

Superior Court of Washington, County of \_\_\_\_\_

In re custody of:

Children:

\_\_\_\_\_

Petitioner/s (*person/s who started this case*):

\_\_\_\_\_

Respondents (*parents and any guardian or custodian*):

\_\_\_\_\_

\_\_\_\_\_

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

Motion for Immediate Restraining Order –  
Non-parent Custody (Ex Parte)  
(MTSC)

**Motion for Immediate Restraining Order –  
Non-Parent Custody (Ex Parte)**

*Use this form in non-parent custody cases only. For other cases, use FL Divorce 221, FL Parentage 321, or FL Modify 621, depending on the type of case.*

**To both parties:**

**Deadline!** Your papers must be filed and served by the deadline in your county's Local Court Rules, or by the State Court Rules if there is no local rule. Court Rules and forms are online at [www.courts.wa.gov](http://www.courts.wa.gov).

If you want the court to consider your side, you **must**:

- File your original documents with the Superior Court Clerk; AND
- Give the Judge/Commissioner a copy of your papers (if required by your county's Local Court Rules); AND
- Have a copy of your papers served on all other parties or their lawyers; AND
- Go to the hearing.

The court may not allow you to testify at the motion hearing. Read your county's Local Court Rules, if any.

Bring proposed orders to the hearing.

**To the person filing this motion:**

You must ask the court to sign the *Immediate Restraining Order (Ex Parte) and Hearing Notice* (FL Non-Parent 422). This Order may be signed "ex parte" (without the other party there). Contact the Superior Court Clerk's office for the procedure in your county. You must have this *Motion* and the *Immediate Restraining Order* personally served (by someone else) on the restrained person/s.

**To the person receiving this motion:**

If you do not agree with the requests in this motion, file a statement (using form FL All Family 135, *Declaration*) explaining why the court should not approve those requests. You may file other written proof supporting your side, and propose your own *Residential Schedule* (FL Non-Parent 405) or *Child Support Worksheets*.

If the court grants an *Immediate Restraining Order* without notice to you, you can file a motion to change or terminate it before the hearing date. (Civil Rule 65(b).) There is no pattern form for that motion.

- 1.** My name is: \_\_\_\_\_ . I am asking the court for an *Immediate Restraining Order* against (name/s): \_\_\_\_\_ .

I want these children under 18 to be protected by the order:

Child's name	Age	Child's name	Age
1.		2.	
3.		4.	
5.		6.	

- 2.** I ask the court to approve an *Immediate Restraining Order* to protect me and/or the children involved in this case. Without this order, the children or I could be hurt or suffer damage or loss immediately. This harm could be irreparable. (*Explain how you or the children could be harmed beyond repair*):

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(If you need additional space, use the *Declaration* form FL All Family 135.)

- 3. Notice** (*check one*):

I should **not** have to notify the other parties in advance that I am filing this *Motion* because the children or I could be harmed beyond repair if I gave any advance notice. (*Explain why you or the children could be harmed by providing advance notice*):

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I **have** notified the other parties that I am asking for an *Immediate Restraining Order*.  
(Describe any steps taken to give the other parties or their lawyers notice of this Motion):

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#### 4. Court hearing request

I ask the court to approve an *Immediate Restraining Order* now, and hold a hearing within 14 days to consider all of my requests for temporary orders listed below. I will have the other parties served with notice of the hearing so the court can hear their sides.

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

#### 5. Adequate Cause

The court found there was adequate cause to allow this case to move forward on (date): \_\_\_\_\_.

The court has not yet decided whether there is adequate cause to allow this case to move forward.

An adequate cause hearing is scheduled for (date): \_\_\_\_\_.

No adequate cause hearing has been scheduled.

#### 6. Indian Children

(An **Indian child** is a child who is a member of an Indian tribe, or who is the biological child of an Indian tribe member and eligible for membership. You must try to find out if any child in this case is an Indian child. If so, the federal and state Indian Child Welfare Acts will apply to your case.)

