

# **EXTREME RISK PROTECTION ORDER**

## **[Respondent Under 18 Years Old]**

1. Protection Order Instructions
2. Law Enforcement and Confidential Information (LECIF)
3. Petition for Extreme Risk Protection Order (XR 201)
4. Temporary Extreme Risk Protection Order (XR 221)
5. Extreme Risk Protection Order (XR 241)
6. Denial Order (XR 301)
7. Proof of Service (XR 112)

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**NOTE: Each case is different and you may require additional forms. All state forms can be found at [www.courts.wa.gov/forms](http://www.courts.wa.gov/forms)**

**[www.Washingtonlawhelp.org](http://www.Washingtonlawhelp.org) has detailed instructions to help with the forms in this packet as well as other actions that may be needed to move your case forward.**

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## Instructions for Petition for an Extreme Risk Protection Order – Respondent Under 18 Years

An Extreme Risk Protection Order is designed to prevent individuals who are at high risk of harming themselves or others from accessing firearms by allowing an intimate partner, family, household members, and law enforcement to obtain a court order when there is demonstrated evidence that the person poses a significant danger, including danger as a result of threatening or violent behavior.

This type of order doesn't provide protections to the petitioner. It cannot order restraints against the respondent such as "do not harm," "stay away from," and "do not contact" the petitioner.

The court can order that the respondent surrender firearms and any concealed pistol licenses, and that respondent not possess or purchase firearms.

If the respondent is 18 years old or older, use the form *Petition for Extreme Risk Protection Order*.

This form is used to start the case. This form will be:

- Filed as a public court record and will start a civil court case.
- Served (personal delivery) to the person against whom you are seeking the order.

The information in the petition is used by the court to determine if:

- You are authorized to file this type of petition.
- The court has authority to enter an order on your behalf.
- The respondent's behavior meets the legal requirements for the court to grant the order.

This form is used to request both an immediate temporary order and a full order:

- If you have facts to support your fears and the court finds an emergency exists, the court may immediately issue a temporary order that will last until the court holds a hearing, usually within 14 days.
  - The clerk shall forward a copy of the petition and the temporary order to law enforcement who will serve the respondent.
- There is no fee.
  - You must provide an address for the respondent.
  - You must provide an address for the respondent's parent or guardian; or
  - You must provide an address for the Department of Children, Youth, and Families if the respondent is subject to a dependency or court ordered out-of-home placement.
  - The law enforcement officer completing service on the respondent must file an affidavit, declaration, or certificate of service with the court or the hearing cannot go forward.

- You must attend the hearing. At the hearing, the court will determine if it should issue a full order. The respondent has a right to attend that hearing and defend against your allegations.

## **Please Print Clearly Using Black or Blue Ink!**

### **Top of the form (Page 1)**

Fill in your name (first, middle initial, last) as the “Petitioner.” The person against whom you are filing is the “Respondent.” Fill in the respondent’s name (first, middle initial, last).

### **Who is Filing this Case (Section 1)**

The court must know who is filing this case.

- If you are a police officer or you’re filing on behalf of a law enforcement agency, check the first box and identify the agency. Also check the appropriate box about notice you’ve provided, or will attempt to provide, to the respondent’s family or household member or any known third parties who may be at risk.
- If you are a family or household member, check the second box and also check the box identifying your relationship with the respondent.

### **Respondent’s Age (Section 2)**

The court may appoint a Guardian ad Litem (GAL) for the Respondent. The court must know the respondent’s age. Check the box that applies.

- If the respondent is 16 or 17 years of age, appointment of a GAL is not required. However, the court may still appoint one in certain circumstances.
- If the respondent is 15 years of age or younger and is not an emancipated minor, a GAL must be appointed to represent them in this action under RCW 4.08.050.
- The court will not order the petitioner to pay GAL fees.

### **Residency (Section 3)**

Check the applicable box/es.

### **Firearms (Section 4)**

The court needs to know the type and location of any firearms the respondent currently owns, possesses, has custody of, has access to, or controls. In section 3, check the type of firearm/s, list the number of each type, where the firearms are kept, and the date, time, and place you last saw them. You can use the *Firearm Identification Worksheet*, form XR 102, to help identify types of firearms. You may attach the *Firearm Identification Worksheet* to your petition.

On the top of page 2, in section 3, check the boxes that apply and write in the facts that explain the boxes you checked.

## **Court Cases Involving You (Section 5)**

This may not be the first court proceeding involving you and the respondent. The court will need to know about other cases, such as divorce, parentage, or criminal, or other restraining orders, protection orders, or no-contact orders.

If there are other cases or court orders involving you and the respondent, list the case name (the parties' names), the case number (if you know it), the court (district, municipal, or superior) and the county, type of case, name of any protected person, and any times the respondent violated the order.

## **Court Cases Involving Others (Section 6)**

The court must know about any other court cases between the respondent and any other person. To the best of your knowledge, list any criminal or civil lawsuits; protection, restraining, or no-contact orders.

## **Request for Emergency Order (Section 7)**

You may fear that, **in the near future**, the respondent poses a **significant danger** of causing personal injury to others or themselves, through the use of firearms. You can ask the court to restrict the respondent's right to firearms on a temporary basis, until the court hearing. Check the box and describe the facts that support your fears.

## **Request for an Extreme Risk Protection Order (Section 8)**

Check this box to ask the court to issue a full Extreme Risk Protection Order that will last for one year.

## **Statement (Page 4)**

First read through the statement section in the petition before you start writing. There are several places for you to provide facts about the respondent's behavior and describe your reasons for filing this case.

## **Convictions or Arrests (Section 9)**

The court will consider the respondent's criminal history involving felonies, domestic violence, hate crime offenses, and violent crimes. If you have knowledge that the respondent has been arrested or convicted of such crimes, check the appropriate box/es and describe.

## **Violence and Threats (Section 10)**

The court will consider the behavior that causes you to fear the respondent poses a significant danger of causing personal injury to others or to themselves. Check each box that applies and describe exactly what happened. Include details such as dates, locations, statements, and injuries. You may attach additional pages if you need more room.

## **Respondent's Behavior (Section 11)**

The court will consider any behaviors that present an imminent threat of harm to self or others. Describe anything the respondent has said or done that causes you to fear such harm.

## **Evidence of Alcohol or Substance Abuse (Section 12)**

Describe evidence of respondent's abuse of alcohol, or legal or illegal drugs, including driving under the influence of alcohol or drugs.

## **Other (Section 13)**

If you have additional information to help the court make a decision, describe it here. If you have additional documents, such as records or reports, you may attach them to the petition.

## **Service (Section 14)**

The responding party has the right to file a written response to your petition. You must give a service address to get a copy of any response. You can choose to list a mailing and/or an email address. You have the right to keep your home address confidential. You can use a post office box or the address of a friend or relative you trust to tell you immediately if you get any legal papers. Regularly check for a response.

## **Sign the Form**

When you are done completing the petition, you will swear to the truthfulness of your statement. Put the date you sign the petition in the date line and fill in the city where you are completing this form.

Sign the form. Print your name below your signature. If you are a law enforcement officer, include your badge/personnel number. If you are an attorney, include your Washington State Bar Association number.

## **Law Enforcement and Confidential Information – Extreme Risk Protection Order**

You must complete a *Law Enforcement and Confidential Information – Extreme Risk Protection Order* - Respondent Under 18, form XR 205. This form is confidential, and it does not go in the public court file and is not served on the respondent.

- It is used by law enforcement to locate and identify the respondent when serving documents.
- It is also used by law enforcement when entering the order in the state-wide database.

Complete as much information as possible, especially each party's first name, middle initial, last name, and date of birth.

If the respondent has a disability, brain injury, or other impairment of which you are aware, you may know of special assistance that law enforcement could provide when serving the documents. For example:

“Respondent has a brain injury. If respondent is rushed, respondent may freeze up and may not respond quickly, or may become verbally aggressive. Remind respondent to contact a friend.”

“Respondent has epilepsy and diabetes and may have seizures when stressed. Respondent doesn’t respond well to being rushed and will need time to get meds and supplies.”

## Instructions for Temporary Extreme Risk Protection Order – Without Notice

This is the Temporary Protection Order. If signed by the judge, this order will:

- Tell the respondent to immediately surrender all firearms and any concealed pistol license; and
- Set the date for the next hearing (full hearing).

The clerk will file the original order in the public court record and distribute copies for:

- You (free certified copies).
- Law enforcement, to enter into the statewide database.
- Service on the respondent.

Please check with the court clerk before filling out the order.

*In some courts, the judge will fill out this order. In other courts, you will be expected to fill out the order. Please check with the court clerk.*

If you are expected to fill out the form, follow the instructions below.

### Print Clearly Using Black or Blue Ink!

Page 1, top of the form

- You are the “Petitioner.”
  - If you are filing as a law enforcement agency, fill in the name of the police department or sheriff’s office for whom you work.
  - If you are filing for yourself, fill in your name (first, middle initial, last).
- The person against whom you are filing is the “Respondent.” Fill in the respondent's name (first, middle initial, last) and date of birth.

### Next Hearing Date

The judge or court clerk will write in the next hearing date, time, and place on the first page of the order.

- You must attend this hearing to continue this order.
- If you do not come to this hearing, the petition will be dismissed and this temporary order will expire.
- If the respondent does not come to the hearing and has been served, the court may still grant a longer protection order.

### Respondent’s Identifiers

- Describe the respondent’s physical appearance: sex/gender, race, hair color, height, weight, and eye color.
- List any of respondent’s distinguishing features, such as moles, scars, or tattoos.

## Page 2, item 4

Write in the name of the law enforcement agency to which the respondent must deliver the concealed pistol license and firearms. It will usually be the police department or sheriff's office closest to the respondent's home or location of the firearms.

## Page 2, "Respondent" below item 7

In the table, list any firearms that you know belong to or are in the possession of the respondent. If the respondent has a concealed pistol license, list it too. If you can identify more firearms than will fit in the table, attach a list of those firearms to this order.

## Pages 2 and 3, list of check box items "a" through "p"

This is a list of the types of evidence that the court might find are reasons to believe that, in the near future, the respondent poses a significant danger of causing personal injury to himself, herself, or to others.

Check all the boxes that you think the court may find applicable based on the evidence you presented.

## Page 3

### Law Enforcement Data Entry

If granted by the court, the order will be entered into a state-wide and federal database used by law enforcement so any officer knows of it. Name the agency which has jurisdiction where respondent resides:

- If respondent's address is within city limits, name the city police.
- If respondent's address is outside of city limits, name the county sheriff.

### Service of Court Documents

The respondent must know the allegations that you have made, when and where the hearing will be held, and if the court has ordered him or her to surrender firearms and a concealed pistol license. The respondent has a right to attend the hearing and defend against the allegations.

Copies of the petition and this order must be served on (personally delivered to) the respondent. You cannot deliver the copies to the respondent. A law enforcement officer can. Identify the police or sheriff agency where the respondent lives. The copies will be forwarded to that agency to serve on the respondent.

- If the respondent's service address is within city limits, name the city police.
- If the respondent's service address is outside of city limits, name the county sheriff.

You will need to provide an address where the respondent can be located for service. You will also need to provide a physical description of the respondent. To provide this information, complete the *Law Enforcement Information – Extreme Risk Protection Order (LEIS)*, form XR 105.

### Sign the Form

The judge will fill in the date and time when the order is granted and sign his or her name.

Sign the bottom of the form where it says “Presented by” and “Petitioner.”

## Instructions for Extreme Risk Protection Order

**This is the Final Extreme Risk Protection Order. If signed by the judge, this order will tell the Respondent:**

- To immediately surrender all firearms and any concealed pistol license;
- Not to have, control, purchase or attempt to have or purchase a firearm while the order is in effect; and
- That the order is effective for 1 year.

**The clerk will file the original order in the public court record and distribute copies for:**

- You (free certified copies).
- Law enforcement, to enter into the statewide database.
- Service on the Respondent.

**Please check with the court clerk before filling out the order.**

In some courts, the judge will fill out this order. In other courts, you will be expected to fill out the order. Please check with the court clerk.

**If you are expected to fill out the form, follow the instructions below.**

### **Print Clearly Using Black or Blue Ink!**

Top of the form:

- You are the "Petitioner."
  - If you are filing as a law enforcement agency, fill in the name of the police department or sheriff's office for whom you work.
  - If you are filing for yourself, fill in your name (first, middle initial, last).
- The person against whom you are filing is the "Respondent." Fill in the Respondent's name (first, middle initial, last) and date of birth.

Renewal:

- If you are filling out the first Extreme Risk Protection Order, leave the check box blank.
- If the court already issued an Extreme Risk Protection Order and you asked the court to renew it, check the box.

Next Hearing Date:

- There will be a future hearing date set so the court can check court records or take testimony to ensure the Respondent is complying with this order. The judge or court clerk will write in the next hearing date, time, and place on the first page of the order. The hearing will be no later than 3 court days after the court signs the order. You may attend this hearing. If you have factual information that the Respondent has or has not

complied with the order, you may ask the court to testify or you may file a declaration with the court before the hearing.

