

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:
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<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.)

Name:	First	Middle	Last	Nickname	Relationship to Protected Person
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Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	Race	Height	Weight	Eye Color	Hair Color	Skin Tone	Build
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Last Known Address				Phone(s) w/Area Code	Need Interpreter? Yes or No
Street:					Language:
City:		State:	Zip:		

Employer	Employer's Address	WORK Hours: Phone: ()
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Vehicle License Number	Vehicle Make and Model	Vehicle Color	Vehicle Year	Drivers License or ID number	State
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Does the restrained person have a disability, brain injury, or impairment requiring special assistance when law enforcement serves the order? No Yes. If yes, describe (continue on back, if needed):

Hazard Information Restrained Person's History Includes:
 Involuntary/Voluntary Commitment Suicide Attempt or Threats
 Assault Assault with Weapons Alcohol/Drug Abuse Other:
Weapons: Handguns Rifles Knives Explosives Other:
Location of Weapons: Vehicle On Person Residence Describe in detail:

Current Status (Circle Yes, No or N/A.) Is the restrained person a current or former cohabitant as an intimate partner? Y N
 Are you and the restrained person living together now? Y N Does the restrained person know he/she may be moved out of the home? Y N N/A
 Does the restrained person know you're trying to get this order? Y N Is the restrained person likely to react violently when served? Y N

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

Name:	First	Middle	Last
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Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	Race	Height	Weight	Eye Color	Hair Color	Skin Tone	Build
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If your information **is not confidential**, you must enter your address and phone number(s).

Current Address				Phone(s) w/Area Code	Need interpreter? Yes or No
Street:					Language:
City:		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/Restrained Person	
Name: First	Middle	Last	Sex	Race	Birth date	Resides With	Person	Person

Victim's Household Members or Adult Children Protected		Name:	birth date:
Name:	birth date:	Name:	birth date:

**IN THE TRIBAL COURT FOR THE SPOKANE TRIBE OF INDIANS
ON THE SPOKANE INDIAN RESERVATION**

P.O. Box 225, Wellpinit, WA 99040
Phone: (509) 258-7717 Fax: (509) 258-9223

and

Petitioner

Respondent

NO.

**PETITION FOR ORDER FOR
PROTECTION**

Ex Parte Emergency Temporary Order for
Protection is Requested

<p>1. <input type="checkbox"/> I am <input type="checkbox"/> A member of my family or household is the victim of domestic violence committed by the respondent as described in the statement below.</p>	<p>3. My age is: <input type="checkbox"/> Under 16 <input type="checkbox"/> 16 or 17 <input type="checkbox"/> 18 or over</p>									
<p>2. <input type="checkbox"/> I live am a resident of the Spokane Indian Reservation. <input type="checkbox"/> I left my residence because of abuse and the Spokane Indian Reservation is my new or former residence. <input type="checkbox"/> I am an enrolled member of [] the Spokane Tribe of Indians [] other tribe: _____</p>	<p>Respondent's age is: <input type="checkbox"/> Under 16 <input type="checkbox"/> 16 or 17 <input type="checkbox"/> 18 or over</p>									
<p>4. My relationship with the respondent is:</p> <table border="0"> <tr> <td><input type="checkbox"/> spouse or former spouse</td> <td><input type="checkbox"/> current or former dating relationship</td> <td><input type="checkbox"/> in-law</td> </tr> <tr> <td><input type="checkbox"/> parent of a common child</td> <td><input type="checkbox"/> stepparent or stepchild</td> <td><input type="checkbox"/> parent or child</td> </tr> <tr> <td><input type="checkbox"/> current or former cohabitant as intimate partner, including current or former registered domestic partner</td> <td><input type="checkbox"/> current or former cohabitant as roommate</td> <td><input type="checkbox"/> blood relation other than parent or child</td> </tr> </table>		<input type="checkbox"/> spouse or former spouse	<input type="checkbox"/> current or former dating relationship	<input type="checkbox"/> in-law	<input type="checkbox"/> parent of a common child	<input type="checkbox"/> stepparent or stepchild	<input type="checkbox"/> parent or child	<input type="checkbox"/> current or former cohabitant as intimate partner, including current or former registered domestic partner	<input type="checkbox"/> current or former cohabitant as roommate	<input type="checkbox"/> blood relation other than parent or child
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<input type="checkbox"/> current or former cohabitant as intimate partner, including current or former registered domestic partner	<input type="checkbox"/> current or former cohabitant as roommate	<input type="checkbox"/> blood relation other than parent or child								

5. Identification of Minors (if applicable) No Minors involved.

Name (First, Middle Initial, Last)	Age	Race	Sex	How Related to		Resides with
				Petitioner	Respondent	

6. Other court cases or other restraining, protection or no-contact orders involving me, the minors and the respondent:

Case Name			
Case Number			
Court/County			

Check the box for each type of relief you are requesting, for each type of order you need.
Temp: I Request a **Temporary Order for Protection, effective until the hearing**, because *an Emergency Exists* as described in the statement below. A temporary protection order should be issued immediately without notice to the respondent, to avoid irreparable injury.
Full: I Request a **“full” Order for Protection**, following a hearing.

Temp **Full**
↓ ↓

¹ **Restrain** respondent from causing any physical harm, bodily injury, assault, including sexual assault, and from molesting, harassing, threatening, or stalking
 me the minors named in paragraph 5 above these minors only:

(If the court orders this relief, and the respondent is your spouse or former spouse, the parent of a common child, or a current or former cohabitant as intimate partner, including a current or former registered domestic partner, the respondent will be prohibited from possessing a firearm or ammunition under federal law for the duration of this order. An exception exists for law enforcement officers and military personnel when carrying department/government-issued firearms. 18 U.S.C. § 925(a)(1).)

² **Restrain** respondent from coming near and from having any contact whatsoever, in person or through others, by phone, mail, or any means, directly or indirectly, except for mailing of court documents, with me the minors named in paragraph 5 above, subject to any court-ordered visitation these minors only, subject to any court-ordered visitation:

<input type="checkbox"/>	<input type="checkbox"/>	<p>³ Exclude respondent from <input type="checkbox"/> our shared residence <input type="checkbox"/> my residence <input type="checkbox"/> my workplace <input type="checkbox"/> my school <input type="checkbox"/> the day care or school of <input type="checkbox"/> the minors named in paragraph 5 above <input type="checkbox"/> these minors only:</p> <p><input type="checkbox"/> other:</p> <p>You have a right to keep your residential address confidential.</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>⁴ Direct respondent to vacate our shared residence and restore it to me.</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>⁵ Prohibit respondent from knowingly coming within, or knowingly remaining within _____ (distance) of <input type="checkbox"/> our shared residence <input type="checkbox"/> my residence <input type="checkbox"/> my workplace <input type="checkbox"/> my school <input type="checkbox"/> the day care or school of <input type="checkbox"/> the minors named in paragraph 5 above. <input type="checkbox"/> these minors only:</p> <p><input type="checkbox"/> other:</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>⁶ Grant me possession of essential personal belongings, including the following:</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>⁷ Grant me use of the following vehicle: Year, Make & Model _____ License No. _____</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>⁸ Other:</p>
N/A	<input type="checkbox"/>	<p>⁹ Direct the respondent to participate in appropriate treatment or counseling services.</p>
N/A	<input type="checkbox"/>	<p>¹⁰ Require the respondent to pay the fees and costs of this action.</p>
N/A	<input type="checkbox"/>	<p>¹¹ Remain Effective longer than one year because respondent is likely to resume acts of domestic violence against me if the order expires in a year.</p> <p>Check the following only if you are requesting protection involving a minor:</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>¹² Subject to any court-ordered visitation, Grant me the care, custody and control of <input type="checkbox"/> the minors named in paragraph 5 above <input type="checkbox"/> these minors only:</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>¹³ Restrain respondent from interfering with my physical or legal custody of <input type="checkbox"/> the minors named in paragraph 5 above <input type="checkbox"/> these minors only:</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>¹⁴ Restrain the respondent from removing from the Spokane Indian Reservation and the state of Washington: <input type="checkbox"/> the minors named in paragraph 5 above <input type="checkbox"/> these minors only:</p>

Request for Ex Parte Emergency Temporary Order for Protection:

I request an ex parte emergency temporary order for protection because immediate and irreparable injury, loss or damage will result if the other party is provided notice.

(You MUST explain below, in the declaration, why immediate and irreparable injury, loss or damage will result.)

Request for Special Assistance From Law Enforcement Agencies:

I request the court order the appropriate law enforcement agency to assist me in obtaining:

- Possession of my residence. Possession of the vehicle designated above.
- Possession of my essential personal belongings at the shared residence respondent's residence other.
- Custody of the minors named in paragraph 5 above these minors only (if applicable):

Other: _____

“Domestic violence” means physical harm, bodily injury, assault, including sexual assault, stalking, ***Or*** inflicting fear of imminent physical harm, bodily injury or assault between family or household members.

Statement: The respondent has committed acts of domestic violence as follows. (Describe specific acts of domestic violence and their approximate dates, beginning with the most recent act. You may want to include police responses.)

Describe the most recent incident or threat of violence and date: _____

Describe the past incidents where you experienced violence, where you were afraid of injury or where the respondent threatened to harm or kill you: _____

Describe any violence or threats towards children: _____

Describe medical treatment you received and for what: _____

Describe any threats of suicide or suicidal behavior by the respondent: _____

Does the respondent own or possess firearms? Yes No

Does the respondent use firearms, weapons or objects to threaten or harm you? Please describe:

If you are requesting that the protection order lasts longer than one year, describe the reasons why:

If you are requesting an ex-parte emergency order for protection, explain what immediate, irreparable injury, loss or damage will occur if the other party is provided notice: _____

Other: _____

(continue on separate page if necessary)

Check box if substance abuse is involved: alcohol drugs other
 Personal service cannot be made upon respondent within the Spokane Indian Reservation state of Washington.

I certify under penalty of perjury under the laws of the Spokane Tribe of Indians that the foregoing is true and correct.

Dated: _____ at _____, Washington.

Signature of Petitioner

You have a right to keep your residential address confidential. If you have one, please provide an address, other than your residence, where you may receive legal documents: _____

IN THE TRIBAL COURT FOR THE SPOKANE TRIBE OF INDIANS OF THE
SPOKANE INDIAN RESERVATION

_____)	Case No.
_____)	
Complainant/Petitioner)	COMPLAINT
_____)	_____ Show cause
_____)	_____ Schedule Hearing/Review
_____)	_____ Non-compliance with Court Order
_____)	_____ Complaint for Damages
_____)	_____ Complaint for Money Owed
Defendant/Respondent)	_____ Other

Please explain in complete detail the relief you are asking the court to grant you and be specific. Additionally, please name all parties, their relationship to you, their addresses, and phone numbers, as the court clerk must be able to notify them, relay important messages to you and the parties. (use back of page in needed)

I attest that the above information is true and correct to the best of my knowledge.

Dated this _____ day of _____, _____.

Respondent/Defendant's Address

Respondent/Defendant's Phone Number

Complainant/Petitioner's Signature

Complainant/Petitioner's Address

Complainant/Petitioner's Phone Number