

Superior Court of Washington, County of _____

In re parentage:

Petitioner *(person who started this case)*:

And Respondent *(alleged or convicted sexual assault perpetrator)*:

No. _____

Response to Petition to Stop Parentage
Based on Sexual Assault
(RSP)

Response to Petition to Stop Parentage Based on Sexual Assault

1. Your response

Look at each section of the *Petition*. Check below to say if you agree or disagree with what the other party said in each section, or say if you don't know because you don't have enough information. (If you disagree with any part of a section, check "I disagree.") List your reasons for disagreeing on page 2.

Section in the Petition	Your response (<i>check one</i>)		
1. <i>Petitioner</i>	<input type="checkbox"/> I agree	<input type="checkbox"/> I disagree	<input type="checkbox"/> I don't know
2. <i>I ask the court to decide the Respondent is not the parent ...</i>	<input type="checkbox"/> I agree	<input type="checkbox"/> I disagree	<input type="checkbox"/> I don't know
3. <i>Respondent</i>	<input type="checkbox"/> I agree	<input type="checkbox"/> I disagree	<input type="checkbox"/> I don't know
4. <i>Time limits and waiver</i>	<input type="checkbox"/> I agree	<input type="checkbox"/> I disagree	<input type="checkbox"/> I don't know
5. <i>Finding of sexual assault in a civil or criminal case</i>	<input type="checkbox"/> I agree	<input type="checkbox"/> I disagree	<input type="checkbox"/> I don't know
6. <i>Personal Jurisdiction</i>	<input type="checkbox"/> I agree	<input type="checkbox"/> I disagree	<input type="checkbox"/> I don't know
7. <i>Correct County (Venue)</i>	<input type="checkbox"/> I agree	<input type="checkbox"/> I disagree	<input type="checkbox"/> I don't know
8. <i>Request for Hearing</i>	<input type="checkbox"/> I agree	<input type="checkbox"/> I disagree	<input type="checkbox"/> I don't know

Section in the Petition	Your response (<i>check one</i>)		
9. <i>Proof of sexual assault</i>	<input type="checkbox"/> I agree	<input type="checkbox"/> I disagree	<input type="checkbox"/> I don't know
10. <i>Genetic Testing</i>	<input type="checkbox"/> I agree	<input type="checkbox"/> I disagree	<input type="checkbox"/> I don't know
11. <i>Request for seal documents</i>	<input type="checkbox"/> I agree	<input type="checkbox"/> I disagree	<input type="checkbox"/> I don't know
12. <i>Parentage</i>	<input type="checkbox"/> I agree	<input type="checkbox"/> I disagree	<input type="checkbox"/> I don't know
13. <i>Birth Record</i>	<input type="checkbox"/> I agree	<input type="checkbox"/> I disagree	<input type="checkbox"/> I don't know
14. <i>Parenting plan or residential schedule</i>	<input type="checkbox"/> I agree	<input type="checkbox"/> I disagree	<input type="checkbox"/> I don't know
15. <i>Child Support</i>	<input type="checkbox"/> I agree	<input type="checkbox"/> I disagree	<input type="checkbox"/> I don't know
16. <i>Protection Order</i>	<input type="checkbox"/> I agree	<input type="checkbox"/> I disagree	<input type="checkbox"/> I don't know
17. <i>Restraining Order</i>	<input type="checkbox"/> I agree	<input type="checkbox"/> I disagree	<input type="checkbox"/> I don't know
18. <i>Fees and costs</i>	<input type="checkbox"/> I agree	<input type="checkbox"/> I disagree	<input type="checkbox"/> I don't know
19. <i>Other (if any)</i>	<input type="checkbox"/> I agree	<input type="checkbox"/> I disagree	<input type="checkbox"/> I don't know

If you checked "I disagree" for any of the sections, list your reasons here:

Section #: _____ Reasons: _____

(If you need more space, you may add more pages to this Response. Number, date and sign each page that you add.)

2. **Protection Order**

Do you want the court to issue a Domestic Violence or Harassment Order for Protection as part of the final orders in this case?

- No.** I do not want an Order for Protection.
- Yes.** (You must file a Petition for Order for Protection, form DV-1.015 for domestic violence, or form UHST-02.0200 for harassment. You may file your Petition for Order for Protection using the same case number assigned to this case.)

Important! If you need protection now, ask the court clerk about getting a Temporary Order for Protection.

- There already is an Order for Protection between (name): _____ and me.** (Describe below. Attach a copy if you have one):
 Court that issued the order: _____
 Case number: _____
 Expiration date: _____

3. **Restraining order**

Do you want the court to issue a Restraining Order as part of the final orders in this case?

- No.** Skip to 4.
- Yes.** Check the type of orders you want.
 - Do not disturb** – Order (name/s) _____ not to disturb my peace or the peace of any child listed in the *Petition*.
 - Stay away** – 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 the *Petition*.
 - 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 the *Petition*.
 - Do not hurt or threaten** – Order (name/s) _____:
 - Not to assault, harass, stalk or molest me or any child listed in the *Petition*; and
 - Not to use, try to use, or threaten to use physical force against me or the children, where the physical force would reasonably be expected to cause bodily injury.

Warning! If the court makes this order, 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.

- Prohibit weapons and order surrender** – Order (name/s) _____:
 - Not to possess or obtain any firearms, other dangerous weapons or and concealed pistol license until the Order ends, and
 - To surrender any firearms, other dangerous weapons, and any concealed pistol license that he/she possesses to (check one): the police chief or sheriff his/her lawyer other person (name): _____.
- Other orders:** _____

Important! If you want a restraining order **now**, you must file a Motion for Temporary Family Law Order and Restraining Order (form FL Parentage 323) or a Motion for Immediate Restraining Order (Ex Parte) (form FL Parentage 321).

4. Requests

I ask the court to (check one):

Dismiss the *Petition to Stop Parentage Based on Sexual Assault*

and **approve** the following orders, if any (check all that apply):

Protection/Restraining Order

Order for Protection

Restraining Order

Fees/Other

Order who should pay filing fees, reasonable lawyer fees, fees for genetic testing, other costs, and necessary travel and other reasonable expenses.

Other (specify): _____

Respondent 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 (including any attachments) are true.

I have attached (number): _____ pages.

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



Respondent signs here

Print name

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).)

Important! You must fill out and file a *Confidential Information* form (FL All Family 001) with the court clerk.

Lawyer (if any) fills out below:



Lawyer Signs Here

Print Name and WSBA No.

Date

Lawyer's Address

City

State

Zip

Email (if applicable): _____