None of the children are Indian children. I ask the court to find that the federal and state *Indian Child Welfare Acts* do not apply to this case.

The children are or may be Indian children.

**Jurisdiction** – The court has jurisdiction over the Indian children because they are:

**not** domiciled or living on an Indian reservation, and are not wards of a tribal court.

domiciled or living on an Indian reservation, and (check all that apply):

The children’s tribe agrees to Washington State’s concurrent jurisdiction.

The children’s tribe decided not to use its exclusive jurisdiction (expressly declined). (RCW 13.38.060)

Washington State should claim emergency jurisdiction for children temporarily located off the reservation to protect the children from immediate physical damage or harm. (RCW 13.38.140)

**Notice to tribes** – Petitioner (check one):  provided or is providing  did **not** provide the required *Indian Child Welfare Act Notice* (form FL Non-Parent 402) and a copy of the Petition to the children’s tribe/s, the parents and any Indian custodian.

## 7. Active duty military

(The **federal** Servicemembers Civil Relief Act covers:

- Army, Navy, Air Force, Marine Corps, and Coast Guard members on active duty;
- National Guard or Reserve members under a call to active service for more than 30 days in a row; and
- commissioned corps of the Public Health Service and NOAA.

The **state** Service Members' Civil Relief Act covers those service members listed above who are either stationed in or residents of Washington state, and their dependents, except for the commissioned corps of the Public Health Service and NOAA.)

None of the other parties are covered by the state or federal Service Members Civil Relief Acts.

(Name): \_\_\_\_\_  
is covered by the  state  federal Service Members' Civil Relief Act.

- For persons covered only by the **state** act – Military duty may keep the service member or dependent from responding or coming to the hearing on this motion. I ask the court to approve temporary orders even if the covered person asks for a stay or doesn't respond. It would be very unfair (a manifest injustice) not to make temporary orders now because: \_\_\_\_\_.

➤ **I ask the Court to approve these orders immediately (check all that apply):**

## 8. Do not disturb

No request.

Order (name/s): \_\_\_\_\_ not to disturb my peace or the peace of any child listed in **1**.

## 9. Stay away

No request.

Order (name/s): \_\_\_\_\_ not to go onto the grounds of or enter my home, workplace, or school, and the daycare or school of any child listed in **1**.

Also, not knowingly to go or stay within \_\_\_\_\_ feet of my home, workplace, or school, or the daycare or school of any child listed in **1**.

## 10. Do not hurt or threaten

No request.

Order (name/s): \_\_\_\_\_ not to:

- Assault, harass, stalk, or molest me or any child listed in **1**; or
- Use, try to use, or threaten to use physical force against me or the children that would reasonably be expected to cause bodily injury.

**Warning!** If the court extends this order after a full hearing, the court must consider if weapons restrictions are required by state law; federal law may also prohibit the Restrained Person from possessing firearms or ammunition.

**11. Surrender weapons**

- No request.
- Order (name/s): \_\_\_\_\_ to immediately surrender any firearms and other dangerous weapons that he/she possesses to (check one):
  - the police chief or sheriff.  his/her lawyer.  other person (name): \_\_\_\_\_.

**12. Care and safety of children until the hearing**

- No request.
- Order (name/s): \_\_\_\_\_ not to take the children listed in **1** out of Washington State.
- Order that the children listed in **1** will live with me until the hearing.
- Other (specify): \_\_\_\_\_  
\_\_\_\_\_

**13. Other immediate orders**

- No request.
- (Specify): \_\_\_\_\_  
\_\_\_\_\_

➤ ***I ask the court to approve these temporary orders at the hearing to stay in effect until the case is done (check all that apply):***

**14. Extend immediate orders**

Extend the immediate orders I asked for above to stay in effect until the case is done.

