

District Court of Washington For Okanogan County	
_____	Petitioner,
vs.	
_____	Respondent.

No. _____

**Motion and Declaration For Waiver of
Filing Fees and Surcharges -
Harassment
(MTAF)
(RCW 10.14.060; RCW 10.14.055)**

I. Motion

- 1.1 I am the petitioner in this action.
- 1.2 I am asking for a waiver of all filing fees and surcharges.

II. Basis for Motion

- 2.1. GR 34 allows the court to waive "filing fees or surcharges the payment of which is a condition precedent to a litigant's ability to secure access to judicial relief" for a person who is indigent. RCW 10.14.060 provides that if the petitioner's request for fee waiver is granted, "then no fees for service may be charged to the petitioner." As outlined below, I am indigent.
- 2.2. RCW 10.14.055 allows the court to waive "filing fees or surcharges the payment of which is a condition precedent to a litigant's ability to secure access to judicial relief" for a person who is seeking relief from a person:
 - who has stalked them as that term is defined in RCW 9A.46.110; or
 - who has engaged in conduct that would constitute a sex offense as defined in RCW 9A.44.130; or
 - from a person who is a family or household member as defined in RCW 26.50.010(2) who has engaged in conduct that would constitute domestic violence as defined in RCW 26.50.010(1).

RCW 10.14.060 provides that if the petitioner's request for fee waiver is granted, "then no fees for service may be charged to the petitioner."

Dated: _____

Signature of Requesting Party

Print or Type Name

III. Declaration

I declare that,

3.1 I cannot afford to meet my necessary household living expenses and pay the filing fees and surcharges imposed by the court. Please see the attached Financial Statement, which I incorporate as part of this declaration.

In addition to the information in the financial statement I would like the court to consider the following:

3.2. I am seeking protection from the respondent who:

has stalked me, or the minor child(ren) listed in the petition;

has engaged in conduct that would constitute a sex offense as defined in RCW 9A.44.130; or

is a family or household member as defined in RCW 26.50.010(2) who has engaged in conduct that would constitute domestic violence as defined in RCW 26.50.010(1);

as described in the Statement in the Petition for Order for Protection – Harassment.

(Check if applies.) I filed this motion by mail. I enclosed a self-addressed stamped envelope with the motion so that I can receive a copy of the order once it is signed.

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

Signed at (city) _____, (state) _____ on (date) _____.

Signature

Print or Type Name

Case Name: _____ Case Number: _____

Financial Statement - Harassment (Attachment)			
1. My name is:			
2. <input type="checkbox"/> I provide support to people who live with me: How many? Age(s):			
3. My Monthly Income:		6. My Monthly Household Expenses:	
Employed <input type="checkbox"/> Unemployed <input type="checkbox"/>		Rent/Mortgage:	\$
Employer's Name:		Food/Household Supplies:	\$
Gross pay per month (salary or hourly pay):	\$	Utilities:	\$
Take home pay per month:	\$	Transportation:	\$
4. Other Sources of Income Per Month in my Household:		Ordered Maintenance actually paid:	\$
Source:	\$	Ordered Child Support actually paid:	\$
Source:	\$	Clothing:	\$
Source:	\$	Child Care:	\$
Source:	\$	Education Expenses:	\$
Sub-Total:		Insurance (car, health):	\$
<input type="checkbox"/> I receive food stamps.		Medical Expenses:	\$
Total Income, lines 3 (take home pay) and 4:		Sub-Total:	\$
5. My Household Assets:		7. My Other Monthly Household Expenses:	
Cash on hand:	\$		\$
Checking Account Balance:	\$		\$
Savings Account Balance:	\$		\$
Auto #1 (Value less loan):	\$		\$
Auto #2 (Value less loan):	\$	Sub-Total:	\$
Home (Value less mortgage):	\$	8. My Other Debts with Monthly Payments:	
Other:	\$		\$ /mo
Other:	\$		\$ /mo
Other:	\$		\$ /mo
Other:	\$		\$ /mo
Other:	\$	Sub-Total:	\$
Total Household Assets:		Total Household Expenses and Debts, lines 6, 7, and 8:	
\$		\$	
Date:		Signature:	

District Court of Washington For Okanogan County	
_____	Petitioner,
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_____	Respondent.

