

Superior Court of Washington, County of _____

In re parentage/parenting and support:

Petitioner/s (*person/s who started this case*):

And Respondent/s (*other party/parties*):

No. _____

**Motion for Temporary Family Law Order
(MTTO)**

[] and Restraining Order

(MTTMO)

**Motion for Temporary Family Law Order
[] and Restraining Order**

Use this form for unmarried parents (parentage) cases only. For other cases, use FL Divorce 223 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.

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 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 *Parenting Plan*, *Residential Schedule*, or *Child Support Worksheets*.

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

2. **Children**

No request.

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

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

3. **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: _____

4. **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 303) proposed by (check one): me (name): _____.

Order (name): _____ not to take the children listed in 2 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): _____

A *Sexual Assault Allegation* form has been filed saying the child was conceived by a sexual assault. The fact-finding hearing on this allegation has not happened yet.

No residential time or decision-making should be ordered until after the fact-finding hearing.

I have a bonded and dependent relationship with the child that is parental in nature. It is in the child's best interests to order residential time or decision making now.

Other: _____

5. Provide support

No request.

Order child support according to the *Washington State Child Support Schedule*.

6. 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): _____

Based on the sexual assault allegation, award lawyer's fees consistent with RCW 26.09.140. RCW 26.26.760(12).

Order (name): _____ to:

Pay my lawyer's fees for this case. Amount: \$ _____

Make payments to (name): _____

7. 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” boxes 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 the children that would reasonably be expected to cause bodily injury.

Warning! *If the court makes this order 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, or parents of a child-in-common.

age 16 or older and are/were in a dating relationship, and are currently residing together or resided together in the past.

age 16 or older and are/were in a dating relationship, but have *never* resided together.

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 they possesses to (check one): the police chief or sheriff. their lawyer. other person (name): _____.

Other: _____

8. Other temporary orders

No request.

(Specify): _____

[] (Name): _____ previously committed an offense making him or her 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

(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.