

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 Temporary Non-Parent  
Custody Order (MTTO)

[ ] and Restraining Order (MTNPO)

**Motion for Temporary Non-Parent Custody Order  
[ ] and Restraining Order**

*Use this form in non-parent custody cases only. For other cases, use FL Divorce 223, FL Parentage 323, or FL Modify 623, 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 schedule a hearing on this motion. You may use the *Notice of Hearing* (form FL All Family 185) unless your county's Local Court Rules require a different form. Contact the court for scheduling information.

**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* or *Child Support Worksheets*.

**1.** My name is: \_\_\_\_\_ . I ask the court for temporary orders approving the requests listed below.

**2. Children**

I want the children under 18 listed below to be included in the court's orders:

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

**3. 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): \_\_\_\_\_.

*Warning! The court cannot approve temporary non-parent custody orders before deciding adequate cause.*

**4. 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.

**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** *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 *Servicemembers Civil Relief Acts*.

(Name): \_\_\_\_\_ is covered by the  state  federal *Servicemembers 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: \_\_\_\_\_

**6. 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: \_\_\_\_\_

**7. Lawyer for Children.**

No request.

Request an appointment of a lawyer to represent the interests of a minor or dependent child with respect to custody, support, and visitation.

**8. 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.
- Other: \_\_\_\_\_

**9. Fees and costs**

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

**10. Restraining Order**

- No request.
- The Court already signed a *Restraining Order* on (date): \_\_\_\_\_ in this case.
  - I am not asking the court to make any changes to this *Restraining Order*.
  - I ask the Court to remove (terminate) this *Restraining Order*.
  - I ask the Court to change this *Restraining Order* as follows (specify): \_\_\_\_\_
- I ask the Court for a *Restraining Order* (form FL All Family 150) that orders (name/s): \_\_\_\_\_  
to obey the restraints and orders checked below. (Check all that apply; also check the “and Restraining Order” box in the form titles on page 1):
  - Do not disturb** – Do not disturb my peace or the peace of any child listed in **2**.
  - Stay away** – Do not go onto the grounds of or enter my home, workplace, or school, and the daycare or school of any child listed in **2**.

Also, do not knowingly go or stay within \_\_\_\_\_ feet of my home, workplace, or school, or the daycare or school of any child listed in **2**.

**Do not hurt or threaten**

- Do not assault, harass, stalk, or molest me or any child listed in **2**; and
- Do not use, try to use, or threaten to use physical force against me or children that 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**

- Do not access, possess, or obtain any firearms, other dangerous weapons, or concealed pistol licenses until the Order ends, and
- Immediately surrender any firearms, other dangerous weapons, and any concealed pistol licenses that he/she possesses to (*check one*):  the police chief or sheriff.  his/her lawyer.  other person (*name*): \_\_\_\_\_.

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

**11. Other temporary orders**

No request.

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

➤ **Reasons for my requests**

**12. Why are you asking the court for the orders you checked above? (*Explain*):**

- If you need additional space use the *Declaration* form FL All Family 135.
- If you are asking for child support, also fill out the *Child Support Worksheets*. If you have received public assistance for any child in this case, also fill out the *Public Assistance Declaration*, form FL All Family 132. Child support is based upon the income of both parents, not the income of the non-parent custodian.
- For parents – If you are asking for any order involving money (including child support), also fill out the *Financial Declaration*, form FL All Family 131, and file the required financial records.
- For non-parents – If you are asking for any order involving money (other than child support), also fill out the *Financial Declaration*, form FL All Family 131.
- If you are asking to prohibit weapons or order surrender, give your reasons at the end of this section.
- If you are asking to change an earlier temporary order, give the date of the earlier order and explain how circumstances have changed.



(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.