

**Superior Court of Washington, County of Island**

Petitioner _____ vs. Respondent _____	Date of Birth _____  Date of Birth _____	No. _____ <b>Proof of Service</b> (RTS/RTSPO) <b>Clerk's Action Required: 2C, 4</b>
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**Proof of Service**

**Important!** Promptly file this completed form with the court clerk.

Server declares:

1. My name is \_\_\_\_\_. I am 18 or older.  
I am ☐ a peace officer ☐ **not** a party to this case.

2. **Able to Serve:**

A. ☐ **Personal Service:** I served the court documents checked in section 4 for this case to (name of party) \_\_\_\_\_  
on (date) \_\_\_\_\_ at (time) \_\_\_\_\_  
by giving the documents directly to them at this address:  
\_\_\_\_\_

B. ☐ **Electronic Service:**

**Important!** Do **not** use electronic service if your case involves the surrender of firearms, transfer of child custody, removing Respondent from the parties' shared residence, an incarcerated Respondent, or a petition for a vulnerable adult protection order is filed by someone other than the vulnerable adult. In these cases, after **2** unsuccessful attempts at personal service, you can ask the court to authorize electronic service.

I served the court documents checked in section 4 for this case to  
(name of party) \_\_\_\_\_  
on (date) \_\_\_\_\_ at (time) \_\_\_\_\_ via  
☐ email ☐ text ☐ social media applications ☐ other technology  
At the following email address/s, phone number/s, social media application and  
username, or other address: \_\_\_\_\_

I received a read receipt or communication from the receiving party (*describe or attach*): \_\_\_\_\_

**C. [ ] Service by Mail:** I served the court documents checked in section 4 for this case to (*name of party*) \_\_\_\_\_ on (*date*) \_\_\_\_\_ at (*time*) \_\_\_\_\_.

I sent **2** copies of the documents, postage prepaid: one by ordinary, first-class mail and one by other mail with certified or tracking information (*attach receipts*).

I sent the mail to this/these address/es: \_\_\_\_\_

**Clerk's Action:** The court clerk shall forward a copy of this *Proof of Service* immediately to the following law enforcement agency (*county or city*) \_\_\_\_\_ (*check only one*): [ ] Sheriff's Office or [ ] Police Department (*List the same agency that entered the temporary order, if any*)

This agency shall enter this Proof of Service into WACIC and National Crime Info. Center (NCIC).

**3. Not Able to Serve:**

[ ] I was unable to make personal service on (*name of party*) \_\_\_\_\_. I notified the serving party that service was not successful. Personal service was attempted on the following date/s \_\_\_\_\_.

[ ] Electronic service was attempted at the following address/es but it bounced back, was undeliverable, or there was no follow-up communication \_\_\_\_\_

[ ] I did not mail court documents to (*name of party*) \_\_\_\_\_ because I do not know the party's last known address.

**4. List of Documents:**

**Important!** You must check or write in the title of **every** document that you served. Use the "Other Documents" box to write in the title of any document not already listed.

**Clerk's Action:** Form code is RTS unless otherwise specified below.

I served the following documents (*check all that apply*):

<b>New Petition</b>	<b>After a Full Hearing</b>
[ ] Petition for Protection Order	[ ] Protection Order (RTSPO)
[ ] Temporary Protection Order and Hearing Notice (RTSPO)	[ ] Order to Surrender and Prohibit Weapons
[ ] Order to Surrender and Prohibit Weapons	[ ] Order Realigning Parties
[ ] A <b>blank</b> Law Enforcement and Confidential Information Form	[ ] Order Extending Order to Surrender and Prohibit Weapons
[ ] Order Transferring Case and Setting Hearing	
[ ] Reissuance of Temporary Protection Order and Notice of Hearing	

<input type="checkbox"/> Declaration/s of: _____ _____ _____ _____ <input type="checkbox"/> Denial Order <input type="checkbox"/> Notice to Vulnerable Adult	
<b>Renewals</b> <input type="checkbox"/> Motion to Renew Protection Order <input type="checkbox"/> Petition and Motion to Renew Protection Order - Protected Minor <input type="checkbox"/> Order Setting Hearing on Renewal and Extending Order Until Hearing <input type="checkbox"/> Order for Renewal of Order for Protection	<b>Motions</b> <input type="checkbox"/> Motion to Modify or Terminate Protection Order <input type="checkbox"/> Motion for Surrender and Prohibition of Weapons <input type="checkbox"/> Order Scheduling Hearing about a Protection Order <input type="checkbox"/> Motion to Realign Parties <input type="checkbox"/> Motion to Set Show Cause Hearing - Contempt <input type="checkbox"/> Order on Hearing - Contempt <input type="checkbox"/> Order re Adequate Cause
<b>Weapons Compliance</b> <input type="checkbox"/> Findings and Order on Review: Weapons Surrender Compliance <input type="checkbox"/> Order on Hearing - Contempt <input type="checkbox"/> A blank Proof of Surrender <input type="checkbox"/> A blank Declaration of Non-Surrender <input type="checkbox"/> Receipt for Surrender Weapons and Concealed Pistol License <input type="checkbox"/> Order to Release Weapons	<b>After a Motion Hearing</b> <input type="checkbox"/> Order Modifying or Terminating Protection Order <input type="checkbox"/> Order to Surrender and Prohibit Weapons
<b>Other Documents</b> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	

**5. Fees Charged for Service:**

☐ Does not apply.

☐ Fees: \$\_\_\_\_\_ + Mileage \$\_\_\_\_\_ = Total: \$\_\_\_\_\_

**6. Firearms/Deadly Weapons:**

If an *Order to Surrender and Prohibit Weapons* has been issued in this case. Restrained Person:

☐ **surrendered** the ☐ firearms ☐ deadly weapons ☐ CPL.  
(file *Law Enforcement Receipt* separately).

☐ **did not surrender** the firearms/deadly weapons specified in the order (*provide details related to what happened, including any denials of ownership/possession*):

\_\_\_\_\_  
\_\_\_\_\_

☐ **asserted they have no** firearms, deadly weapons, or a CPL.

7. **Other** (*include details such as conduct at time of service, threats, avoidance of service, and statements regarding firearms possession*): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I declare, under penalty of perjury under the laws of the State of Washington, that the statements on this form are true.

Signed at (*city and state*): \_\_\_\_\_ Date: \_\_\_\_\_



\_\_\_\_\_  
*Signature of server*

\_\_\_\_\_  
*Print or type name of server*

\_\_\_\_\_  
*Law Enforcement Agency (if any)*