No. _____

**Order Re Waiver of Filing Fees and
Surcharges - Harassment**
 Granted (ORPRFP)
 Denied (ORDYMT)
 Clerk's Action Required 3.1

I. Basis

The court received the motion to waive filing fees and surcharges filed by or on behalf of the petitioner.

II. Findings

The Court reviewed the motion and supporting declaration(s). Based on the declaration(s) and any relevant records and files, the Court finds:

- 2.1 The petitioner is indigent based on the following: He or she:
- is represented by a qualified legal aid provider that screened and found the applicant eligible for free civil legal aid services; and/or
 - receives benefits from one or more needs-based, means-tested assistance programs; and/or
 - has household income at or below 125% of the federal poverty guideline; and/or
 - has household income above 125% of the federal poverty guideline but cannot meet basic household living expenses and pay the fees and/or surcharges; and/or
 - other: _____

- 2.2 [] The petitioner is seeking protection from a person who:
- [] has stalked them as that term is defined in RCW 9A.46.110;
 - [] engaged in conduct that would constitute a sex offense as defined in RCW 9A.44.130; or
 - [] is a family or household member as defined in RCW 26.50.010(2) who has engaged in conduct that would constitute domestic violence as defined in RCW 26.50.010(1).

2.3 [] Other: _____

III. Order

Based on the findings the court orders:

- 3.1 [] The motion is granted, and
- [] all filing fees and surcharges the payment of which is a condition precedent to the petitioner's ability to secure access to judicial relief are waived.
 - [] Law Enforcement shall serve all papers in this action without charging a fee for service to the petitioner.
 - [] other: _____

3.2 [] The motion is denied.

3.3 If there is a material change in financial circumstances, the ruling can be revisited by the court or the petitioner.

If the motion was granted and the court, upon review, later finds that either the petitioner or another responsible party to this proceeding has sufficient resources to pay the waived filing fees or surcharges, the Court may modify this order and require the petitioner or another party to pay the filing fees and/or surcharges that have been waived by this order.

Dated: _____

Judge/Commissioner

Presented by:

 Signature of Petitioner or Lawyer/WSBA No.

 Print or Type Name Date

**DISTRICT COURT OF WASHINGTON
FOR OKANOGAN COUNTY**

Petitioner

vs.

Respondent

NO.

**PETITION FOR AN
ORDER FOR PROTECTION -
HARASSMENT
(PTORAH)**

1. I am petitioning for an Order for Protection against Unlawful Harassment.
2. I am the victim of unlawful harassment committed by respondent, as described in the statement below.
 I am the parent or guardian of child(ren) under age 18 and seek to restrain a person age 18 years or over from contact with my child(ren) because contact is detrimental, as described in the statement below.
3. The harassment took place in this judicial district. Respondent lives in this judicial district.

4. Identification of Minors:

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

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

CASE NAME AND NUMBER		
COURT/COUNTY		

REQUEST FOR TEMPORARY ORDER: AN EMERGENCY EXISTS as described in the statement below. I need a temporary restraining order issued immediately without notice to the respondent until a hearing to avoid great or irreparable harm. I request a Temporary Order for Protection that will:

I REQUEST AN ORDER FOR PROTECTION following a hearing THAT WILL:

RESTRAIN respondent from making any attempts to keep under surveillance,
 me the minors named in paragraph 4 above.

RESTRAIN respondent from making any attempts to contact, except for mailing of court documents, me the minors named in paragraph 4 above.

EXCLUDE respondent from any place I may reside.

RESTRAIN respondent from entering or being within _____ (distance) of my residence workplace other:

OTHER:

REMAIN EFFECTIVE longer than one year because respondent is likely to resume acts of unlawful harassment against me if the order expires in a year.

REQUIRE the respondent to pay the fees and costs of this action.

Unlawful harassment means a knowing and willful course of conduct directed at a specific person which seriously alarms, annoys, or harasses, or is detrimental to such person and which serves no legitimate or lawful purpose. The course of conduct shall be such as would cause a reasonable person to suffer substantial emotional distress and shall actually cause substantial emotional distress to the petitioner or when the course of conduct would cause a reasonable parent to fear for the well-being of their child. Course of conduct means a pattern of conduct composed of a series of acts over a period of time, however short, evidencing a continuity of purpose. "Course of conduct" includes, in addition to any other form of communication, contact, or conduct, the sending of an electronic communication. Constitutionally protected activities are not included within the meaning of "course of conduct."

