

**IN THE TULALIP TRIBAL COURT  
TULALIP INDIAN RESERVATION  
TULALIP, WASHINGTON**

<b>Petitioner(s),</b>	<b>D.O.B.</b>	<b>CASE NO.: TUL-CV-AH-_____ - _____</b>
vs.		<b>PETITION FOR HARASSMENT PROTECTION ORDER</b>
<b>Respondent(s).</b>	<b>D.O.B.</b>	

I am petitioning for an Order for Protection against “Unlawful Harassment”.

1.  I am the victim of “Unlawful Harassment” committed by Respondent, as described in the statement below.
2.  I am the parent or guardian of child(ren) under the age of 18 and seek to restrain a person age 18 years of age or over from contact with my child(ren) because contact is detrimental, as described in the statement below.
3.  The “Unlawful Harassment” took place within the boundaries of the Tulalip Indian Reservation.
4.  Respondent lives within the boundaries of the Tulalip Indian Reservation.
5.  I am a member of the Tulalip Tribe.
6.  I am a member of a Federally recognized Indian Tribe: \_\_\_\_\_.
7.  Respondent is a member of the Tulalip Tribe.

Identification of minors (if applicable, use next page if needed):  No minors involved.

NAME (First, Middle, Last)	AGE/DOB	RACE (If American Indian, Tribal Affiliation)	SEX

6. Other court cases or other restraining, protection or no-contact orders involving Petitioner, Respondent or minor child(ren):

<b>CASE NAME</b>			
<b>CASE NUMBER</b>			
<b>COURT/COUNTY</b>			

**REQUEST FOR TEMPORARY ORDER: AN EMERGENCY EXISTS** as described in the statement below. I need a “Temporary” restraining order issued immediately without “Notice” to the Respondent until a “Hearing” to avoid irreparable injury. I request a “Temporary Order for Protection” that will:

**I REQUEST AN ORDER FOR PROTECTION following a hearing THAT WILL:**

	RESTRAIN Respondent from making ANY attempts to keep under surveillance, including cyber and electronic surveillance that includes e-mail, text messaging, and any other social media networking sites such as Facebook, Twitter, and Instagram of: <input type="checkbox"/> Me <input type="checkbox"/> the minors named in paragraph 5 on page 1.
	RESTRAIN Respondent from making ANY attempts to contact, except for mailing of court documents, <input type="checkbox"/> Me <input type="checkbox"/> the minors named in paragraph 5 on page 1.
	EXCLUDE Respondent from ANY place I may RESIDE.
	RESTRAIN Respondent from entering or being within _____ (distance) of my <input type="checkbox"/> Residence <input type="checkbox"/> workplace <input type="checkbox"/> other:
	OTHER:
	REMAIN EFFECTIVE longer than 1 year because Respondent is likely to resume acts of unlawful harassment AGAINST me if the order EXPIRES in 1 year.
	REQUIRE the Respondent to pay the fees and costs of this action.

**Unlawful harassment** means a knowing and willful course of conduct directed at a specific person which seriously harms, annoys, or harasses, or is determined to such person and which serves no legitimate or lawful purpose. The course of conduct shall be such as would cause a reasonable person to suffer substantial emotional distress or would cause a reasonable person to fear for well-being of their family and shall actually cause the Petitioner substantial emotional distress or fear for the well-being of his or her family. Course of conduct means a pattern of conduct composed of a serious of acts over a period of time, however short, evidencing a continuity of purpose. “Course of conduct” includes, but is not limited to, in addition to any other form of communication the sending of an electronic communication. See *Tulalip Tribe’s Harassment Code Title 4.25, Article VIII, Sections 4.25.740 – 4.25.830.*

STATEMENT: The Respondent has committed acts of “Unlawful Harassment” as follows. (Describe SPECIFIC acts of harassment and their approximate DATES, beginning with the most RECENT act. You may want to include Police Responses/Reports). Attach additional pages, if necessary.

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If you request a fee waiver, describe the incident(s) involving stalking, a sex offense, or domestic violence: (Attach additional pages, if necessary.)

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I certify under penalty of perjury under the laws of the **Tulalip Tribes** and/or the **State of Washington** that the foregoing is true and correct.

**DATED** this \_\_\_\_\_ at \_\_\_\_\_, Washington.

\_\_\_\_\_  
**Petitioner**

Keep Address Confidential - You have a right to keep your residential address confidential. You may list an address that is not your residential address where you agree to accept legal documents.  Address you would like your mail delivered: \_\_\_\_\_

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**LAW ENFORCEMENT INFORMATION**

**Do NOT serve or show this sheet to the restrained person!**

**Do NOT FILE in the court file. Give this form to law enforcement.**

**Type or print clearly!** This completed form is **required** by law enforcement. This information is **necessary** to serve, enforce and enter your order into the state wide law enforcement computer. Fill in the following information as completely as possible.

Court: TULALIP TRIBAL COURT	Case Number:
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<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Dissolution/Separation/Invalidity/Nonparental Custody/Paternity
<input type="checkbox"/> Unlawful Harassment	<input type="checkbox"/> Vulnerable Adult
<input type="checkbox"/> Sexual Assault	

**Restrained Person's Information** (This is the person that you want the court to restrain.)

<b>Name:</b> First Middle Last			Nickname		Relationship to Protected Person			
Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	Race	Height	Weight	Eye Color	Hair Color	Skin Tone	Build
Last Known Address Street: City:					Phone(s) w/Area Code		Need Interpreter? <b>Yes</b> or <b>No</b> Language:	
Employer		Employer's Address			WORK Hours: Phone: ( )			
Vehicle License Number	Vehicle Make and Model	Vehicle Color	Vehicle Year	Drivers License or ID number		State		

**Does the restrained person 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** Restrained Person's History Includes:

<input type="checkbox"/> Involuntary/Voluntary Commitment	<input type="checkbox"/> Suicide Attempt or Threats
<input type="checkbox"/> Assault	<input type="checkbox"/> Assault with Weapons
<input type="checkbox"/> Alcohol/Drug Abuse	<input type="checkbox"/> Other:

**Weapons:**  Handguns  Rifles  Knives  Explosives  Other:

**Location of Weapons:**  Vehicle  On Person  Residence Describe in detail:

**Current Status** (Circle **Yes**, **No** or **N/A**.) Is the restrained person a current or former cohabitant as an intimate partner? **Y N**  
 Are you and the restrained person living together now? **Y N** Does the restrained person know he/she may be moved out of the home? **Y N N/A**  
 Does the restrained person know you're trying to get this order? **Y N** Is the restrained person likely to react violently when served? **Y N**

**Protected Person's Information** (This is the person you want the court to protect.)

<b>Name:</b> First Middle Last			Date of Birth		<input type="checkbox"/> Male <input type="checkbox"/> Female	Race	Height	Weight	Eye Color	Hair Color	Skin Tone	Build
If your information <b>is not confidential</b> , you must enter your address and phone number(s).										Need interpreter? <b>Yes</b> or <b>No</b> Language:		
Current Address Street: City:					Phone(s) w/Area Code			State: Zip:				
If your information <b>is confidential</b> , you must provide the name, address and phone number of someone willing to be your "contact."												
Contact Name			Contact Address						Contact Phone			

If you filed for someone else, list your name, phone number and address:

Minor's Information			Describe the minor's relationship using terms such as: child, grandchild, stepchild, nephew, none. →				Minor's Relationship to Protected Person		Minor's Relationship to Restrained Person	
Name: First	Middle	Last	Sex	Race	Birth date	Resides With	Person	Person	Person	Person

<b>Victim's Household Members or Adult Children Protected</b>		Name:	birth date:
Name:	birth date:	Name:	birth date: