <input type="checkbox"/> N/A, no order <input type="checkbox"/> Not requested/completed <input type="checkbox"/> Non-disclosure not requested
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Case Name: \_\_\_\_\_

County: \_\_\_\_\_ Case No: \_\_\_\_\_

## Firearm Identification Worksheet (*You may attach this to the petition.*)

Does your partner possess any guns? Yes  No

If yes, where does your partner store the guns? \_\_\_\_\_

\_\_\_\_\_

To the best of your knowledge, are the guns typically loaded?

Yes  No  I don't know

The pictures below are examples of the most common guns. If you recognize any of the pictures below as similar to the one/s your partner has, please circle it and write in the circle how many your partner has.

### Handgun





## Assault Rifle



## Rifle





**Shotgun**



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Signed \_\_\_\_\_

\_\_\_\_\_ Court of Washington  
**For** \_\_\_\_\_ **County**

\_\_\_\_\_  
 Petitioner  
 vs.  
 \_\_\_\_\_  
 Respondent DOB

No. \_\_\_\_\_

**Petition for an Extreme Risk  
 Protection Order  
 (PT)**

**General Information**

- 1.A**  I am a family or household member of the respondent. My relationship with the respondent is (check all that apply):
- |  |  |
|--|--|
| <input type="checkbox"/> Spouse or former spouse                           | <input type="checkbox"/> Blood relation other than parent or child |
| <input type="checkbox"/> Parent of a child in common                       | <input type="checkbox"/> Current or former legal guardian          |
| <input type="checkbox"/> Current or former domestic partner                | <input type="checkbox"/> Stepparent or stepchild                   |
| <input type="checkbox"/> Current or former cohabitant within the past year | <input type="checkbox"/> Parent or child                           |
| <input type="checkbox"/> Current or former dating relationship             | <input type="checkbox"/> In-law                                    |

- 1.B**  I am filing on behalf of \_\_\_\_\_ law enforcement agency.
- I have already notified the respondent's family or household members and any known 3rd parties who may be at risk of violence; OR
- My agency will make a good faith effort to provide notice to them by  telephone  email  in-person  other \_\_\_\_\_ within a reasonable period of time.

- 2.**  I reside in this county.  
 I am filing on behalf of a law enforcement agency that is located in this county.  
 The respondent resides in this county.

**3.** Describe below any firearms the respondent currently owns, possesses, has custody of or controls.

Type of firearm	How many firearms?	Where is the firearm kept?	Date/time/place you last saw the firearm
<input type="checkbox"/> Handgun			
<input type="checkbox"/> Shotgun / Rifle			

<input type="checkbox"/> Assault Rifle			
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**Check all the boxes that apply and describe below:**

- Respondent has access to someone else's firearm.
- Respondent expressed an intent to obtain a firearm.
- Respondent has unlawfully or recklessly used, displayed, or brandished a firearm.
- Respondent recently acquired a firearm.

Describe:

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**4. Between the respondent and me:** List any criminal or civil protection, restraining or no-contact orders, pending lawsuits, or other legal action: *If you have more than three matters, list details on additional sheet.*

	Case #1	Case #2	Case #3
Case Name			
Case Number			
Court/County/ State			
Type of Case			
Protected Person			
Was there any order violation?			

**5. Between the respondent and any other person:** List any criminal or civil protection, restraining or no-contact orders: *If you have more than three matters, list details on additional sheet.*

	Case #1	Case #2	Case #3
Protected Person			
Case Number			
Court/County/ State			
Was there any order violation?			

**6. Request for an Extreme Risk Protection Order**

**I want a temporary extreme risk protection order effective immediately, without prior notice to respondent, that lasts up to 14 days, or until the court hearing:**

These are the specific facts known to me that cause me to believe the respondent poses a **significant danger in the near future** of causing personal injury to self or others by having custody or control, purchasing, possessing, or receiving firearms. More detailed information is provided in the Statement in section 7.

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**After a hearing, where the respondent has a right to be present, I want the court to issue an Extreme Risk Protection Order that lasts for one year:**

After the hearing, I want the court to issue an Extreme Risk Protection Order that lasts for one year because the respondent poses a significant danger of causing personal injury to self or others by having custody or control, purchasing, possessing, or receiving a firearm.

My statement below includes the respondent's specific words, actions, or other facts that cause me to have a reasonable fear of **future** dangerous acts by respondent.

**7. Statement**

To enter an Extreme Risk Protection Order, the court must find it more likely than not that the respondent poses a significant danger of causing personal injury to self or others by having custody or control, purchasing, possessing, or receiving a firearm.

***Complete all sections that apply.***

**8. Convictions or Arrests.** Check all the boxes that apply and describe below:

Respondent has been arrested or convicted of a:

- domestic violence crime.
- felony or violent crime.

Describe (Include location, court name, and case number, if known.)

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**9. Violence:** Check each box that applies and explain below.

- Respondent has recently committed or threatened violence against self or others, whether or not respondent had a firearm.
- Respondent has shown, within the past 12 months, a pattern of acts or threats of violence, which can include violent acts against self or others.
- Respondent has a history of use, attempted use, or threatened use of physical force against another person.
- Respondent has a history of stalking another person.

Explain:

Date/When	Describe what happened.

**10. Respondent's mental health**

Describe any dangerous mental health issues of the respondent.


**11. Corroborated evidence of respondent's alcohol or controlled substance abuse.**

Describe any evidence and attach any documents corroborating (supporting) the respondent's abuse of alcohol, legal or illegal drugs.

**12. Other important information** that you think will help the court make a decision.

**13. You must provide an address where you can be served with legal documents.** Chose

ONE option then write the address in the line below:

- I can be served with legal documents at the address below: OR
- Disclosing my residential address would risk harm to me or a member of my family or household. I can be served with legal documents at the alternate address below: OR
- I am filing on behalf of a law enforcement agency. Service can be made at the law enforcement agency address listed below:

Address: \_\_\_\_\_

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 and if Law enforcement Badge No.

\_\_\_\_\_ Court

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STATE OF WASHINGTON     )  
  )  
COUNTY OF \_\_\_\_\_ )     ss.     No.  
  )                     AFFIDAVIT

The undersigned affiant on oath states:

*(insert text for law enforcement officer's affidavit here)*

\_\_\_\_\_  
*AFFIANT SIGNATURE*

\_\_\_\_\_  
*AFFIANT NAME, AGENCY, TITLE*

*Signed at \_\_\_\_\_, Washington this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.*

Subscribed and Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Judge

IN THE \_\_\_\_\_ COURT OF THE STATE OF WASHINGTON  
IN AND FOR THE COUNTY OF \_\_\_\_\_

(Law Enforcement Agency),  
Plaintiff,

v.

\_\_\_\_\_, DOB \_\_\_\_\_,  
Respondent

No. \_\_\_\_\_

DECLARATION OF  
(Officer),  
(Law Enforcement Agency)

The undersigned declares that I am an (rank) with the (Law enforcement agency), make this declaration in that capacity, and declare as follows:

(Insert facts and information personally known to officer making declaration that support conclusion that individual poses a significant danger of causing personal injury to self or others by having in his/her custody or control, purchasing, possessing, or receiving a firearm. For an Ex Parte ERPO, insert information supporting conclusion that the individual poses a significant danger of causing personal injury to self or others **in the near future.**)

(Use a Declaration instead of an Affidavit for officers that will not appear in court at the hearing.)

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct to the best of my knowledge.

DATED this \_\_-\_\_ day of \_\_\_\_\_, 20\_\_, in (city), \_\_\_\_\_ County, Washington.

\_\_\_\_\_

\_\_\_\_\_ Court  
State of Washington, \_\_\_\_\_ County

\_\_\_\_\_  
Petitioner or Law Enforcement  
Agency  
vs.  
\_\_\_\_\_  
Respondent

Court Case No. \_\_\_\_\_  
(to be added by the clerk)

**LAW ENFORCEMENT AGENCY  
ADDENDUM  
To Petition for an Extreme Risk  
Protection Order**



**Petitioner's Name (if not LEA):** \_\_\_\_\_

**Police Agency and Incident Number:** \_\_\_\_\_

**Databases Checked (Do not attach printouts- This document served on  
Petitioner):**

- WACIC/NCIC     LOCAL     DSHS
- NICS     DOL     CPL/FIREARMS

**12A.** Has the respondent been previously **arrested** for any felony offense, any violent misdemeanor, or any crime involving a firearm? Please include date of the arrest, the offense, and nature of the respondent's alleged actions (attach an additional sheet labeled 12A as needed):

**12B.** Has the respondent been previously **convicted** of a crime that constitutes domestic violence as defined in RCW 10.99.020? Please include offense(s) and date(s) of conviction(s) (attach an additional sheet labeled 12B as needed):

**12C.** Aside from the circumstances identified in response to Questions 12A-12B, are you aware of any prior contact between law enforcement and the respondent that raises concerns that the respondent poses a risk to self or others? Please describe as specifically as you can, including dates, circumstances, and please attach any documentation such as General Offense Reports, Crisis Intervention forms, dispatch records, affidavits from officers, or other materials that you believe are pertinent. (attach additional sheet labeled 12C as needed):

**12D.** During the prior contact identified in response to 12C, were firearms or other weapons:

- Observed                       Searched For  
 Reported                         Seized

Please describe the contact related to firearms (attach additional sheet labeled 12D as needed):

**12E.** Do you know of any reason why the respondent is prohibited from possessing a firearm?

- Yes     No                      If yes, please explain reason:

**12F.** Does the CPL/Firearms database indicate that the respondent has a valid concealed pistol license?

- Yes     No

**12G.** Does the CPL/Firearms database indicate a record of purchase of firearms(s) by the respondent?

- Yes     No

**12H.** Please identify any family or household members of the respondent or any known third parties who you may believe may be at risk of violence from the respondent (attach additional sheets labeled 12H as needed):

Name	Relationship to Respondent

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 and Law enforcement Badge No.

<p style="text-align: center;"><b>_____ Court of Washington</b></p> <p><b>For _____ County</b></p>	
<p>_____</p> <p>Petitioner</p> <p style="text-align: center;">vs.</p> <p>_____</p> <p>Respondent <span style="float: right;">DOB _____</span></p>	<p>No. _____</p> <p><b>Temporary Extreme Risk Protection Order - Without Notice (EXRPO)</b></p> <p>Next Hearing Date/Time: _____</p> <p>Court address: _____</p> <p>At: _____</p> <p>_____</p> <p>Clerk's Action Required page 3</p>

**Warning to Respondent!** You are prohibited from having a firearm in your custody or control, or from purchasing, possessing or receiving any firearm. You must surrender any and all firearms including but not limited to the firearms as described on page two of this order. If you violate this order, you may be charged with a crime and you may not be able to have a firearm for at least five more years after this order expires. RCW 7.94.120.

***You have the sole responsibility to avoid or refrain from violating this order. Only the court may change this order and only after written application.***

**Respondent's Distinguishing Features:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Respondent Identifiers**

Sex/Gender	Race	Hair
Height	Weight	Eyes

**This temporary order expires at the end of the next hearing date listed above.**

**Respondent:**

1. This order is valid until the date and time noted above.
2. You are required to surrender all firearms in your custody, control, or possession.



3. You may not have in your custody or control, purchase, possess, receive, or attempt to purchase or receive a firearm while this order is in effect.
4. You must surrender to the \_\_\_\_\_ (local law enforcement agency) all firearms in your custody, control, or possession and any concealed pistol license issued to you under RCW 9.41.070 immediately.
5. A hearing will be held at the superior court on the date and at the time noted above. The superior court will determine if an *Extreme Risk Protection Order* should issue for a year.
6. If you fail to appear at that hearing, the superior court may enter an order against you that is valid for one year.
7. You may seek the advice of an attorney for any matter connected with this order.

**Respondent:** You must surrender all firearms and any concealed pistol license listed below. If you have other firearms, you must surrender all of them also:


Attach additional sheet if there are more firearms to list.

**Respondent: you must immediately surrender all firearms as follows:**

If this order is served by a law enforcement officer, surrender immediately the firearm(s) and any concealed pistol license as directed by the officer.

**Based upon the evidence presented, the court finds** reasonable cause to believe the respondent poses a significant danger of causing personal injury to self or others in **the near future** by having in respondent's custody or control, purchasing, possessing, or receiving firearms; based upon **(check all that apply)**:

- a.  Respondent has access to someone else's firearm(s).
- b.  Respondent expressed intent to obtain a firearm(s).
- c.  Respondent has unlawfully or recklessly used, displayed, or brandished a firearm.
- d.  Respondent recently acquired a firearm(s).
- e.  Respondent violated a civil or criminal protection order, no-contact order or restraining order issued under chapter 7.90, 7.92, 10.14, 9A.46, 10.99, 26.50, or 26.52 RCW.
- f.  Respondent was/is the subject of a previous or current extreme risk protection order.
- g.  Respondent violated a previous or current extreme risk protection order.
- h.  Respondent has been arrested for or convicted of a domestic violence crime.
- i.  Respondent has been arrested for or convicted of a felony offense or violent crime.

- j.  Respondent has recently committed or threatened violence against self or others, whether or not respondent had a firearm.
- k.  Respondent has shown, within the past 12 months, a pattern of acts or threats of violence, which can include violent acts against self or others.
- l.  Respondent has a history of use, attempted use, or threatened use of physical force against another person.
- m.  Respondent has a history of stalking another person.
- n.  Respondent has a dangerous mental health issue.
- o.  There is corroborative evidence of respondent's abuse of  alcohol or  controlled substances.
- p.  Other: \_\_\_\_\_

**Federal and Washington State Computer-Based System Data Entry**

The clerk of court shall forward a copy of this order on the same day the court issues the order to the \_\_\_\_\_ County Sheriff's Office or \_\_\_\_\_ City/Town Police Department **where respondent lives** which shall enter this order into the available federal and state computer-based criminal intelligence information systems per RCW 7.94.110.

**Service**

The clerk of court shall forward a copy of the petition, notice of hearing, and this order on or before the next judicial day to the \_\_\_\_\_ County Sheriff's Office or \_\_\_\_\_ City/Town Police Department **where respondent lives** who will serve a copy of the petition and this order on respondent and return of service with the court.

**DOL Notification**

The issuing court shall within three judicial days after this order is issued, forward a copy of the respondent's driver's license or identicard, or comparable information along with the date of issuance to DOL.

**RESPONDENT: You must appear at the next hearing stated on page one of this order.**

Dated: \_\_\_\_\_ at \_\_\_\_\_ a.m./p.m. \_\_\_\_\_

**Judge/Commissioner**

Presented by:

➤ \_\_\_\_\_  
 Signature of Petitioner/Attorney      WSBA No.      Print Name / Badge Number, if applicable

**The petitioner or petitioner's attorney must complete the *Law Enforcement Information – Extreme Risk Protection Order (LEIS)*, form XR 105.**

<p style="text-align: center;"><b>Court of Washington</b></p> <p><b>For</b> _____ <b>County</b></p>	<p>Superior Court No. _____</p> <p>District/Municipal Court No. _____</p>
<p>_____ Petitioner</p> <p style="text-align: center;">vs.</p> <p>_____ Respondent</p> <p style="text-align: right;">DOB _____</p>	<p><b>Order Transferring Case to Superior Court and Setting Hearing – Extreme Risk (ORTR)</b></p> <p>Clerk's Action Required</p>

A *Petition for an Extreme Risk Protection Order* was filed in this court on \_\_\_\_\_ (date).

The court signed a *Temporary Extreme Risk Protection Order - Without Notice*, on \_\_\_\_\_ (date). That order will remain in effect until the end of the hearing set below.

The court did not sign a temporary order. The court signed a separate *Order to Show Cause* on \_\_\_\_\_ (date) compelling the respondent to appear at the hearing below.

**A Hearing** is set for \_\_\_\_\_ a.m./p.m. on \_\_\_\_\_ (date) at \_\_\_\_\_  
County Superior Court located at \_\_\_\_\_

**Respondent:** The court will decide if it should issue an *Extreme Risk Protection Order* at the hearing. If you fail to appear at that hearing, the court may grant an order against you that is valid for one year. You may seek the advice of an attorney as to any matter connected with this order.

**Service**

The clerk of court shall forward a copy of this order on or before the next judicial day to the \_\_\_\_\_ County Sheriff's Office or \_\_\_\_\_ City/ Town Police Department **where respondent lives** who will serve a copy of this order on the respondent. The server shall complete and file the Return of Service in the **superior court**.

**The court orders** that this case and copies of all related legal documents be transferred from district or municipal court to superior court.

Date: \_\_\_\_\_ at \_\_\_\_\_ a.m./p.m., by \_\_\_\_\_  
**Judge/Court Commissioner**

Presented by:

Petitioner	Date	Attorney for Petitioner/WSBA#	Date
------------	------	-------------------------------	------

\_\_\_\_\_ Court of Washington  
For \_\_\_\_\_ County

\_\_\_\_\_  
Petitioner

vs.

\_\_\_\_\_  
Respondent

\_\_\_\_\_  
DOB

No. \_\_\_\_\_

**Extreme Risk Protection Order  
(XRPO)**

**Renewal (ORRXRPO)**

**Next Hearing Date/Time:** \_\_\_\_\_

**Court address:**

**At:** \_\_\_\_\_

\_\_\_\_\_  
Clerk's Action Required page 4

**Warning to Respondent!** You are prohibited from having a firearm in your custody or control, or from purchasing, possessing or receiving any firearm. You must surrender any and all firearms including but not limited to firearms as described on page two of this order. If you violate this order, you may be charged with a crime and you may not be able to have a firearm for at least five more years after this order expires. RCW 7.94.120.

***You have the sole responsibility to avoid or refrain from violating this order. Only the court may change this order and only after written application.***

**Respondent's Distinguishing Features:**

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

**Respondent Identifiers**

Sex	Race	Hair
Height	Weight	Eyes

**This one-year order expires on date: \_\_\_\_\_ time: \_\_\_\_\_ a.m./p.m.**

**Respondent:**

1. This order will last until the date and time noted above.
2. If you have not done so already, you must surrender immediately to the \_\_\_\_\_ (name of law enforcement agency) all

firearms in your custody, control, or possession and any concealed pistol license issued to you under RCW 9.41.070.

3. You may not have in your custody or control, purchase, possess, receive, or attempt to purchase or receive, a firearm while this order is in effect.
4. You have the right to request one hearing to terminate this order within the 12-month period that this order is in effect, starting from the date of this order and continuing through any renewals of the order.
5. You may seek the advice of an attorney as to any matter connected with this order.

**Respondent:** You must surrender all firearms and any concealed pistol license listed below. If you have other firearms, you must surrender all of them also:


Attach additional sheet if there are more firearms to list.

**Respondent:**

**You must immediately surrender all firearms as follows:**

**1. Personally served:**

- a. If this order is served by a law enforcement officer, surrender immediately the firearm(s) and any concealed pistol license as directed by the officer.
- b. If this order is served upon you by someone who is not a law enforcement officer, surrender the firearm(s) to the law enforcement agency listed in this order. Contact the law enforcement agency for directions on how to surrender immediately the firearm(s) and concealed pistol license.

**2. Attended the hearing:** If you attended the hearing where the court issued this order, surrender the firearm(s) and concealed pistol license to the law enforcement agency listed in this order. Contact the law enforcement agency for directions on how to surrender the firearms within 48-hours of the date of this order.

**3. Service by publication/mail:** If you were served a copy of this order by publication or by mail, surrender immediately the firearm(s) and concealed pistol license to the law enforcement agency listed in this order. Contact the law enforcement agency for directions on how to surrender the firearm(s) and concealed pistol license within 48-hours of the date of service.

**This Extreme Risk Protection Order is based upon the following findings**

**1. Notice:** Respondent received notice of this hearing by  personal service  publication  mail.

**2. Reasonable Cause:** There is reasonable cause to believe that the respondent poses a significant danger of causing personal injury to himself/herself or to others in **the future** by having in respondent's custody or control, purchasing, possessing, or receiving firearms; based upon **(check all that apply on the following page):**

- a.  Respondent has access to someone else's firearm(s).
- b.  Respondent expressed intent to obtain a firearm(s).

- c.  Respondent has unlawfully or recklessly used, displayed, or brandished a firearm.
- d.  Respondent recently acquired a firearm(s).
- e.  Respondent violated a civil or criminal protection order, no-contact order or restraining order issued under chapter 7.90, 7.92, 10.14, 9A.46, 10.99, 26.50, or 26.52 RCW.
- f.  Respondent was/is the subject of a previous or current extreme risk protection order.
- g.  Respondent violated a previous or current extreme risk protection order.
- h.  Respondent has been arrested for or convicted of a domestic violence crime.
- i.  Respondent has been arrested for or convicted of a felony offense or violent crime.
- j.  Respondent has recently committed or threatened violence against self or others, whether or not respondent had a firearm.
- k.  Respondent has shown, within the past 12 months, a pattern of acts or threats of violence, which can include violent acts against self or others.
- l.  Respondent has a history of use, attempted use, or threatened use of physical force against another person.
- m.  Respondent has a history of stalking another person.
- n.  Respondent has a dangerous mental health issue.
- o.  There is corroborative evidence of respondent's abuse of  alcohol or  controlled substances.
- p.  Other: \_\_\_\_\_

**3. Evaluation:** The court has considered whether it is appropriate to order a mental health evaluation or a chemical dependency evaluation of the respondent. The court finds that conducting a:

- mental health evaluation is  appropriate  not appropriate.
- chemical dependency evaluation is  appropriate  not appropriate.

**Respondent:** You must have a  mental health evaluation  chemical dependency evaluation completed by a qualified evaluator within \_\_\_\_\_ days of this order. Proof of obtaining the evaluation(s) must be filed with this court within \_\_\_\_\_ days of completion.

While appropriate, the court is not ordering an evaluation for the following reasons:  
\_\_\_\_\_

**Federal and Washington State Computer-Based System Data Entry**

The clerk of court shall forward a copy of this order on the same day the court issues the order to the \_\_\_\_\_ County Sheriff's Office or \_\_\_\_\_ City/Town Police Department **where respondent lives** which shall enter this order into the available federal and state computer-based criminal intelligence information systems per RCW 7.94.110.

**Service**

- The respondent appeared in person. Additional service is not required.
- The respondent did not appear in person.
  - The clerk of court shall forward a copy of this order on or before the next judicial day to the \_\_\_\_\_ County Sheriff's Office or \_\_\_\_\_ City/Town Police Department **where respondent lives** who will serve a copy of this order on respondent and file a return of service with the court.
  - The petitioner requested and shall arrange for private service of this order. Service may be done by a professional process server, or a person 18 or over who is not a party to this action, and who is responsible for filing the return of service with the court.
  - The court previously ordered service by publication or mail, or the court finds that there are now reasons to allow such service. Therefore, the court orders service of this order on respondent by  publication  mail.

**DOL Notification**

The issuing court shall within 3 judicial days after this order issued, forward a copy of the respondent's driver's license or identicard, or comparable information along with the date of issuance to DOL.

**Respondent: You must attend the hearing listed on page one of this order** and show the court that you surrendered your firearm(s) and concealed pistol license.

Dated: \_\_\_\_\_ at \_\_\_\_\_ a.m./p.m. \_\_\_\_\_  
**Judge/Commissioner**

I acknowledge receipt of a copy of this order.

➤ \_\_\_\_\_  
Signature of Respondent Print Name

➤ \_\_\_\_\_  
Signature of Respondent's Attorney WSBA No. Print Name

➤ \_\_\_\_\_  
Signature of Petitioner/Attorney WSBA No. Print Name and Badge No., if applicable

**The petitioner or petitioner's lawyer must complete the *Law Enforcement Information – Extreme Risk Protection Order (LEIS)*, form XR 105.**

**NOTICES:**

**To Petitioner:** You may file a motion to ask the court to renew this one-year order. You may begin that process no sooner than 105 days prior to the date this order expires (see page 1).

**To Respondent:** You may file a motion requesting the court to terminate this one-year order. You may make this request only once during the one year period of this order.

**To both parties:** The court will consider any motion to terminate or renew this order

only upon the filing of a written motion, the scheduling of a hearing and notice to the other party.

**Respondent: Read more information about surrender of weapons.**

**Receipt:** The law enforcement officer who receives your firearms will prepare a receipt with a list of the firearms. The law enforcement officer shall file the receipt with the court within 72 hours. The officer will give you a copy of the receipt to keep for your records.

**If someone else owns the firearms:** If the law enforcement agency determines someone else is the lawful owner of the firearm(s), the agency will return the firearm to the lawful owner, if:

- the firearm is removed from the respondent's custody, control, and possession;
- the lawful owner agrees to store the firearm in a way that respondent does not have access and control of the firearm; and
- the owner does not otherwise unlawfully possess the firearm.



**COURT ORDER  
PRE-SERVICE INFORMATION PACKET**

**TO BE COMPLETED BY RECORDS:**

**LEA Case #** \_\_\_\_\_ **Court Case #** \_\_\_\_\_

	AHO	Anti-harassment Order		SPO	Permanent/Served Civil Stalking Order
	ERO	Extreme Risk Protection Order		TAH	Temp Anti-Harassment Order
	NCO	No Contact Order		TER	Temp Extreme Risk Protection Order
	NOH	Notice of Hearing		TPO	Temp Protection Order
	OTSW	Order to Surrender Weapon		TRO	Temp Restraining Order
	PO	Protection Order		TSC	Temp Sexual Assault Protect Order - Civil
	POS	Proof of Surrender		TSF	Temp Sexual Assault Protect Order - <u>Crim</u>
	RO	Restraining Order		TSM	Temp Sexual Assault Protect Order- <u>Misd</u>
	SAC	Sexual Assault Protection Order - Civil		TSO	Temp Restraining Order
	SAF	Sexual Assault Protection Order - Criminal		TVA	Temp Vulnerable Adult Protect Order
	SAM	Sexual Assault <u>Misd</u> Protection Order		VAP	Vulnerable Adult Protection Order
	SNC	Pre-trial & Post-Convict <u>Crim Stalking</u>			
<b>Date Court Order was issued by Court:</b>			<b>Date Court Order received at LEA:</b>		
<b>Entering Agency Name:</b>			<b>Date of Entry:</b>		
<b>Name of Respondent:</b>			<b>Respondent DOB:</b>		
<b>Name of Petitioner:</b>			<b>Petitioner DOB:</b>		
<b>Service Address:</b>					
<b>Background Check (Attach Copies):</b>					
<input type="checkbox"/> Jail <input type="checkbox"/> Pawn <input type="checkbox"/> RMS/Locals <input type="checkbox"/> WACIC <input type="checkbox"/> NCIC					
<input type="checkbox"/> NCIC III <input type="checkbox"/> DOL <input type="checkbox"/> Weapons <input type="checkbox"/> Alerts					
<b>Name of Records Personnel Completing Form:</b>			<b>Date/Time to Sergeant:</b>		

**TO BE COMPLETED BY REVIEWING SERGEANT:**

<b>Risk Assessment:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (Attach if conducted)	
<b>Approved for Service:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Minimum # of Personnel Needed for Service:</b>
<b>Sergeant Review:</b>	
Name:	Date:
	Time:

## Law Enforcement Information - Extreme Risk Protection Order

**Do NOT serve or show this sheet to the respondent!**

**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.

<b>Court Name:</b> _____ <b>County:</b> _____	Case Number: _____
--	--------------------

**Respondent's Information** (The person to be restrained from owning, possessing, accessing, or obtaining weapons.)

<b>Name:</b>		First	Middle	Last	Nickname	Relationship to Petitioner		
Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	Race	Height	Weight	Eye Color	Hair Color	Skin Tone	Build
<input type="checkbox"/> Current or <input type="checkbox"/> 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: ( )			
Vehicle License Number	Vehicle Make and Model	Vehicle Color	Vehicle Year	Drivers License or ID number		State		

**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     Shotguns     Rifles     Assault Rifles     Knives     Explosives     Other:  
**Location of Weapons:**  Vehicle     On Person     Residence    **Describe in detail:**

Has the restrained person had firearms training?  No.  Yes. If yes, describe (continue on back, if needed):

**Current Status**  
(Circle Yes, No)

Are you and the restrained person living together now? **Y N**  
 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**

**Petitioner's Information** (This is the person, officer, or law enforcement agency that filed the case. They are not protected.)

<b>Name:</b>		First	Middle	Last
<b>Agency Name, if petitioner is a law enforcement officer or agency:</b>				
Address: (If petitioner is a law enforcement officer, list your agency address.)				Phone(s) w/Area Code
Email address:				
If your information <b><i>is confidential</i></b> , you must provide the name, address, and phone number of someone willing to be your "contact."				
If petitioner is represented by an attorney enter attorney's name, WSBA #, address, and phone number.				
Need interpreter? <b>Yes</b> or <b>No</b> Language:				

**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:
--------	--------------

<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				
Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	Race	Height	Weight	Eye Color	Hair Color	Skin Tone	Build
Last Known Address Street: City:					Phone(s) w/Area Code	Need Interpreter? Yes or No Language:		
Employer	Employer's Address				WORK Hours: Phone: ( )			
Vehicle License Number	Vehicle Make and Model	Vehicle Color	Vehicle Year	Drivers License or ID number	State			

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 Person's Information** (This is the person you want the court to protect.)

<b>Name:</b> First Middle Last								
Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	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).

Current Address Street: City:					Phone(s) w/Area Code	Need interpreter? Yes or No Language:		
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 / Restrained 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:

\_\_\_\_\_ Court of Washington  
**For \_\_\_\_\_, County**

\_\_\_\_\_  
 Petitioner

vs.

\_\_\_\_\_  
 Respondent

No. \_\_\_\_\_

**Return of Service—Extreme Risk  
 (RTS)**

**1. Identification of Server:**

My name is \_\_\_\_\_. I am  a peace officer  18 years of age or older and not the petitioner or the respondent.

**2. Able to personally serve:**

I served \_\_\_\_\_ (name of person served)  
 on \_\_\_\_\_ (date) at \_\_\_\_\_ (time) at this address:

\_\_\_\_\_,  
 with the documents checked in paragraph 3.

**3. Document list:**

*(Server: Check the box before the title of each document you serve. Write in the title for any document you serve that is not already listed below.)*

<input type="checkbox"/> Petition for an Extreme Risk Protection Order <input type="checkbox"/> Temporary Extreme Risk Protection Order - Without Notice <input type="checkbox"/> Order Transferring Case and Setting Hearing - Extreme Risk <i>*Document list is continued on next page.</i>  <i>Document list (continued):</i> <input type="checkbox"/> Order Reissuing Temporary Extreme Risk Protection Order - Without Notice <input type="checkbox"/> Extreme Risk Protection Order	<input type="checkbox"/> Motion to Renew Extreme Risk Protection Order <input type="checkbox"/> Order on Motion to Renew Extreme Risk Protection Order <input type="checkbox"/> Extreme Risk Protection Order/Renewal  <input type="checkbox"/> Other: _____ _____ _____ _____ _____
--	--

**4. Not able to personally serve:**

I was unable to make personal service on the respondent.  I notified the petitioner that the respondent was not served.

I was unable to make personal service on the petitioner.  I notified the respondent that petitioner was not served.

Personal service was attempted on the following date(s) \_\_\_\_\_

\_\_\_\_\_

No service was attempted because: \_\_\_\_\_

\_\_\_\_\_

**5. Other information about service that I want the court to consider:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

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

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

Fees: Service \_\_\_\_\_

Mileage \_\_\_\_\_

\_\_\_\_\_  
Signature of Server

\_\_\_\_\_  
Print or Type Name

Total \_\_\_\_\_

\_\_\_\_\_  
Law Enforcement Agency

<b>Court of Washington</b>
<b>For</b>
_____
Petitioner (Protected Person)
vs.
_____
Respondent (Restrained Person)

**No.**

**Return of Service (RTS)**

**Identification of server:**

1. My name is \_\_\_\_\_. I am  a peace officer  18 years of age or older and not the petitioner or the respondent.

**Able to serve:**

2.  I served \_\_\_\_\_ (name of person served) on \_\_\_\_\_ (date) at \_\_\_\_\_ (time) at this address: \_\_\_\_\_, with the documents checked in paragraph 4.

**Not able to serve:**

3.  I was unable to make personal service on the respondent.  I notified the petitioner that respondent was not served.
- I was unable to make personal service on the petitioner.  I notified the respondent that petitioner was not served.
- Personal service was attempted on the following date(s) \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- No service was attempted because \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- I mailed a copy of the documents checked in paragraph 4 to the respondent at his or her last known address: \_\_\_\_\_
- \_\_\_\_\_
- I did not mail the documents checked in paragraph 4 to the respondent, because I do not know the respondent's last known address.

**List of documents:**

4. I served the:

<input type="checkbox"/> Summons <input type="checkbox"/> Petition Order for Protection <input type="checkbox"/> Temporary Order for Protection and Notice of Hearing <input type="checkbox"/> Reissuance of Temporary Order for Protection and Notice of Hearing <input type="checkbox"/> Order for Protection <input type="checkbox"/> Order Realigning Parties and Notice of Hearing <input type="checkbox"/> Order Transferring Domestic Violence Case and Setting hearing	<input type="checkbox"/> Order to Surrender Weapons Issued without Notice <input type="checkbox"/> Order to Surrender Weapons <input type="checkbox"/> Motion to Modify/Terminate Order for Protection <input type="checkbox"/> Order Modifying/Terminating Order for Protection <input type="checkbox"/> Other: _____ _____ _____ _____ _____
--	--

5. **Other:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

Fees: Service \_\_\_\_\_  
Mileage \_\_\_\_\_

\_\_\_\_\_  
Signature of Server

\_\_\_\_\_  
Print or Type Name

Total \_\_\_\_\_

\_\_\_\_\_  
Law Enforcement Agency

## Receipt for Surrendered Weapons and Concealed Pistol License (CPL)

Court \_\_\_\_\_ Court Case Number: \_\_\_\_\_

Case Name: \_\_\_\_\_ vs \_\_\_\_\_

### Law Enforcement:

Info: It is mandatory for law enforcement to accept 1) firearms 2) dangerous weapons and 3) concealed pistol licenses (CPLs) under court order, regardless of the jurisdiction issuing the order. Ammunition can be accepted, but it will be destroyed.

Step 1: On this form list and describe each item surrendered to comply with the court order. List the brand, model, caliber, serial number, CPL number, etc.

Step 2: Sign the certification below, make two copies, and give the original to the person surrendering items.

Step 3: Complete police report "Civil" and impound items "Safekeeping." Attach a copy of this receipt to the impounded property. Submit other receipt copy for the report. Describe type of order in report but do not attach the original court order, it isn't needed.

### Restrained person:

Step 1: Complete a **Proof of Surrender** form provided by the court (either included with the order or obtained from the court that issued the order) and attach this receipt to it.

Step 2: Return this receipt and a completed **Proof of Surrender** form to the court that issued the order.

1. Brand/Description \_\_\_\_\_ Model \_\_\_\_\_

Serial Number/Lic Number \_\_\_\_\_ Caliber \_\_\_\_\_

2. Brand/Description \_\_\_\_\_ Model \_\_\_\_\_

Serial Number/Lic Number \_\_\_\_\_ Caliber \_\_\_\_\_

3. Brand/Description \_\_\_\_\_ Model \_\_\_\_\_

Serial Number/Lic Number \_\_\_\_\_ Caliber \_\_\_\_\_

4. Brand/Description \_\_\_\_\_ Model \_\_\_\_\_

Serial Number/Lic Number \_\_\_\_\_ Caliber \_\_\_\_\_

(complete separate sheets for additional items)

**Law Enforcement Officer:** I (officer name) \_\_\_\_\_

Badge # \_\_\_\_\_ received the firearms, other dangerous weapons, and/or concealed pistol license listed above on behalf of the Chief of Police/ Sheriff of the \_\_\_\_\_, City/County of \_\_\_\_\_, WA, and held the items for impound.

I certify, under penalty of perjury under the laws of the State of Washington, that this statement is true and correct.

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

\_\_\_\_\_  
Signature of Officer Receiving Items

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Badge #

\_\_\_\_\_  
Address

\_\_\_\_\_  
Police Case Number



\_\_\_\_\_ **Court of Washington**  
**For** \_\_\_\_\_, **County**

\_\_\_\_\_  
Petitioner

vs.

\_\_\_\_\_  
Respondent or Defendant

No. \_\_\_\_\_

**Proof of Surrender  
(PRSRW)**

The court has ordered me to surrender any and all firearms and other dangerous weapons that I own or have in my possession or control, and any concealed pistol license.

On (date) \_\_\_\_\_ at \_\_\_\_\_ a.m./p.m. I  
surrendered the firearms, other dangerous weapons, and concealed pistol license to  
(officer name) \_\_\_\_\_ Badge # \_\_\_\_\_ of the (law  
enforcement agency) \_\_\_\_\_  County Sheriff's  
Office  City Police Department.

✱ I have attached a copy of the completed and signed law enforcement receipt for  
Surrendered Weapons and Concealed Pistol License

I certify, under penalty of perjury under the law of the State of Washington, that this statement is true and correct.

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

➤ \_\_\_\_\_  
Signature of Restrained Person

\_\_\_\_\_  
Print name

<p style="text-align: center;"><b>_____ Court of Washington</b></p> <p><b>For</b> _____</p>	<p><b>No.</b></p> <p><b>Declaration of Non-Surrender (DCLRNS)</b></p>
<p>_____</p> <p>Petitioner</p> <p style="text-align: center;">vs.</p> <p>_____</p> <p>Respondent or Defendant</p>	

I understand that the court has ordered me to surrender any firearms, other dangerous weapons, or concealed pistol license that I own or have in my possession or control. I have not surrendered any firearms, other dangerous weapons, or concealed pistol license pursuant to that order because I do not have any of those items.

I understand that I am prohibited from obtaining or possessing a firearm or other dangerous weapon or concealed pistol license until further order of the court.

I certify, under penalty of perjury under the laws of the State of Washington, that this statement is true and correct.

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

➤
  
 Signature of Restrained Person Print name

**Warning! Failure to comply with an Order to Surrender Weapons issued in this case number could result in the restrained person being found in contempt of court and/or being charged with a misdemeanor or felony, and punished accordingly. RCW 9.41.040(2) and RCW 9.41.810.**

## THREAT ASSESSMENT FOR HIGH RISK OPERATION

Date:  Search Warrant

Service #:

Officer:  Arrest Warrant

Search Warrant Location:

Arrest Warrant / Suspect Name:

Arrest Warrant / Suspect Name:

I. Suspect Assessment	Yes	No	Unknown	Points
A. Known to use or propensity for violence:				
1. Homicide				
2. Armed Robbery				
3. Assault				
4. Resisting Arrest**				
5. Assault on Peace Officer**				
6. Other:				
B. Is suspect on parole?				
C. Is suspect on probation?				
D. Is suspect a drug abuser?				
<i>If yes, what type(s)?</i>	heroin			
E. Is suspect an alcohol abuser?				
<i>If yes, does suspect have a history of violence while intoxicated?</i>				
F. Is suspect mentally unstable?				
<i>If yes, describe condition:</i>				
<i>From where was this info obtained?</i>				
G. Does suspect have military/police background?**				
<i>If yes, describe branch of service/department, length of service, specialties, etc.</i>				
H. Is the suspect currently/historically associated with an organization which is known or suspected of violent criminal activity?				
<i>If yes, what group or organization?</i>				
<i>Can the organization be classified as:</i>				
1. Paramilitary				0
2. Terrorist				
3. Religious Extremist				
4. Gang				
5. Other:				
<b>Total from "Suspect Assessment"</b>				<b>0</b>
"Yes" = 2 points "No" = 0 points "Unknown" = 1 Point				
* If "Yes" MANDATORY activation of SWAT. If "Unknown" 10 points ** If "Yes" or "Unknown", double the point value				

<b>II. Offense Assessment</b>		<b>Yes</b>	<b>No</b>	<b>Unknown</b>	<b>Points</b>
A. Is the offense a felony? <i>If yes, list the offense:</i>					
B. Is the offense a violent felony?					
C. Was a weapon used in the commission of the offense?					
D. Were victims injured during the commission of the offense?					
E. Was/were an officer(s) injured during the commission of the offense?*					
<b>Total from "Offense Assessment"</b>					<b>0</b>
<b>III. Weapon Assessment</b>		<b>Yes</b>	<b>No</b>	<b>Unknown</b>	<b>Points</b>
A. Is suspect known or believed to possess:					
1. Rifle - Semi-auto or bolt/lever action					
2. Rifle - full-auto*					
3. Shotgun					
4. Handgun					
5. Explosives*					
6. Knives					
7. Other: type:					
		10 to 15 firearms (unknown type)			
<b>Total from "Weapon Assessment"</b>					<b>0</b>
<b>IV. Site Assessment</b>		<b>Yes</b>	<b>No</b>	<b>Unknown</b>	<b>Points</b>
A. Are there geographic barriers or considerations? <i>If "yes", describe:</i>					
<i>(may include upstairs apartments or rooms, terrain features, etc.)</i>					
B. Is the site fortified?*** <i>If "yes", describe:</i>					
<i>(may include barricaded doors/windows, burglar bars, etc.)</i>					
C. Does the site have counter surveillance personnel or monitoring devices? <i>If "yes", describe:</i>					
F. Are <u>ARMED</u> counter surveillance personnel present?*					
D. Are there more than 4 adults present at the site?					
E. Are there children, elderly persons, or handicapped persons present at the site? <i>If "yes", describe:</i>					
<b>Total from "Site Assessment"</b>					<b>0</b>
<b>"Yes" = 2 points "No" = 0 points "Unknown" = 1 Point</b>					
<b>* If "Yes" MANDATORY activation of SWAT. If "Unknown" 10 points   ** If "Yes" or "Unknown", double the point value</b>					

V. Time Assessment	<12 hrs	12-24 hrs	>24 hrs.	Points
Time allowed for operational planning:				
<b>Total from "Time Assessment"</b>				<b>0</b>
"Less than 12 hours" = 4 points "12-24 hours" = 2 points "Greater than 24 hours" = 0 Point				
* If "Yes" MANDATORY activation of SWAT. If "Unknown" 10 points ** If "Yes" or "Unknown", double the point value				

Threat Assessment Score		
1-16 Points = SWAT Optional	<b>Total from "Suspect Assessment"</b>	<b>0</b>
17-24 Points = SWAT Consultation	<b>Total from "Offense Assessment"</b>	<b>0</b>
25+ Points = Mandatory SWAT Activation	<b>Total from "Weapon Assessment"</b>	<b>0</b>
SWAT Not Activated	<b>Total from "Site Assessment"</b>	<b>0</b>
SWAT Consultation	<b>Total from "Time Assessment"</b>	<b>0</b>
SWAT Activated	<b>Overall Total</b>	<b>0</b>

