



Provide the information below for **at least one** parent or legal guardian of the respondent.

<b>Parent or Guardian #1</b>									
<b>Name:</b> First Middle Last			Nickname		Relationship to Respondent [ ] Parent [ ] Legal Guardian				
Date of Birth	[ ] Male [ ] Female	Race	Height	Weight	Eye Color	Hair Color	Skin Tone	Build	
[ ] Current or [ ] Last Known Address Street: City: State: Zip:					Phone(s) w/Area Code		Need Interpreter? <b>Yes or No</b> Language:		
Email address:									
Employer		Employer's Address		Phone: ( )		Work Hours:			
Vehicle License Number	Vehicle Make and Model		Vehicle Color	Vehicle Year	Driver's License or ID number			State	
<p><b>Does the parent or guardian have a disability, brain injury, or impairment requiring special assistance</b> when law enforcement serves the order? [ ] No. [ ] Yes. If yes, describe (continue on back, if needed):</p> <p><b>Hazard Information</b> – Parent or Guardian's History Includes:            [ ] Involuntary/Voluntary Commitment [ ] Suicide Attempt or Threats [ ] Threats of "Suicide by Cop"            [ ] Assault [ ] Assault with Weapons [ ] Alcohol/Drug Abuse [ ] Other:  <b>Weapons:</b> [ ] Handguns [ ] Shotguns [ ] Rifles [ ] Semi-Automatic Assault Rifles [ ] Knives [ ] Explosives            [ ] Other:  <b>Location of Weapons:</b> [ ] Vehicle [ ] On Person [ ] Residence            Describe in detail:            Has the parent or guardian had advanced or military firearms training? [ ] No. [ ] Yes. If yes, describe (continue on separate sheet, if needed):</p>									
<b>Current Status</b> (Circle Yes or No below)									
Is the parent or guardian living with the restrained minor now? <b>Y N</b>					Does the parent or guardian know you're trying to get this order? <b>Y N</b>				
Are you and the parent or guardian living together now? <b>Y N</b>					Is the parent or guardian likely to react violently when served? <b>Y N</b>				

<b>Parent or Guardian #2</b>									
<b>Name:</b> First Middle Last			Nickname		Relationship to Respondent [ ] Parent [ ] Legal Guardian				
Date of Birth	[ ] Male [ ] Female	Race	Height	Weight	Eye Color	Hair Color	Skin Tone	Build	
[ ] Current or [ ] Last Known Address Street: City: State: Zip:					Phone(s) w/Area Code		Need Interpreter? <b>Yes or No</b> Language:		
Email address:									
Employer		Employer's Address		Phone: ( )		Work Hours:			
Vehicle License Number	Vehicle Make and Model		Vehicle Color	Vehicle Year	Driver's License or ID number			State	

(Continued.)

**Does the parent or guardian 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** – Parent or Guardian’s History Includes:

Involuntary/Voluntary Commitment  Suicide Attempt or Threats  Threats of “Suicide by Cop”

Assault  Assault with Weapons  Alcohol/Drug Abuse  Other:

**Weapons:**  Handguns  Shotguns  Rifles  Semi-Automatic Assault Rifles  Knives  Explosives  
 Other:

**Location of Weapons:**  Vehicle  On Person  Residence

Describe in detail:

Has the parent or guardian had advanced or military firearms training?  No.  Yes. If yes, describe (continue on separate sheet, if needed):

**Current Status** (Circle Yes or No below)

Is the parent or guardian living with the restrained minor now? **Y N**

Does the parent or guardian know you’re trying to get this order? **Y N**

Are you and the parent or guardian living together now? **Y N**

Is the parent or guardian likely to react violently when served? **Y N**

**Custody of DCYF:**

**The respondent is**  **subject to a dependency**  **in out-of-home placement**

**Fill in as much information as you can below:**

Which court has jurisdiction?

Court case number:

**Social worker or DCYF Representative Name:**

**Office location**

Street:

City:

State:

Zip:

**Phone**

Office:

Mobile:

**Email**

**Petitioner’s Information**

(This is the person, officer, or law enforcement agency that filed the case. They are not protected.)

**Name:** First Middle Last

**Agency Name, if petitioner is a law enforcement officer or agency:**

Address: (If petitioner is a law enforcement officer, list your agency address.)

Phone(s) w/area code

Email address:

If your information ***is confidential***, you must provide the name, address, and phone number of someone willing to be your “contact.”

If petitioner is represented by an attorney, enter attorney’s name, WSBA #, address, and phone number.

Need an interpreter? **Yes or No** Language: