

**KALISPEL TRIBAL COURT**

\_\_\_\_\_  
Petitioner/Plaintiff

vs.

\_\_\_\_\_  
Respondent/Defendant.

**No.**

**Petition for Order for Protection**

**DV or**

**Anti-Harassment**

**“Domestic violence”** means physical harm, bodily injury, assault, including sexual assault, stalking, **Or** inflicting fear of imminent physical harm, bodily injury or assault between family or household members.

**“Unlawful harassment”** means a knowing and willful course of conduct directed at a specific person which seriously alarms, annoys, harasses, or is detrimental 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 and shall actually cause substantial emotional distress to the petitioner, or when the course of conduct would cause a reasonable parent to fear for the well-being of his or her child.

1.  I am the victim of domestic violence committed by the respondent **OR** (Select **One**)  
 I am the victim of unlawful harassment committed by the respondent :  
 I am a guardian of a  minor or  vulnerable adult who is a victim of  domestic violence or  unlawful harassment.  
The name of the minor victim or vulnerable adult is \_\_\_\_\_

*This minor victim’s or vulnerable adult’s identifying information is provided in section 6 below.*

2. The victim lives in Spokane County  Pend Oreille County  Other: \_\_\_\_\_

3. The victim’s age is:  Under 16  16 or 17  18 or older  
 The victim is an enrolled tribal member  
Victim’s Tribe and Enrollment Number: \_\_\_\_\_  
 The victim resides on the Kalispel Indian Reservation  
 The victim works on the Kalispel Indian Reservation at:  
\_\_\_\_\_

4. Respondent’s age is  Under 16  16 or 17  18 or older  
 The Respondent is an enrolled tribal member (if known)  
Respondent’s Tribe and Enrollment Number: \_\_\_\_\_  
 The Respondent resides on the Kalispel Indian Reservation  
 The Respondent works on the Kalispel Indian Reservation at:  
\_\_\_\_\_

5. Identification of Minors or Vulnerable Adults (if requesting minors be protected, attach a Child Custody Information Sheet for each minor)  No minors involved.

Name (First, Middle Initial, Last)	Age	Date of Birth	Race	Sex	How Related to		Resides with
					Petitioner	Respondent	

6. Other Court cases (Custody/Parenting Plans) or other restraining, protection, or no-contact orders involving me, the minors, and the Respondent. (Attach additional pages if necessary)

<b>Case Name</b>			
<b>Case Number</b>			
<b>Court/County</b>			

I request an Order for Protection, following a hearing, that will: (Select all that apply)

<input type="checkbox"/> <b>Restrain</b> Respondent from causing any physical harm, bodily injury, assault, including sexual assault, and from molesting, harassing, threatening, or stalking: (Select all that apply) <input type="checkbox"/> Me; <input type="checkbox"/> the minors or vulnerable adults named in paragraph 6 above; <input type="checkbox"/> other: _____ (If the court orders this relief, and the respondent is your spouse or former spouse, current or former domestic partner, the parent of a child in common, or a current or former cohabitant as part of a dating relationship, the respondent will not be able to obtain or possess a firearm, other dangerous weapon, ammunition, or concealed pistol license under state or federal law for the duration of the order.)
<input type="checkbox"/> <b>Restrain</b> Respondent from harassing, following, keeping under physical or electronic surveillance, cyberstalking as defined in tribal, state and federal law, and using telephonic, audiovisual, or other electronic means to monitor the actions, locations, or wire or electronic communication of: (Select all that apply) <input type="checkbox"/> Me; <input type="checkbox"/> the minors or vulnerable adults named in paragraph 6 above; <input type="checkbox"/> members of the Victim's household: _____; <input type="checkbox"/> the Victim's adult children: _____; <input type="checkbox"/> other: _____
<input type="checkbox"/> <b>Restrain</b> Respondent from coming near and from having any contact whatsoever, in person or through others, by phone, mail, or any means, directly or indirectly, except for mailing of court documents with (Select all that apply): <input type="checkbox"/> Me; <input type="checkbox"/> the minors or vulnerable adults named in paragraph 6 above, subject to any court-ordered visitation; <input type="checkbox"/> other: _____

**Exclude** Respondent from: (Select all that apply)  **our shared residence**;  **my residence**;  **my workplace**;  **my school**;  **the residence, daycare, or school of the minors or vulnerable adults named in paragraph 6**;  **the residence, daycare, or school of the following minors:** \_\_\_\_\_;  
 **other:** \_\_\_\_\_

**Direct** Respondent to vacate our shared residence and restore it to me.

**Prohibit** Respondent from knowingly coming within, or knowingly remaining within \_\_\_\_\_ (distance) of  **our shared residence**;  **my residence**;  **my workplace**;  **my school**;  **the residence, daycare, or school of the minors or vulnerable adults named in paragraph 6**;  **the residence, daycare, or school of the following minors:** \_\_\_\_\_  
 **Other location(s):** \_\_\_\_\_

**Grant** me possession of essential personal belongings, including the following:

**Grant** me use of the following vehicle:

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

License No.: \_\_\_\_\_ State of Registration: \_\_\_\_\_

Name on the title: \_\_\_\_\_

**Require** the Respondent to pay any fees and costs of this action.

**Direct** the Respondent to participate in appropriate treatment or counseling services.

**Keep this order in effect longer than one (1) year** because Respondent is likely to resume acts of domestic violence or unlawful harassment against the above-named individuals if the order expires in a year. (Only applicable for Anti-Harassment Petitions)

**Other Requests:**

Protection involving a minor or vulnerable adult: (Domestic Violence Petitions Only)  Not Applicable (Anti-Harassment Petition)

- Subject to any court-ordered visitation, **Grant** me the care, custody, and control of:
- the minors named in paragraph 6 above;
  - the following minors only: \_\_\_\_\_

- Restrain** Respondent from interfering with my physical or legal custody of:
- the minors named in paragraph 6 above;
  - the following minors only: \_\_\_\_\_

- Restrain** Respondent from removing from the state:
- the minors named in paragraph 6 above;
  - the following minors only: \_\_\_\_\_

Protection involving pets: (Domestic Violence Petitions Only)  Not Applicable (Anti-Harassment Petition)

**Grant** me exclusive custody and control of the following pet(s) owned, possessed, leased, kept, or held by me, respondent, or a minor child residing with either me or the respondent. (Specify name of pet and type of animal.):

**Prohibit** Respondent from interfering with my efforts to remove the pet(s) named above

**Prohibit** Respondent from knowingly coming within, or knowingly remaining within \_\_\_\_\_ (distance) of the following locations where the pet(s) are regularly found:

- Petitioner's residence     The following park(s): \_\_\_\_\_
- Other Locations: \_\_\_\_\_

Protection from Firearms and Other Dangerous Weapons: (Domestic Violence Petitions Only)  Not Applicable (Anti-Harassment Petition)

**Require** the Respondent to surrender any firearm or other dangerous weapon, or any concealed pistol license, and prohibit the respondent from obtaining or possessing a firearm or other dangerous weapon, or a concealed pistol license.

*(If granted, an Order to Surrender and Prohibit Weapons will be filed by the Court)*

**Notice:** If you **are** the Respondent's intimate partner, after actual notice and an opportunity to be heard at the hearing, the court may be required to order the Respondent to surrender firearms, other dangerous weapons, or concealed pistol license.

**I want temporary protection effective immediately, that lasts up to 14 days  
(A hearing will be held within 14 days to determine if permanent order will be granted)**

I request that a **Temporary Order for Protection** granting the relief requested above be issued immediately, without prior notice to the Respondent, to be effective until the hearing for the reasons listed below. **(Temporary Order for Protection form must be filed with this Petition)**

I also request temporary surrender of a firearm or other dangerous weapon without notice to the other party because irreparable injury could result if an order is not issued until the hearing. (Domestic Violence Petitions Only)

What irreparable harm would result if an order were not issued immediately without prior notice to the Respondent?

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**Request for Special Assistance from Law Enforcement Agencies:**

I request the court to order the appropriate law enforcement agency to assist me in obtaining:

- Possession of my residence       Possession of the vehicle requested above  
 Possession of my essential personal belongings at: \_\_\_\_\_  
\_\_\_\_\_

- Custody of the Minors named in paragraph 6  
 Custody of the following Minors only: \_\_\_\_\_

- Other: \_\_\_\_\_  
\_\_\_\_\_



Describe any stalking behavior by Respondent, including use of telephonic, audiovisual, or electronic means to harass or monitor:

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Describe medical treatment you received as a result of Respondent's actions:

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Describe any threats of suicide or suicidal behavior by the Respondent:

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Does the Respondent own or possess firearms or other weapons?  Yes  No  Unknown

Does the Respondent use firearms, weapons, or objects to threaten or harm you? If yes, please describe:

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Are you aware if the Respondent has used, displayed, or threatened to use a firearm or other dangerous weapon in a felony? If yes, please describe:

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Are you aware if the Respondent has previously committed an offense that makes him or her ineligible to possess a firearm? If yes, please describe:

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Does possession of a firearm or other dangerous weapon by the Respondent present a serious and imminent threat to public health or safety, or to the health or safety of any individual? If yes, please describe:

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If you are requesting that the protection order lasts longer than one year, describe the reasons why: (Anti-Harassment Petition Only)

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Other:

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Is substance abuse involved?  Drugs  Alcohol  Both

To your knowledge, can personal service be made upon respondent within the state of Washington?  Yes  No

To your knowledge, can personal service be made upon respondent on Kalispel Reservation Lands?  Yes  No *Please see [KLOC Chapter 3A](#) for service requirements.*

- Be sure to include the following documents when filing this Petition:
- Confidential Information Sheet (With all Petitions)
- Law Enforcement Information Sheet (With all Petitions)
- Temporary Order for Protection (If applicable)
- Child Custody Information Sheet (If applicable)

### Certification of Statement

I certify under penalty of perjury under the laws of the Kalispel Tribe of Indians and the State of Washington that the foregoing is true and correct.

Dated: \_\_\_\_\_ at \_\_\_\_\_, \_\_\_\_\_.  
(City/Town) (State/Territory)

\_\_\_\_\_  
Signature of Petitioner

You have a right to keep your residential address confidential. If you have one, please provide an address, other than your residence, where you may receive legal documents: