



Protection Order Response & Declaration Packet

Use this packet if:

- You are a Respondent filing your response to a Protection Order in Kitsap County Superior Court
- You are a Petitioner filing additional documents into your case in Kitsap County Superior Court

- This Packet includes the following forms:

Law Enforcement Sheet: Required to be completed by respondent when served

Declaration of Non Surrender: if applicable

Proof of Surrender: If applicable

Declaration Form: Write your statement using this form. Make sure it is signed and dated.

Cover Sheet: For documents such as: Police Reports, Photos. List all attached documents.

Proof of Service: File with our office after your documents have been served on the other party.

For instructions see www.courts.wa.gov/forms/ ; www.washingtonlawhelp.org

- How to File:

The protection order office is currently accepting filings by email, in person or by mail. If your filing exceeds 25 pages you must file in person and provide your own copies. Bring your original for filing and 3 copies. Your filings must include party names and your case number. Filings must be single-sided.

- Email Filing: Subject line: Protection Order / Your Last Name / Case Number / Date of Hearing
IMPORTANT: You must send your filing as an attached PDF FILE. For security reasons. We are unable to access all other file types. This includes attached or embedded image files. We cannot access attached photos of documents unless they are scanned as a PDF file. Additionally, we are unable to access documents saved in your personal storage drive. Do not send links to files shared from your Google Drive, iCloud drive etc. We are not responsible for organizing your filing; please provide instruction and organize your PDF's accordingly. Email documents to exparte@kitsap.gov.

- File in Person: File in room 202 on the 2nd floor of Kitsap County Superior Court-614 Division St Port Orchard, WA 98366

- Submitting video/audio evidence: Generally, the Court would not permit video/audio evidence to be presented at this type of hearing, rather the Judge or Commissioner will ask you to testify as to what is contained on the video/audio(s). If you choose to make the request and the judicial officer allows it, the Court will not provide a machine for you to play the video/audio(s). You will need to have the video-audio(s) on a flash drive and bring a laptop or similar device to play the videos. Please be prepared to share the audio/videos via the share screen feature in Zoom as that may be required depending on the physical location of all participants. You will need to have a copy to provide to the Clerk, which will be retained, and a copy to provide to the other side.

CPO Response

Revised July 2022.

• Service of your documents to the other party is required.

You must have a copy of your filing served on the other party prior to the hearing. Service must be made by someone over the 18 who is not a party to the case. The server must fill out the Return of Service Form and file it with the court.

• Please Note: These instructions/information apply only to parties without a lawyer. If you plan to seek legal representation consult with them before responding. The filing instructions are ONLY for Kitsap Superior Court.

• It is recommended to have your response filed no later than 2 days prior to your scheduled hearing. A working copy will be provided to the judicial officer for consideration in the case. Filings received after 12:00pm the day before court may not be read or considered by the court due to untimely filing.

How will you know your protective order has been served? Access to information & notification for protective order status:

Washington Protective Order Service
1-877-242-4055 www.regiservpo.com

Additional resources & links

Coordinated Legal Education, Advice & Referral (CLEAR) System..	888-201-1014
Kitsap Legal Services.....	360-479-6125
YWCA Legal Advocates	360-479-0491
YWCA Alive Shelter	360-479-1980
Kitsap Sexual Assault Center (KSAC).....	360-479-8500
Navy Legal Advocate	360-396-4853
Dispute Resolution Center.....	360-698-0968
YWCA 24-hour crisis hotline.....	800-500-5513
KSAC 24-hour crisis support line.....	866-831-2050
National Domestic Violence Hotline.....	800-799-7233

Washington Law Help - www.washingtonlawhelp.org
Domestic Violence forms - www.courts.wa.gov/forms/
YWCA Kitsap County - www.ywcakitsap.org
Kitsap Sexual Assault Center - www.ksacservices.org
Safety Planning - www.thehotline.org/help/path-to-safety/
Safety Tips for Women - www.thenonprofits.com/safety.htm
RCW's - <https://apps.leg.wa.gov/rcw/>

Law Enforcement and Confidential Information (LECIF)

**Clerk: Do not file in a
public access file. Give
to law enforcement.**

Respondent

Superior Court of Washington

County: Kitsap

Case No.: _____

Type or print clearly!

Restrained Person's Info – Fill out as much as you can. If you do not know, write "unknown."

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:	

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	Drivers License or ID number			State
Vehicle Make and Model	Vehicle License Number	Vehicle Color		Vehicle Year

Disability, hazard, and weapon info about the Restrained Person

Law enforcement needs this info to serve your 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 protected person living together now or prior to the temporary order? Yes No

Does the restrained person know they may be moved out of the home? Yes No N/A

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: _____



Protected or Restrained person signs here

Print name here



IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON
IN AND FOR THE COUNTY OF KITSAP

Petitioner

vs.

Defendant/Respondent

No.: _____

**Declaration of Non-Surrender
(DCLRNS)**

Declaration of Non-Surrender

If you previously surrendered your firearms, other dangerous weapons, and concealed pistol licenses, use the Proof of Surrender, form WS 100.

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

I also understand that:

- I am prohibited from accessing, having in my custody or control, obtaining, possessing, purchasing, receiving or attempting to purchase or receive any firearms or other dangerous weapons, or obtaining or possessing a concealed pistol license until further order of the court.
- If I fail to comply with the *Order to Surrender and Prohibit Weapons*, I may be found in contempt of court and be charged with a misdemeanor.
- I may be charged with a crime up to and including a **felony** if I am found to own, possess, or control a firearm or other dangerous weapon.

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

Date: _____ at (city) _____, Washington.

Signature of Restrained Person

Print name



IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON IN AND FOR THE COUNTY OF KITSAP

Petitioner vs. Respondent/Defendant No. Proof of Surrender (PRSRW)

Proof of Surrender

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

On (date) _____ at _____ a.m./p.m.

I surrendered to (local law enforcement agency), _____ all:

- [] firearms, [] concealed pistol licenses, and/or [] other dangerous weapons

Court case number: _____

Law enforcement agency case number: _____

I filed a copy of the Receipt for Surrendered Firearms, Other Dangerous Weapons, and Concealed Pistol License form with the clerk of the court.

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

Date: _____ at _____, Washington

Signature of Restrained Person/Defendant Print name



**IN THE SUPERIOR COURT OF THE STATE OF
WASHINGTON IN AND FOR THE COUNTY OF KITSAP**

_____	_____	No.
Petitioner	DOB	Declaration of
v.		_____ (Name)
_____	_____	(DCLR)
Respondent	DOB	

This declaration is made by:

Name: _____

Age: _____

Relationship to the parties in this action: _____

I declare,



IN THE SUPERIOR COURT OF THE STATE OF
WASHINGTON IN AND FOR THE COUNTY OF KITSAP

_____	_____	No.
Petitioner (Protected Person)	Date of Birth	Proof of Service
		(RTS)
vs.		Clerk's Action Required:2
_____	_____	
Respondent (Restrained Person)	Date of Birth	

Proof of Service

Server declares:

1. My name is _____, I am 18 or older.
I am a peace officer not a party to this case.

2. **Able to Serve:**

Personal Service: I served the court documents checked in section 4 for this case
to *(name of party)* _____

on *(date)* _____ at *(time)* _____
by giving the documents directly to them at this address:

Electronic Service:

Important! Do not use electronic service if your case involves the surrender of firearms, transfer of child custody, removing respondent from the parties' shared residence, an incarcerated respondent, or a petition for a vulnerable adult protection order is filed by someone other than the vulnerable adult. After 2 unsuccessful attempts at personal service, you can ask the court to authorize electronic service. Court authorization is not necessary for vulnerable adult protection orders.

I served the court documents checked in section 4 for this case to
(name of party) _____

on (date) _____ at (time) _____ via

email text social media applications other technology

At the following email address/s, phone number/s, social media application and user name, or other address: _____

I received a read receipt or communication from the receiving party (*describe or attach*): _____

Service by Mail: I served the court documents checked in section 4 for this case to (*name of party*) _____

on (date) _____
at (time) _____

I sent **2** copies of the documents, postage prepaid: one by ordinary, first-class mail and one by other mail with certified or tracking information (*attach receipts*). I sent the mail to this/these address/es: _____

Clerk's Action: The court clerk shall forward a copy of this proof of service to the following law enforcement agency where the respondent resides (county or city) (check only one): _____

Sheriff's Office or Police Department

3. Not Able to Serve:

I was unable to make personal service on (*name of party*) _____. I notified the serving party that service was not successful. Personal service was attempted on the following date/s _____.

Electronic service was attempted at the following address/es but it bounced back, was undeliverable, or there was no follow-up communication _____

I did not mail court documents to (*name of party*) _____ because I do not know the party's last known address.

4. List of Documents:

Important! You must check or write in the title of **every** document that you served. Use the "Other Documents" box to write in the title of any document not already listed.

I served the following documents (*check all that apply*):

New Petition: <input type="checkbox"/> Petition for Protection Order <input type="checkbox"/> Temporary Protection Order and Hearing Notice <input type="checkbox"/> Reissuance of Temporary Protection Order and Notice of Hearing	After a Full Hearing: <input type="checkbox"/> Protection Order <input type="checkbox"/> Order to Surrender and Prohibit Weapons <input type="checkbox"/> Order Realigning Parties
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<input type="checkbox"/> Order Transferring Case and Setting Hearing <input type="checkbox"/> Declaration/s of: _____ <input type="checkbox"/> Denial Order <input type="checkbox"/> Notice to Vulnerable Adult <input type="checkbox"/> Law Enforcement and Confidential Information (Respondent)	
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Renewals: <input type="checkbox"/> Motion for Renewal of Protection Order <input type="checkbox"/> Order Setting Hearing on Renewal <input type="checkbox"/> and Extending Order until Hearing <input type="checkbox"/> Order for Renewal of Order for Protection	Motions: <input type="checkbox"/> Motion to Modify or Terminate Protection Order <input type="checkbox"/> Motion for Surrender and Prohibition of Weapons <input type="checkbox"/> Notice of Hearing <input type="checkbox"/> Motion to Realign Parties <input type="checkbox"/> Motion to Set Show Cause Hearing - Contempt <input type="checkbox"/> Order on Hearing - Contempt <input type="checkbox"/> Order re Adequate Cause
<input type="checkbox"/> Order Setting Hearing – Sexual Assault <input type="checkbox"/> Order on Motion for Renewal of Sexual Assault Protection Order	After a Motion Hearing: <input type="checkbox"/> Order Modifying or Terminating Protection Order <input type="checkbox"/> Order to Surrender and Prohibit Weapons
Other Documents: <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	

5. Fees Charged for Service:

Does not apply.

Fees: \$ _____ + Mileage \$ _____ = Total: \$ _____

6. Other: _____

I declare under penalty of perjury under the laws of the State of Washington that the statements on this form are true.

Signed at (city and state): _____ Date: _____

Signature of server

Print or type name of server

Law Enforcement Agency (if any)