

Court of Washington
For

Petitioner (Protected Person) vs.

Respondent (Restrained Person)

No.
**Return of Service
(RTS)**

Identification of Server:

1. My name is _____. I am a peace officer 18 years of age or older and not the petitioner or the respondent.

Able to serve:

2. I served _____ (name of person served)
On _____ (date) at _____ (time) at this
address:

_____,
with the documents checked in paragraph 4.

Not able to serve:

3. I was unable to make personal service on the respondent. I notified the petitioner that respondent was not served.

I was unable to make personal service on the petitioner. I notified the respondent that petitioner was not served.

Personal service was attempted on the following date(s) _____

_____.

No service was attempted because _____

_____.

I mailed a copy of the documents checked in paragraph 4 to the respondent at his or her last known address: _____

I did not mail the documents checked in paragraph 4 to the respondent, because I do not know the respondent's last known address.

List of documents:

4. I served the:

<input type="checkbox"/> Summons	<input type="checkbox"/> Sexual Assault Protection Order
<input type="checkbox"/> Petition for Sexual Assault Protection Order	<input type="checkbox"/> Order to Surrender Weapons (and Prohibit Weapons if applicable) Issued without Notice
<input type="checkbox"/> Temporary Sexual Assault Protection Order and Notice of Hearing	<input type="checkbox"/> Order to Surrender and Prohibit Weapons
<input type="checkbox"/> Reissuance of Temporary Sexual Assault Protection Order and Notice of Hearing	<input type="checkbox"/> Motion to Modify/Terminate Sexual Assault Protection Order
<input type="checkbox"/> Respondent's Petition to Reopen Temporary Sexual Assault Protection Order	<input type="checkbox"/> Order Modifying/Terminating Sexual Assault Protection Order
<input type="checkbox"/> Order on Respondent's Petition to Reopen Temporary Sexual Assault Protection Order	<input type="checkbox"/> Motion for Renewal of Sexual Assault Protection Order
	<input type="checkbox"/> Order on Renewal of Sexual Assault Protection Order
	<input type="checkbox"/> Other: _____

5. **Other:**

_____.

I certify 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 _____

Signature of Server

Print or Type Name

Total _____

Law Enforcement Agency