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

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: _____

Domestic Violence Dissolution/Separation/Invalidity/Nonparental Custody/Paternity

Unlawful Harassment Vulnerable Adult 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 _____

Date of Birth _____ Male Female Race _____ Height _____ Weight _____ Eye Color _____ Hair Color _____ Skin Tone _____ Build _____

Last Known Address
Street: _____ Phone(s) w/Area Code _____ Need Interpreter? Yes or No
City: _____ State: _____ Zip: _____ Language: _____

Employer _____ Employer's Address _____ WORK Hours: _____ Phone: () _____

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

Does the restrained person have a disability, brain injury, or impairment requiring special assistance when law enforcement serves the order? No Yes. If yes, describe (continue on back, if needed):

Hazard Information Restrained Person's History includes:

Involuntary/Voluntary Commitment Suicide Attempt or Threats

Assault Assault with Weapons Alcohol/Drug Abuse Other:

Weapons: Handguns Rifles Knives Explosives Other:

Location of Weapons: Vehicle On Person Residence Describe in detail: _____

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

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

Name: First _____ Middle _____ Last _____

Date of Birth _____ Male Female Race _____ Height _____ Weight _____ Eye Color _____ Hair Color _____ Skin Tone _____ Build _____

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

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

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 _____

If you filed for someone else, list your name, phone number and address:

Minor's Information			Describe the minor's relationship using terms such as: child, grandchild, stepchild, nephew, none. →				Minor's Relationship to Protected Person	
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: _____ Name: _____ birth date: _____

CONFIDENTIAL INFORMATION FORM (INFO)

County: **Okanogan**

Cause Number:

Do not file in a public access file.

COURT CLERK: THIS IS A RESTRICTED ACCESS DOCUMENT

- Divorce/Separation/Invalidity/Nonparental Custody/Paternity/Modifications Other
 Domestic Violence Antiharassment Information Change (Check if you are updating information)
 A restraining order or protection order is in effect protecting the petitioner the respondent the children.
 The health, safety, or liberty of a party or child would be jeopardized by disclosure of address information because: _____

The following information about the parties is required in all cases:
 (Use the Addendum To Confidential Information Form to list additional parties or children)

Petitioner Information			Type or Print only	Respondent Information		
Name (First Middle Last)				Name (First Middle Last)		
Race	Sex	Birthdate		Race	Sex	Birthdate
Driver's Lic. or Identocard (# and State)				Driver's Lic. or Identocard (# and State), (or, if unavailable, residential address)		
Mailing Address (P.O. Box/Street, City, State, Zip)				Mailing Address (P.O. Box/Street, City, State, Zip)		
Relationship to Child(ren)				Relationship to Child(ren)		

The following information is required if there are children involved in the proceeding.
 (Soc. Sec. No. is not required for petitions in protection order cases (Domestic Violence/Antiharassment).)

1) Child's Name (First Middle Last)
Child's Race/Sex/Birthdate
Child's Soc. Sec. No. (If required)
Child's Present Address or Whereabouts

2) Child's Name (First Middle Last)

Child's Race/Sex/Birthdate

Child's Soc. Sec. No. (If required)

Child's Present Address or Whereabouts

List the names and present addresses of the persons with whom the child(ren) lived during the last five years:

List the names and present addresses of any person besides you and the respondent who has physical custody of, or claims rights of custody or visitation with, the child(ren):

Except for petitions in protection order cases (Domestic Violence/Antiharassment), the following information is required:

Petitioner's Information	Respondent's Information
Soc. Sec. No.:	Soc. Sec. No.:
Residential Address (Street, City, State, Zip)	Residential Address (Street, City, State, Zip)
Telephone No.: ()	Telephone No.: ()
Employer:	Employer:
Empl. Address:	Empl. Address:
Empl. Phone No.: ()	Empl. Phone No.: ()

Additional information:

Addendum To Confidential Information Form is attached.

I certify under penalty of perjury under the laws of the state of Washington that the above information is true and accurate concerning myself and is accurate to the best of my knowledge as to the other party, or is unavailable. The information is unavailable because _____

Signed on _____ (Date) at _____ (City and State).

Petitioner/Respondent