

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

In re:

Petitioner/s (as listed on the Petition):

Respondent/s (as listed on the Petition):

No.

**Motion for Immediate Restraining Order  
(Ex Parte)**

(MITRO)

**Motion for Immediate Restraining Order (Ex Parte)**

*Use this form only for cases about changing a parenting/custody order when it is an emergency. For other cases, use FL Divorce 221 or FL Parentage 321 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.

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 Modify 622). 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.

**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 *Parenting Plan, Residential Schedule, 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 any child listed in 1. 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 any child listed in 1 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 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. 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** Servicemembers' 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):

**6. Do not disturb**

[ ] No request.

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

**7. Stay away**

[ ] No request.

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

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

**8. 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 and the parties are intimate partners, 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.*

- Intimate Partner:** The Restrained Person and the Protected Person are/were intimate partners because they are (*check all that apply*):
- current or former spouses or domestic partners.
  - parent of a child-in-common (unless a child was conceived through sexual assault).
  - currently or formerly in a dating relationship (age 13 or older) and
    - never lived together  live or have lived together.

**9. Surrender weapons**

- No request.
- Order (*name/s*): \_\_\_\_\_ to immediately surrender any firearms, other dangerous weapons, and any concealed pistol licenses that they have in their custody, control, or possession to (*check one*):
- the police chief or sheriff.  their lawyer.  other person: (*name*): \_\_\_\_\_
- \_\_\_\_\_

**10. 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*): \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**11. 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):***

**12. Extend immediate orders**

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

**13. Prohibit weapons and order surrender**

- No request.
- Order (*name/s*): \_\_\_\_\_ :

- Not to access, possess, have in their custody or control, purchase, receive, or attempt to purchase or receive 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 they have in their custody, control, or possession (*check one*):  
 the police chief or county sheriff.  their lawyer.  other person (*name*): \_\_\_\_\_

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

- No request.
- Approve the *Parenting Plan* (form FL All Family 140) or *Residential Schedule* (form FL Parentage 304) proposed by (*check one*):  me  (*name*): \_\_\_\_\_
- Order (*name*): \_\_\_\_\_  
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: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**15. Provide support**

- No request.
- Order child support according to the *Washington State Child Support Schedule*.

**16. Pay 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*): \_\_\_\_\_

**17. Other temporary orders**

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



(Name): \_\_\_\_\_ previously committed an offense making them 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*

Email: \_\_\_\_\_

*(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.