

Court of Washington, County of _____

Petitioner

vs.

Respondent

DOB _____

No. _____

**Order Setting Hearing: Motion to
Terminate Extreme Risk Protection
Order (ORH)**

Clerk's Action Required

Order Setting Hearing: Motion to Terminate Extreme Risk Protection Order

1. The court signed the current *Extreme Risk Protection Order* on (date): _____.
The Respondent filed a *Motion to Terminate an Extreme Risk Protection Order* on (date): _____. The court confirmed that this is the only motion filed by the Respondent during the 12-month period the order is in effect per RCW 7.105.505(1).
2. A hearing is set for (time) _____ a.m./p.m. on (date): _____.
at the _____ County Superior Court located at: _____

(14 days and no later than 30 days from the date of service of the request upon
Petitioner.)

Petitioner: The court will decide if it should terminate the *Extreme Risk Protection Order* at the hearing. **If you fail to appear at that hearing, the court may terminate the *Extreme Risk Protection Order*.** You may seek the advice of a lawyer. You may file a response to the motion to terminate, and if you do, then you must arrange for service of your papers on the Respondent. The person serving your papers must fill out and sign a *Proof of Service* (form XR 112) which you are responsible for filing with the court clerk at or before the hearing.

3. **Respondent:** You must arrange for service (personal delivery) of this order setting hearing and your motion to terminate on the Petitioner. Service may be done by law enforcement, a professional process server, or a person 18 or over who is not a party to this action. The Petitioner may be served in person or electronically (via email, text, or other technological means). The person serving your papers must fill out and sign a *Proof of Service* (form XR 112) which you are responsible for filing

with the court clerk at or before the hearing.

Date: _____ at _____ a.m./p.m., by _____
Judge/Court Commissioner

Presented by: _____
Print Judge/Court Commissioner Name

Signature of Respondent/Attorney WSBA No. Print Name