**Respondent's Identifiers:**

- Describe the Respondent's physical appearance: sex/gender, race, hair color, height, weight, and eye color.
- List any of Respondent's distinguishing features, such as moles, scars, or tattoos.

**Respondent (table below this heading):**

- In the table, list any firearms that you know belong to or are in the possession of the Respondent. If the Respondent has a concealed pistol license, list it too. If you can identify more weapons than will fit in the table, attach a list of those firearms to this order.

**Respondent (below this heading):**

- Write in the name of the law enforcement agency to whom the Respondent must deliver the concealed pistol license and weapons. It will usually be the police department or sheriff's office nearest the Respondent's home or where the weapons are located.

**Section 2.**

- Notice: check the box to show how the Respondent received notice of the hearing.

**Section 3.**

- Hearing: check the boxes to show who attended the hearing and how.

**Section 4:**

- Court's Findings: there is a list of the types of evidence that the court might find are reasons to believe that, in the near future, the Respondent poses a significant danger of causing personal injury to themselves or to others.

Check all the boxes that you believe apply. After the hearing, the judicial officer may check different boxes depending on the evidence at the hearing.

**Section 5**

- Evaluation: the judge will complete this section after the hearing.

**Respondent check box**

- If the court finds a mental health evaluation or a chemical dependency evaluation is appropriate, the court will fill in this section.

**Section 6. Federal and Washington State Computer-Based System Data Entry:**

- If granted by the court, the order will be entered into a state-wide and federal database used by law enforcement so any officer knows of it. Name the agency which has jurisdiction where Respondent resides:
  - If Respondent's address is within city limits, name the city police.
  - If Respondent's address is outside of city limits, name the county sheriff.

## Section 7. Service of Court Documents:

- The Respondent must know about this order and that the court has ordered them to surrender all firearms and any concealed pistol license and has prohibited them from obtaining or possessing them for 1 year. The Respondent must also know when, where, and why the next hearing will be held.
- Copies of this order must be served on the Respondent. Service must be by personal delivery unless weapons surrender has already occurred and been verified by the court or the court orders service by publication, mail, or electronic means. You cannot deliver the copies to the Respondent yourself. Personal service may be by law enforcement officer, at no charge. After the court has verified that weapons have been surrendered and authorized electronic service, you may elect to have service by:
  - law enforcement officer, at no charge;
  - A professional process server that you hire; or
  - A person 18 or over who is not a party to this action.
- If law enforcement serves the order, identify the police or sheriff's department where the Respondent lives. The copies will be forwarded to that agency to serve on the Respondent.
- If the Respondent's service address is within city limits, name the city police.
- If the Respondent's service address is outside of city limits, name the county sheriff.
- You will need to provide an address where the Respondent can be located for service. You will also need to provide a physical description of the Respondent. To provide this information, complete the *Law Enforcement Information – Extreme Risk Protection Order (LEIS)*, form XR 105.

## Sign the Form:

- The judge will fill in the date and time when the order is granted and sign their name.
- Sign the bottom of the form where it says "Signature of Petitioner/Attorney," and print your name to the right of your signature.
  - If you are a law enforcement officer, then also include your badge number.

**Law Enforcement and Confidential Information – Extreme Risk Protection Order – Respondent Under 18 (LECIF)**

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

Superior Court of Washington

County: KCLICKITAT

Case No.: \_\_\_\_\_

***Do NOT serve or show this sheet to the Respondent***

**Type or print clearly!** If law enforcement cannot read this form, they cannot serve or enforce your order!

**Respondent’s Info** – Fill out as much as you can. If you do not know, write “unknown.”

<b>Name:</b> First Middle Last			Date of Birth (if unknown give age range)	
Nickname/Alias/AKA (“Also known as”)			Relationship to Petitioner	
Sex	Race		Height	Weight
Eye Color	Hair Color		Skin Tone	Build
Phone/s with Area Code (voice):			Need Interpreter? [ ] Yes [ ] No Language:	
<b>Where can the Respondent be served?</b> 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
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**Disability, hazard, and weapon info about the Respondent**

Law enforcement needs this info to serve your order safely

**Does the Respondent 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** Respondent'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:

Has the respondent had advanced or military firearms training  Yes  No  Unknown  
If yes, describe below (continue on separate sheet, if needed):

**Current Status**

Is the respondent a current or former cohabitant as an intimate partner?  Yes  No

Are you and the respondent living together now?  Yes  No

Does the respondent know you are trying to get this order?  Yes  No

Is the respondent likely to react violently when served?  Yes  No

**Parent or Guardian of Minor Respondent**

If the respondent is under 18 years old, a copy of the order must be served on the parent or guardian of the minor at any address where the minor resides, or the Department of Children, Youth, and Families in the case where the minor is the subject of a dependency or court approved out-of-home placement.

**Minor Respondent currently lives with: (check all that apply)**

Parent(s)  Legal guardian  Other (specify) \_\_\_\_\_

Court approved dependency or out-of-home placement

Provide the information below for at least one parent or legal guardian of the respondent.

**Parent or Guardian #1**

<b>Name:</b> First	Middle	Last	Date of Birth (if unknown give age range)	
Nickname/Alias/AKA ("Also known as")			Relationship to Respondent <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian	
Sex	Race		Height	Weight

Eye Color	Hair Color	Skin Tone	Build
Phone/s with Area Code (voice):		Need Interpreter? [ ] Yes [ ] No    Language:	
<b>Where can Parent or Guardian #1 be served?</b> 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
<b>Disability, hazard, and weapon info about Parent or Guardian #1</b> Law enforcement needs this info to serve your order safely			
<p><b>Does the parent or guardian have a disability, brain injury, or impairment requiring special assistance</b> when law enforcement serves the order? [ ] No [ ] Yes. If yes, describe (add pages, if needed): _____</p> <p><b>Hazard Information</b> Parent or Guardian'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: _____</p> <p><b>Concealed Pistol License:</b> [ ] Yes [ ] No</p> <p><b>Weapons:</b> [ ] Handguns [ ] Rifles [ ] Knives [ ] Explosives [ ] Unknown  [ ] Other (include unassembled firearms and specify): _____</p> <p><b>Location of Weapons:</b> [ ] Vehicle [ ] On Person [ ] Residence Describe in detail: _____</p> <p>Has the parent or guardian had advanced or military firearms training [ ] Yes [ ] No [ ] Unknown  If yes, describe below (continue on separate sheet, if needed): _____</p>			
<p><b>Current Status</b></p> <p>Is the parent or guardian living with the respondent now? [ ] <b>Yes</b> [ ] <b>No</b></p> <p>Are you and the parent or guardian living together now? [ ] <b>Yes</b> [ ] <b>No</b></p> <p>Does the parent or guardian know you are trying to get this order? [ ] <b>Yes</b> [ ] <b>No</b></p> <p>Is the parent or guardian likely to react violently when served? [ ] <b>Yes</b> [ ] <b>No</b></p>			

<b>Parent or Guardian #2</b>			
<b>Name:</b> First Middle Last			Date of Birth (if unknown give age range)
Nickname/Alias/AKA ("Also known as")			Relationship to Respondent [ ] Parent [ ] Legal Guardian
Sex	Race	Height	Weight
Eye Color	Hair Color	Skin Tone	Build
Phone/s with Area Code (voice):		Need Interpreter? [ ] Yes [ ] No Language:	
<b>Where can Parent or Guardian #2 be served?</b> 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
<b>Disability, hazard, and weapon info about Parent or Guardian #2</b> Law enforcement needs this info to serve your order safely			
<b>Does the parent or guardian have a disability, brain injury, or impairment requiring special assistance</b> when law enforcement serves the order? [ ] No [ ] Yes. If yes, describe (add pages, if needed): _____			
<b>Hazard Information</b> Parent or Guardian'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: _____			
<b>Concealed Pistol License:</b> [ ] Yes [ ] No			
<b>Weapons:</b> [ ] Handguns [ ] Rifles [ ] Knives [ ] Explosives [ ] Unknown [ ] Other (include unassembled firearms and specify): _____			
<b>Location of Weapons:</b> [ ] Vehicle [ ] On Person [ ] Residence Describe in detail: _____			
Has the parent or guardian had advanced or military firearms training [ ] Yes [ ] No [ ] Unknown If yes, describe below (continue on separate sheet, if needed): _____			

**Current Status**

Is the parent or guardian living with the respondent now? [ ] Yes [ ] No

Are you and the parent or guardian living together now? [ ] Yes [ ] No

Does the parent or guardian know you are trying to get this order? [ ] Yes [ ] No

Is the parent or guardian likely to react violently when served? [ ] Yes [ ] No

**Custody of DCYF:**

The respondent is [ ] subject to a dependency [ ] in out-of-home placement

Fill in as much information as you can below:

Which court has jurisdiction?

Court case number:

Social worker or DCYF Representative Name:

**Office location**

Street:

City:

State:

Zip:

**Phone**

Office:

Mobile:

Email

**Petitioner's Info****Name:**

First

Middle

Last

Date of Birth

Sex

Race

Height

Weight

Eye Color

Hair Color

Skin Tone

Build

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

Current Address. Street:

City:

State:

Zip:

Phone(s) w/Area Code

Email address:

Need interpreter? [ ] Yes [ ] No

If yes, language:

If your info *is confidential*, you must give a name, address, and phone of someone willing to be your "contact."

Contact Name:

Contact Address

Contact Phone

If petitioner is represented by an attorney, enter the attorney's name, WSBA #, address, and phone number:

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

▶ \_\_\_\_\_  
Petitioner or Respondent signs here                      Print name here

Superior Court of Washington, County of Klickitat

\_\_\_\_\_  
Petitioner

vs.

\_\_\_\_\_  
Respondent

\_\_\_\_\_  
DOB

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

**Petition for an Extreme Risk  
Protection Order – Respondent  
Under 18 years  
(PTXR18)**

**Petition for an Extreme Risk Protection Order  
Respondent Under 18 years**

**Information about appointment of a guardian ad litem for respondent:**

- If the Respondent is 16 or 17 years of age, appointment of a guardian ad litem is not required. However, the court may still appoint one in certain circumstances.
- If the Respondent is 15 years of age or younger and is not an emancipated minor, a guardian ad litem must be appointed to represent him or her in this action under RCW 4.08.050.
- The court will not order the Petitioner to pay guardian ad litem fees.

**1. Who is filing this petition?**

I am filing on behalf of \_\_\_\_\_ law enforcement agency.

I have already notified the respondent’s intimate partner, 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.

I am an intimate partner or family or household member of the respondent. My relationship with the respondent is (*check all that apply*):

**Intimate Partners**

current or former spouses or domestic partners

parents of a child-in-common (*unless child was conceived through sexual assault*)

current or former dating relationship (age 13 or older) who

never lived together

live or have lived together

**Family or household members**

- parent and child  stepparent and stepchild
- grandparent and grandchild  parent’s intimate partner and child
- current or former cohabitants as roommates
- person who is or has been a legal guardian
- related by blood or marriage (*specify how*) \_\_\_\_\_

**2. How old is the Respondent?**

16 or 17 years of age  15 or under  under 18, but I do not know the exact age.

**3. What is your connection to this county?**

- 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.

**4. Based on your knowledge, what firearms does the respondent currently own, possess, has custody of, has access to or controls? Please describe.**

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"/> Semi-Automatic Assault Rifle			
<input type="checkbox"/> Other			

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

\_\_\_\_\_

\_\_\_\_\_

5. **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?			

6. **Between the respondent and any other person:** List any criminal or civil protection, restraining or no-contact orders: *If you have more than 3 matters, list details on additional sheet.*

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

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### Request for Extreme Risk Protection Order - Respondent Under 18 Years

7. **[ ] Immediate Protection:** I want a temporary Extreme Risk Protection Order to start 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 of, purchasing, possessing, accessing, receiving, or attempting to purchase or receive firearms. More detailed information is provided in the Statement in section 8.

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**8.  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 1 year because the respondent poses a significant danger of causing personal injury to self or others by having custody or control of, purchasing, possessing, accessing, receiving, or attempting to purchase or receive firearms.

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.

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**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 of, purchasing, possessing, accessing, receiving or attempting to purchase or receive a firearm.

**Complete all of the following sections that apply.** Attach additional pages, as needed.

**9. 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.
- hate crime offense or malicious harassment (threats, physical injury, or property damage based on the victim’s race, color, religion, ancestry, national origin, gender, sexual orientation, gender expression or identity, or mental, physical, or sensory disability).

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

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**10. Violence and Threats:** 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**

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**11. Respondent's behavior**

Describe any behaviors by the respondent that present an imminent threat of harm to self or others.

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**12. 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.

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

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**14. You must provide an address where you can be served with legal documents.**  
What is your address for receiving legal documents? You have the right to keep your residential address private. You may use a different mailing address. Law Enforcement petitioners, list your department address.

Mail: \_\_\_\_\_

Email: \_\_\_\_\_

I declare 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.

Superior Court of Washington, County of Klickitat

\_\_\_\_\_  
Petitioner

vs.

\_\_\_\_\_  
Respondent

\_\_\_\_\_  
DOB

No.

Temporary Extreme Risk Protection  
Order – Without Notice –  
Respondent Under 18 Years  
(TMXR18)

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

At: 205 S Columbus Ave.,  
Goldendale, WA 98620

Clerk's Action Required: 4, 5, 6, 7

**Temporary Extreme Risk Protection Order – Without Notice –  
Respondent Under 18 Years**

**Warning to Respondent!** You are prohibited from having a firearm in your custody or control, or from purchasing, possessing, accessing, receiving, or attempting to purchase or receive any firearm. You must surrender any and all firearms including but not limited to the firearms as described below. 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 5 more years after this order expires. RCW 7.105.460(2).

***You have the sole responsibility to not violate 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 temporary order expires at the end of the next hearing date listed above.**

**[ ] Guardian ad Litem**

[ ] (Name) \_\_\_\_\_ is a responsible and proper person to be appointed and is appointed guardian ad litem of respondent in this proceeding.

[ ] Other: \_\_\_\_\_

**Respondent:** You must immediately surrender all firearms and any concealed pistol licenses 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:** This order is valid until the date and time noted above. You are required to surrender all firearms in your custody, control, or possession. You may not have in your custody or control, access, possess, purchase, receive, or attempt to purchase or receive a firearm, or a concealed pistol license, while this order is in effect. You must surrender to the *(name of local law enforcement agency)* \_\_\_\_\_ all firearms in your custody, control, or possession and any concealed pistol licenses issued to you under RCW 9.41.070 immediately. A hearing will be held on the date and time noted above to determine if an extreme risk protection order should be issued. Failure to appear at the hearing may result in a court making 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.

**Respondent:**

**1. Firearms Surrender. You must immediately surrender all firearms by these deadlines:**

- A. Personally served:** If this order is served by a law enforcement officer, immediately surrender all firearm(s) and any concealed pistol license/s to the serving officer.
- B. Attended the hearing:** If you attended the hearing where the court issued this order, surrender the firearm/s and concealed pistol license/s to the law enforcement agency listed in this order on the same day as the hearing. Contact the law enforcement agency for directions on how to surrender the firearm/s. Do not bring weapons to the courthouse for surrender.
- C. Alternative service:** If you are served by other means, you must surrender all firearm/s to the control of local law enforcement agency within 24 hours of being served.

**2. Ex Parte Hearing**

- The court issues this temporary order without a hearing.
- The court held a hearing before issuing this temporary order. These people attended:

- |                                       |                                    |                                   |                                   |
|---------------------------------------|------------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Petitioner   | <input type="checkbox"/> in person | <input type="checkbox"/> by phone | <input type="checkbox"/> by video |
| <input type="checkbox"/> Respondent   | <input type="checkbox"/> in person | <input type="checkbox"/> by phone | <input type="checkbox"/> by video |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> in person | <input type="checkbox"/> by phone | <input type="checkbox"/> by video |

**3. 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, accessing, receiving, or attempting to purchase or receive firearms based upon (*check all that apply*):**

- a.  Respondent has access to someone else’s firearm/s.

- b.  Respondent owns a firearm/s or has 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.
- 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 as defined in RCW 10.99.020.
- i.  Respondent has been arrested for or convicted of a felony offense or violent crime.
- j.  Respondent has been convicted of a hate crime under RCW 9A.36.080.
- k.  Respondent has recently committed or threatened violence against self or others, whether or not Respondent had a firearm.
- l.  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.
- m.  Respondent has a history of use, attempted use, or threatened use of physical force against another person.
- n.  Respondent has a history of stalking another person.
- o.  Respondent's behaviors present an imminent threat of harm to self.
- p.  Respondent's behaviors present an imminent threat of harm to others.
- q.  There is corroborative evidence of Respondent's abuse of  alcohol or  controlled substances.
- r.  Other: \_\_\_\_\_

**4. Washington Crime Information Center (WACIC) and Other Data Entry**

**Clerk's Action.** The court clerk shall forward a copy of this order immediately to the following law enforcement agency (*county or city*) \_\_\_\_\_  
 (*check only one*):  Sheriff's Office or  Police Department

This agency shall enter this order into WACIC and National Crime Info. Center (NCIC).

**5. Service**

**Required.** The restrained person must be served with a service packet, including a copy of this order, the petition, and any supporting materials filed with the petition.

The **law enforcement agency** where the restrained person lives or can be served shall serve the restrained person with the service packet and shall promptly complete and return proof of service to this court.

Law enforcement agency: (*county or city*) \_\_\_\_\_  
 (*check only one*):  Sheriff's Office or  Police Department

**Clerk's Action.** The court clerk shall forward a service packet on or before the next judicial day to the agency and/or party checked above. The court clerk shall also provide a copy of the service packet to the protected person.

**Alternative Service Allowed.** The court authorizes alternative service by separate order (*specify*): \_\_\_\_\_

**Not required.** See section 2 above for appearances.

The restrained person appeared at the hearing where this order was issued and received a copy.

The restrained person appeared at the hearing where this order was issued but refused to accept a copy of this order. Additional service is not required.

The restrained person appeared remotely or left the hearing early but received actual notice of the order. Additional service is not required and proof of service is not necessary.

**6.  Service on Others**

Service on the restrained person's parent/s or legal guardian/s (*name/s*) \_\_\_\_\_ is:

**Required.**

The **law enforcement agency** where the person to be served lives or can be served shall serve a copy of this order and shall promptly complete and return proof of service to this court.

Law enforcement agency: (*county or city*) \_\_\_\_\_  
(*check only one*):  Sheriff's Office or  Police Department

The **protected person** or person filing on their behalf shall make private arrangements for service and have proof of service returned to this court.

**Clerk's Action.** The court clerk shall forward a copy of this order on or before the next judicial day to the agency and/or party checked above.

**Not required.** They appeared at the hearing where this order was issued and received a copy.

**7. 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, identicard, or comparable information along with the date of issuance to DOL. If respondent has a concealed pistol license, DOL must immediately notify a law enforcement agency that the court has directed the revocation of the license.

**8. Transfer to Superior Court**

This case is transferred to Superior Court and all actions in this case will be handled in the Superior Court listed below.

**Court Hearing.** A hearing is scheduled in \_\_\_\_\_ County Superior Court on (*date*) \_\_\_\_\_, at (*time*) \_\_\_\_\_ a.m./p.m.

at (*location*): \_\_\_\_\_  
See **How to Attend** below.

**9. After-Hours Order – Law Enforcement Petitions**

The below named judicial officer directs the Petitioner to affix the judge’s signature below, to signify that the judicial has reviewed the petition and evidence presented and found that it established reasonable cause for the issuance of this temporary extreme risk protection order – without notice. Permission to affix the judicial officer’s signature was communicated by:

telephone  email  fax  other reliable method (specify): \_\_\_\_\_

**RESPONDENT: You must appear at the next hearing stated on page 1 of this order.**

**How to attend the next court hearing** (date and time on page 1)

The hearing scheduled on page 1 will be held:

	<p><b>In person</b></p> <p>Judge/Commissioner: _____ Courtroom: _____</p> <p>Address: _____</p>
	<p><b>Online</b> (<i>audio and video</i>)                      App: _____</p> <p><input type="checkbox"/> Log-in: _____</p> <p><input type="checkbox"/> You must get permission from the court at least 3 court days before your hearing to participate online (audio and video). To make this request, contact:</p> <p>_____</p>
	<p><b>By Phone</b> (<i>audio only</i>)                      <input type="checkbox"/> Call-in number _____</p> <p><input type="checkbox"/> You must get permission from the court at least 3 court days before your hearing to participate by phone only (without video). To make this request, contact:</p> <p>_____</p>
	<p><b>If you have trouble connecting online or by phone</b> (instructions, who to contact)</p> <p>_____</p> <p>_____</p>
	<p><b>Ask for an interpreter, if needed.</b></p> <p>Contact: _____</p> <p>_____</p>
	<p><b>Ask for disability accommodation, if needed.</b> Contact: _____</p> <p>_____</p>
<p>Ask for an interpreter or accommodation as soon as you can. Do not wait until the hearing!</p>	

Voluntarily surrendering firearms or providing testimony regarding the surrender of firearms pursuant to an extreme risk protection order may not be used against you in any criminal prosecution under chapters 7.105, 9.41, or 9A.56.310 RCW.

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

**Judge/Commissioner**

\_\_\_\_\_  
Print Judge/Commissioner Name

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 and Confidential Information – Extreme Risk PO – Respondent Under 18 Years*, form XR 205.**

**NOTICE to Respondent's Parent or Guardian**

- Failure to safely secure firearms may be a crime if the respondent gains access to the firearms.
- The respondent is prohibited by the court from having any firearm in his or her custody or control, or from purchasing, possessing, accessing, or receiving any firearm.
- If you store or leave any firearm in a location where you know, or reasonably should know, that a prohibited person may gain access to the firearm, you may be subject to felony prosecution. (RCW 9.41.360)

Superior Court of Washington, County of Klickitat

\_\_\_\_\_  
Petitioner

vs.

\_\_\_\_\_  
Respondent (Restrained Person)      DOB

No.

**Extreme Risk Protection Order –  
Respondent Under 18 Years  
(XRPO18)**

Renewal (ORRXRPO)

Next Hearing Date/Time:

\_\_\_\_\_  
Court address: **205 S Columbus Ave,  
Goldendale, WA 98620**

Clerk's Action Required: 6, 7, 8, 9

**Extreme Risk Protection Order – Respondent Under 18 Years**

**Warning to Respondent!** You are prohibited from having a firearm in your custody or control, or from purchasing, accessing, possessing, or receiving, or attempting to purchase or receive any firearm or concealed pistol license. You must surrender any and all firearms including but not limited to firearms as described below. Under RCW 7.105.460(2), 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 5 more years after this order expires.

***You have the sole responsibility to not violate this order. Only the court may change this order and only after written application.***

**Respondent's Distinguishing Features:**

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

**Respondent's Identifiers**

Sex	Race	Hair
Height	Weight	Eyes

**This 1-year order expires on date: \_\_\_\_\_ time: \_\_\_\_\_ a.m./p.m.**

**Guardian ad Litem**

(Name) \_\_\_\_\_ is a responsible and proper person to be appointed and is appointed guardian ad litem of Respondent and  is discharged when proof of service of this order on the guardian ad litem is filed in this case.

**Respondent:** You must immediately surrender all firearms and any concealed pistol licenses 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:** This order will last until the date and time noted above. If you have not done so already, you must immediately surrender to the (*local law enforcement agency*) \_\_\_\_\_ all firearms in your custody, control, or possession and any concealed pistol license/s issued to you under RCW 9.41.070. You may not have in your custody or control, access, purchase, possess, receive, or attempt to purchase or receive a firearm or a concealed pistol license, while this order is in effect. You have the right to request 1 hearing to terminate this order every 12-month period that this order is in effect, starting from the date of this order and continuing through any renewals. You may seek the advice of an attorney as to any matter connected with this order.

**Respondent:**

**1. Firearms Surrender: You must immediately surrender all firearms by these deadlines:**

- A. Personally served:** If this order is served by a law enforcement officer, surrender immediately the firearm/s and any concealed pistol license/s to the serving officer.
- B. Attended the hearing:** If you attended the hearing where the court issued this order, surrender the firearm/s and concealed pistol license/s to the law enforcement agency listed in this order on the same day as the hearing. Contact the law enforcement agency for directions on how to surrender the firearm/s. Do not bring weapons to the courthouse for surrender.
- C. Alternative service:** If you are served by other means, you must surrender all firearm/s to the control of local law enforcement agency within 24 hours of being served.

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

- 2. Notice:** Respondent received notice of this hearing by  personal service  publication  mail.
- 3. Hearing:** The court held a hearing before issuing this full protection order. These people attended:
 

<input type="checkbox"/> Petitioner	<input type="checkbox"/> in person	<input type="checkbox"/> by phone	<input type="checkbox"/> by video
<input type="checkbox"/> Petitioner's Lawyer	<input type="checkbox"/> in person	<input type="checkbox"/> by phone	<input type="checkbox"/> by video
<input type="checkbox"/> Respondent	<input type="checkbox"/> in person	<input type="checkbox"/> by phone	<input type="checkbox"/> by video
<input type="checkbox"/> Respondent's Lawyer	<input type="checkbox"/> in person	<input type="checkbox"/> by phone	<input type="checkbox"/> by video
<input type="checkbox"/> Other: _____	<input type="checkbox"/> in person	<input type="checkbox"/> by phone	<input type="checkbox"/> by video
- 4. The Court finds:** By a preponderance of the evidence that the Respondent poses a significant danger of causing personal injury to self or to others **in the future** by having

in Respondent's custody or control, purchasing, possessing, accessing, receiving, or attempting to purchase or receive a firearms; based upon **(check all that apply)**:

- a.  Respondent has access to someone else's firearm/s.
- b.  Respondent owns a firearm/s or has expressed intent to obtain a firearm.
- 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.
- 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 as defined in RCW 10.99.020.
- i.  Respondent has been arrested for or convicted of a felony offense or violent crime.
- j.  Respondent has been convicted of a hate crime under RCW 9A.36.080.
- k.  Respondent has recently committed or threatened violence against self or others, whether or not respondent had a firearm.
- l.  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.
- m.  Respondent has a history of use, attempted use, or threatened use of physical force against another person.
- n.  Respondent has a history of stalking another person.
- o.  Respondent's behaviors present an imminent threat of harm to self.
- p.  Respondent's behaviors present an imminent threat of harm or others.
- q.  There is corroborative evidence of respondent's abuse of  alcohol or  controlled substances.
- r.  Other: \_\_\_\_\_

**5. Evaluation:** The court has considered whether it is appropriate to order a behavioral health evaluation of the Respondent. The court finds that conducting a behavioral health evaluation is  appropriate  not appropriate.

**Respondent:** You must have a behavioral health evaluation completed by a qualified evaluator within \_\_\_\_\_ days of this order. Proof of obtaining the evaluations must be filed with this court within \_\_\_\_\_ days of completion.

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

\_\_\_\_\_

**6. Washington Crime Information Center (WACIC) and Other Data Entry**

**Clerk's Action.** The court clerk shall forward a copy of this order immediately to the following law enforcement agency (*county or city*) \_\_\_\_\_  
(*check only one*):  Sheriff's Office or  Police Department  
(*List the same agency that entered the temporary order, if any*)

This agency shall enter this order into WACIC and National Crime Info. Center (NCIC).

**7. Service on Minor Respondent**

**Required.** The restrained person must be served with a copy of this order.

The **law enforcement agency** where the restrained person lives or can be served shall serve the restrained person with a copy of this order and shall promptly complete and return proof of service to this court.

Law enforcement agency: (*county or city*) \_\_\_\_\_  
(*check only one*):  Sheriff's Office or  Police Department

The **petitioner** (or person filing on their behalf) shall make private arrangements for service and have proof of service returned to this court.  
(*This is only an option if surrender of weapons is **already completed and verified by the court***)

**Clerk's Action.** The court clerk shall forward a copy of this order on or before the next judicial day to the agency and/or party checked above. The court clerk shall also provide a copy of the order to the protected person.

**Alternative Service Allowed.** The court authorizes alternative service by separate order (*specify*): \_\_\_\_\_

**Not required.** See section 3 above for appearances.

The restrained person appeared at the hearing where this order was issued and received a copy.

The restrained person appeared at the hearing where this order was issued but refused to accept a copy of this order. Additional service is not required.

The restrained person appeared remotely or left the hearing early but received actual notice of the order. Additional service is not required and proof of service is not necessary.

**8.  Service on Parent or Guardian of Minor Respondent**

If the Respondent is under 18 years old, a copy of the order must be served on the parent or guardian of the minor at any address where the minor resides, or the Department of Children, Youth and Families (DCYF) in the case where the minor is the subject of a dependency or court approved out-of-home placement.

**Parent or Guardian Information**

Name: \_\_\_\_\_

Relationship to Respondent:  Parent  Guardian  DCYF Representative

**Required.**

The **law enforcement agency** where the person to be served lives or can be served shall serve a copy of this order and shall promptly complete and return proof of service to this court.

Law enforcement agency: (*county or city*) \_\_\_\_\_  
 (*check only one*):  Sheriff's Office or  Police Department

The **petitioner** shall make private arrangements for service and have proof of service returned to this court.

**Clerk's Action.** The court clerk shall forward a copy of this order on or before the next judicial day to the agency and/or party checked above.

**Not required.** They appeared at the hearing where this order was issued and received a copy.

**9. DOL Notification**

The issuing court shall within 3 judicial days after this order is issued, forward a copy of the respondent's driver's license, identification card, or comparable information along with the date of issuance to DOL. If respondent has a concealed pistol license, DOL must immediately notify a law enforcement agency that the court has directed the revocation of the license.

**Respondent: You must attend the hearing listed on page 1 of this order** and show the court that you surrendered your firearm/s and concealed pistol license.

Voluntarily surrendering firearms or providing testimony regarding the surrender of firearms pursuant to an extreme risk protection order may not be used against you in any criminal prosecution under chapters 7.105, 9.41, or 9A.56.310 RCW.

**How to attend the next court hearing** (date and time on page 1)

The hearing scheduled on page 1 will be held:

	<p><b>In person</b></p> <p>Judge/Commissioner: _____ Courtroom: _____</p> <p>Address: _____</p>
	<p><b>Online</b> (<i>audio and video</i>)      App: _____</p> <p><input type="checkbox"/> Log-in: _____</p> <p><input type="checkbox"/> You must get permission from the court at least 3 court days before your hearing to participate online (audio and video). To make this request, contact:          _____</p>
	<p><b>By Phone</b> (<i>audio only</i>)      <input type="checkbox"/> Call-in number _____</p>

	<input type="checkbox"/> You must get permission from the court at least 3 court days before your hearing to participate by phone only (without video). To make this request, contact: _____	
	<b>If you have trouble connecting online or by phone</b> (instructions, who to contact) _____ _____	
	<b>Ask for an interpreter, if needed.</b> Contact: _____ _____	
	<b>Ask for disability accommodation, if needed.</b> Contact: _____ _____	
Ask for an interpreter or accommodation as soon as you can. Do not wait until the hearing!		

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

**Judge/Commissioner**

\_\_\_\_\_  
Print Judge Commissioner Name

I acknowledge receipt of a copy of this order.

➤ \_\_\_\_\_  
Signature of Respondent

\_\_\_\_\_  
Print Name

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

\_\_\_\_\_  
Print Name

➤ \_\_\_\_\_  
Signature of Respondent's Parent or Guardian

\_\_\_\_\_  
Print Name

➤ \_\_\_\_\_ WSBA No. \_\_\_\_\_  
Signature of DCYF Attorney

\_\_\_\_\_  
Print Name

➤ \_\_\_\_\_ WSBA No. \_\_\_\_\_  
Signature of Petitioner/Attorney

\_\_\_\_\_  
Print Name and Badge No., if applicable

**The Petitioner or Petitioner's lawyer must complete the *Law Enforcement and Confidential Information – Extreme Risk PO – Respondent Under 18 Years, form XR 205.***

**Notices:**

**To Respondent's Parent or Guardian: Your legal obligation to safely secure firearms.**

- Failure to safely secure firearms may be a crime if the Respondent gains access to the firearms.

- The Respondent is prohibited by the court from having any firearm in their custody or control, or from purchasing, possessing, accessing, or receiving any firearm.
- If you store or leave any firearm in a location where you know, or reasonably should know, that a prohibited person may gain access to the firearm, you may be subject to felony prosecution. (RCW 9.41.360)

**To Petitioner:** You may file a motion to ask the court to renew this 1-year order. You may begin that process no sooner than 90 days prior to the date this order expires (see **page 1**).

**To Respondent:** You may file a motion requesting the court to terminate this 1-year order. You may make this request only once during the 1 year period of this order

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

**Receipt:** The law enforcement officer who receives your firearm/s will prepare a receipt with a list of the firearms and any concealed pistol license/s. The law enforcement officer must 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 provides written verification to the court regarding how they will safely store the firearm in a way that Respondent does not have access and control of the firearm;
- 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 is lawfully authorized to possess the firearm.

Superior Court of Washington, County of Klickitat

_____	
Petitioner	
vs.	
_____	DOB _____
Respondent (Restrained Person)	

No.  
**Denial Order - Extreme Risk**  
 **Respondent Under 18 years**  
 (Optional Use) (ORDMTP)  
 Clerk's Action Required  
 Next Hearing Date/Time: \_\_\_\_\_

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At: **205 S Columbus Ave, Goldendale, WA 98620**

**Denial Order - Extreme Risk  Respondent Under 18 years**

**This Matter** is before the court at the request of (Name) \_\_\_\_\_, for a:

- Temporary Order                       Full Order                       Renewal Order
- Termination Order                       Respondent's Motion to Seal  Respondent under 18 years

**and the court finds that:**

- Petitioner  Respondent did not appear.
- Petitioner **requested dismissal** of petition.
- This **order materially changes** an existing order. A hearing after notice is necessary.
- No notice of this request has been made or attempted to the opposing party.
- The petitioner **has failed to demonstrate that there is sufficient basis** to enter a temporary order without notice to the opposing party.
- The extreme risk protection order **petition does not list specific acts** that demonstrate that the respondent poses a significant danger of causing personal injury to self or others by having in his or her custody or control, accessing, purchasing, possessing, or receiving a firearm.
- The **reasons for denial** of the order are:

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A **preponderance of the evidence has not established** that the respondent poses a significant danger of causing personal injury to self or others by having in his or her custody or control, accessing, purchasing, or receiving a firearm.

Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Modify/Terminate:

The court finds that the **Respondent has previously filed a motion** to terminate the order during the current 12 month period (following entry of the order), and is not eligible for the relief requested.

Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sealing:

The respondent has **not met the specific requirements to seal** the Extreme Risk Protection Order case

Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**The court orders that:**

The request for a **temporary order** is denied and the case is dismissed.

The request for a **full order** is denied, and the petition is dismissed. Any previously entered temporary order expires at \_\_\_\_\_ a.m./p.m. today.

The request for a **temporary order is denied and the clerk is directed to set a hearing** on the petition.

The request before the court is denied, provided that **it may be renewed after notice** has been provided to the opposing party according to the Civil Rules.

The request to **modify, terminate, or renew** the order dated \_\_\_\_\_ is denied.

The **request to seal** is denied.

If any **firearms have been surrendered** under this cause number, they shall be released to the respondent, absent some other legal reason that may exist prohibiting the respondent from possessing them.

The **parties are directed to appear** for a hearing as shown on page one.

The requesting party shall make arrangements for service of the petition/motion and this order on (*Name*) \_\_\_\_\_ by \_\_\_\_\_

law enforcement, professional process server, a person who is 18 or older, competent to be a witness, and not a party to the case. A Proof of Service shall be filed with the clerk at or before the hearing.

***Failure to Appear at the Hearing May Result in the Court Granting All of the Relief Requested in the Petition or Motion.***

This order is dated and signed in open court.

Date: \_\_\_\_\_/Time \_\_\_\_\_

\_\_\_\_\_  
**Judge/Pro Tem/Commissioner**

\_\_\_\_\_  
Print Judge/Pro Tem/Commissioner Name

I acknowledge receipt of a copy of this order:

\_\_\_\_\_  
Signature of Respondent/Lawyer WSBA No.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Petitioner/Lawyer WSBA No.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

Superior Court of Washington, County of Klickitat

_____ Petitioner	vs.	No. _____ <b>Proof of Service–Extreme Risk (RTS)</b>
_____ Respondent		

**Proof of Service–Extreme Risk**

**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 serve:**

**Personal Service:**

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

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

**Electronic Service:**

**Important!** *Electronic service is available after the surrender of firearms and verification by the court or when authorized by the court after two unsuccessful attempts at personal service.*

I served the court documents checked in section 3 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 other communication from the receiving party  
(*describe or attach*): \_\_\_\_\_

**Service by Mail:**

**Important!** Service by mail must be authorized by the court.

I served the court documents checked in section 3 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: \_\_\_\_\_

**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"/> Motion to Renew Extreme Risk Protection Order
<input type="checkbox"/> Temporary Extreme Risk Protection Order - Without Notice	<input type="checkbox"/> Order on Motion to Renew Extreme Risk Protection Order
<input type="checkbox"/> Order Transferring Case and Setting Hearing - Extreme Risk	<input type="checkbox"/> Extreme Risk Protection Order/Renewal
<input type="checkbox"/> Order Reissuing Temporary Extreme Risk Protection Order - Without Notice	<input type="checkbox"/> Petition for an Extreme Risk Protection Order – Respondent Under 18 Years
<input type="checkbox"/> Extreme Risk Protection Order	<input type="checkbox"/> Temporary Extreme Risk Protection Order - Without Notice – Respondent Under 18 Years
	<input type="checkbox"/> Extreme Risk Protection Order – Respondent Under 18 Years
	<input type="checkbox"/> Other: _____
	_____
	_____

**4. Not able to 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.
- I was unable to make personal service on the minor respondent's parent or guardian.  I notified the petitioner that the respondent's parent or guardian was not served.
- I was unable to make personal service on the Department of Children, Youth, and Families (DCYF).  I notified the petitioner that DCYF was not served.
- Personal service was attempted on the following date(s) \_\_\_\_\_
- \_\_\_\_\_

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

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

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

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

I declare 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 \_\_\_\_\_

Total \_\_\_\_\_

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

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

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