Investigating Officer Signature: \_\_\_\_\_ ID # \_\_\_\_\_ Date: \_\_\_\_\_

Officer's Supervisor Signature: \_\_\_\_\_ ID # \_\_\_\_\_ Date: \_\_\_\_\_

Commander's Signature: \_\_\_\_\_ ID # \_\_\_\_\_ Date: \_\_\_\_\_

*All Search Warrants MUST have a "Threat Assessment" completed prior to service of the warrant unless exigent circumstances exist for immediate service. Any pre-planned operation involving a Felony Arrest Warrant SHOULD have a "Threat Assessment" completed prior to warrant service IF POSSIBLE. The service of all orders involving the Surrender of Weapons SHOULD have a "Threat Assessment" completed prior to order service. All Extreme Risk Protection Orders MUST have a "Threat Assessment" completed prior to service of the order unless exigent circumstances exist for immediate service. Copies of ALL completed "Threat Assessments" SHALL be given to and reviewed by the SWAT Commander or his designee within 24 hours of warrant service. Copies should include the actual warrant (or hit confirmation), Criminal History on the suspect and any other pertinent information used in completing the "Threat Assessment" for that case.*

**RESPONDENT WEAPONS SURRENDER INSTRUCTIONS**

**TO: RESPONDENTS ORDERED TO SURRENDER FIREARMS, CONCEALED PISTOL LICENSE, AND OTHER DANGEROUS WEAPONS**

- **The Court has ordered you to immediately surrender any firearms you own or have in your possession, any concealed pistol licenses (CPL), and any other dangerous weapons to law enforcement. (Firearms, CPLs, and other weapons are referred to as “weapons” below).**
- The location of **where and how** you must surrender weapons is below.
- The Court has ordered you to file proof of weapons surrender, including a receipt from law enforcement, within 5 business days. (Forms: Proof of Surrender and Receipt for Surrendered Weapons and CPLs)
- If you do not possess any weapons, then you must **file** a declaration with the court stating you do not possess weapons. (Form: Declaration of Non-Surrender)
- **WARNING: It is a CRIME if you fail to do ANY of the following:**
  - *Fail to immediately surrender your weapons;*
  - *Fail to file your Proof of Surrender and the Receipt with the court. RCW 9.41.040(2)*
  - *Fail to file your Declaration of Non-Surrender if you do not possess weapons. RCW 9.41.810*
- If you are already prohibited from possessing firearms you may want to consult with an attorney for advice. Consulting with an attorney **DOES NOT** change your responsibility to comply with the court order within the ordered time frames.

<b>If Court orders you to surrender to police:</b>	<b>If Court orders you to surrender to a designated person:</b>	<b>If you do not have weapons or CPL:</b>
<b>Step 1:</b> Immediately turn in weapons to the Property Management Unit or police agency listed in the <i>Order to Surrender Weapons</i> .	<b>Step 1:</b> Immediately turn in weapons to designated person. <b>WARNING:</b> Firearm sales/transfers are subject to background checks. RCW 9.41.113.	<b>Step 1:</b> Immediately complete and sign the <i>Declaration of Non-Surrender</i> form.
<b>Step 2:</b> Complete and sign <i>Proof of Surrender</i> and <i>Receipt for Surrendered Weapons and Concealed Pistol License</i> . A police officer will sign the <i>Receipt</i> once you surrender your weapons.	<b>Step 2:</b> Designated person complete and sign <i>Receipt for Surrendered Weapons and Concealed Pistol License</i> . If not then immediately surrender to police in left-hand column of this page.	<b>Step 2:</b> File the <i>Declaration of Non-Surrender</i> form with the Court within 5 business days of the date the order was signed or from the date of service.
<b>Step 3:</b> File <i>Proof of Surrender</i> and <i>Receipt for Surrendered Weapons and Concealed Pistol License</i> signed by police within 5 business days of the date the order was signed or from the date of service.	<b>Step 3:</b> Complete <i>Proof of Surrender</i> form and attach the <i>Receipt for Surrendered Weapons and Concealed Pistol License</i> signed by the designated person	<b>Step 3:</b> Appear for the review hearing on page one (top-right) of the <i>Order to Surrender Weapons</i> . Failure to appear could result in contempt of court and/or criminal charges.
<b>Step 4:</b> Appear for the review hearing on page one (top-right) of the <i>Order to Surrender Weapons</i> . Failure to appear could result in contempt of court and/or criminal charges.	<b>Step 4:</b> File <i>Proof of Surrender</i> and attached <i>Receipt for Surrendered Weapons and Concealed Pistol License</i> with the Court within 5 business days of the date the order was signed or from the date of service.	
	<b>Step 5:</b> Appear for the review hearing listed on page one (top-right) of the <i>Order to Surrender Weapons</i> . Failure to appear could result in contempt of court and/or additional charges.	

**If surrendering firearms at a Police station, precinct, or substation:**

- a. Call the police agency listed in the *Order to Surrender Weapons* or the agency where you live and say you need to surrender your firearms under a court order. Request an appointment and instructions for a time and location to surrender firearms.
- b. **Make your firearms safe.** Unload your firearms. Ammunition should not accompany the firearms and if turned in it will be destroyed. Open the action: slide open and locked for pistols, cylinder open for revolvers, bolt open for rifles and shotguns
- c. **Transport your firearms to the police station, precinct, or substation in accordance with the law (the trunk of your car, secured in a gun case, not on your person, etc.).**
- d. **Leave your firearms in your vehicle. Lock your firearms in your vehicle's trunk.**
- e. You are **prohibited** from walking into any police station with firearms!
- f. Go to the main entrance of the police department and contact the desk officer or reception clerk, or use the public phone to call 911. Say you are at the police station and need to surrender firearms in compliance with a court order (Note: front desk civilian personnel are not authorized to take your firearms).
- g. Wait for the officer. You must **not** be carrying the firearm when meeting with the officer.
- i. When the officer arrives, inform him/her why you are there and where you have secured the firearms. Give the officer your completed *Proof of Surrender* and *Receipt for Surrendered Weapons and Concealed Pistol License* forms.
- j. The officer will take the firearms and submit them into evidence/property room. The officer will create a case report documenting that he/she took receipt of the firearms. This will be your proof that you complied with the court order.
- k. The officer will sign the *Receipt* form, make a copy for records and return the form to you.
- l. You are responsible for filing the *Proof of Surrender* and attached *Receipt* form with the Court issuing the Order to Surrender.