**15. Prohibit weapons and order surrender**

- No request.
- Order (name/s): \_\_\_\_\_:
  - Not to access, possess, or obtain any firearms, other dangerous weapons, or concealed pistol licenses until the Order ends, and to
  - Immediately surrender any firearms, other dangerous weapons, or concealed pistol licenses that he/she possesses or controls to (check one):  the police chief or county sheriff.  his/her lawyer.  other person (name): \_\_\_\_\_.

**16. Care and safety of children (check all that apply):**

- No request.
- Give me custody of the children.
- Approve my proposed *Residential Schedule* (form FL Non-Parent 405).
- Order (name/s): \_\_\_\_\_ not to take the children out of Washington State.

Appoint a person to investigate and report to the court about what is in the children's best interest, and order who will pay this person's fees. This person should be a/n (check one):

Guardian ad Litem (GAL) or Evaluator/Investigator as chosen by the court.

Guardian ad Litem (GAL).

Evaluator/Investigator.

(Name): \_\_\_\_\_

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

### 17. Support, insurance and taxes

No request.

Order child support according to the Washington state child support schedule.

Order (name/s): \_\_\_\_\_ to provide and keep health insurance for the children.

Order (name/s): \_\_\_\_\_ to pay children's uninsured medical, day care, or other necessary expenses (check one):

as listed on the proposed *Child Support Order*.

as follows (specify): \_\_\_\_\_  
\_\_\_\_\_

Order that (name/s): \_\_\_\_\_ may claim the children as dependents on tax forms.

**Important!** Although the personal tax exemptions are currently suspended under federal law through tax year 2025, other tax benefits may flow from claiming a child as dependent.

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

### 18. Fees and costs

No request.

Order (name): \_\_\_\_\_ to:

Pay my lawyer's fees for this case. Amount: \$ \_\_\_\_\_

Make payments to (name): \_\_\_\_\_

Pay other professional fees and costs for this case. Amount: \$ \_\_\_\_\_

to (name): \_\_\_\_\_

for (purpose): \_\_\_\_\_

### 19. Other temporary orders

No request.

(Specify): \_\_\_\_\_



**Reasons for “Prohibit weapons and order surrender” request** (*check all that apply*):

(*Name*): \_\_\_\_\_ has used, displayed, or threatened to use a firearm or other dangerous weapon in a felony. (*Describe*):

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

(*Name*): \_\_\_\_\_ previously committed an offense making him or her ineligible to possess a firearm under RCW 9.41.040. (*Describe*):

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

(*Name*): \_\_\_\_\_'s possession of firearm presents a serious and imminent threat (harm that may happen immediately) to public health or safety, or to the health or safety of any individual. (*Describe*):

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

**Person asking for this order fills out below:**

I declare under penalty of perjury under the laws of the state of Washington that the facts I have provided on this form are true.

Signed at (*city and state*): \_\_\_\_\_ Date: \_\_\_\_\_



\_\_\_\_\_  
*Person asking for this order signs here* *Print name here*

I agree to accept legal papers for this case at (*check one*):

my lawyer's address, listed below.

the following address (*this does not have to be your home address*):

\_\_\_\_\_  
*street address or PO box* *city* *state* *zip*

Note: You and the other party/ies may agree to accept legal papers by email under Civil Rule 5 and local court rules.

(*If this address changes before the case ends, you must notify all parties and the court clerk in writing. You may use the Notice of Address Change form (FL All Family 120). You must also update your Confidential Information form (FL All Family 001) if this case involves parentage or child support.*)

**Lawyer (if any) fills out below:**



\_\_\_\_\_  
*Lawyer signs here* *Print name and WSBA No.* *Date*

\_\_\_\_\_  
*Lawyer's street address or PO box* *city* *state* *zip*

Email (*if applicable*): \_\_\_\_\_

**Warning!** Documents filed with the court are available for anyone to see unless they are sealed. Financial, medical, and confidential reports, as described in General Rule 22, **must** be sealed so they can only be seen by the court, the other party, and the lawyers in your case. Seal those documents by filing them separately, using a *Sealed* cover sheet (form FL All Family 011, 012, or 013). You may ask for an order to seal other documents.