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| <p align="center">BAINBRIDGE ISLAND MUNICIPAL COURT Kitsap County, Washington</p> | <p align="center">Mail: PO Box 151, Rollingbay, WA 98061 Location: 10255 NE Valley Rd, Bainbridge Island, WA Phone # 206-842-5641 Fax # 206-842-0316 Email: court@bainbridgewa.gov</p> |
| <p>_____</p> <p>Petitioner (Protected Person)</p> <p align="center">vs.</p> <p>_____</p> <p>Respondent (Restrained Person)</p> | <p>No.</p> <p>Return of Service- Extreme Risk Protection Order (RTS)</p> |

1. Identification of Server:

My name is _____. I am a peace officer 18 years of age or older and not the petitioner or the respondent.

2. Able to personally serve:

I served _____(name of person served)
 on _____ (date) at _____ (time) at this
 address:

_____,
 with the documents checked in paragraph 3.

3. Document list:

(Server: Check the box before the title of each document you serve. Write in the title for any document you serve that is not already listed below.)

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| <p><input type="checkbox"/> Petition for an Extreme Risk Protection Order</p> <p><input type="checkbox"/> Temporary Extreme Risk Protection Order - Without Notice</p> <p><input type="checkbox"/> Order Transferring Case and Setting Hearing - Extreme Risk</p> <p><i>*Document list is continued on next page.</i></p> | <p><input type="checkbox"/> Motion to Renew Extreme Risk Protection Order</p> <p><input type="checkbox"/> Order on Motion to Renew Extreme Risk Protection Order</p> <p><input type="checkbox"/> Extreme Risk Protection Order/Renewal</p> <p><input type="checkbox"/> Petition for an Extreme Risk Protection Order – Respondent Under 18 Years</p> |
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| <p><i>Document list (continued):</i></p> <p><input type="checkbox"/> Order Reissuing Temporary Extreme Risk Protection Order - Without Notice</p> <p><input type="checkbox"/> Extreme Risk Protection Order</p> | <p><input type="checkbox"/> Temporary Extreme Risk Protection Order - Without Notice – Respondent Under 18 Years</p> <p><input type="checkbox"/> Extreme Risk Protection Order – Respondent Under 18 Years</p> <p><input type="checkbox"/> Other: _____</p> <p>_____</p> <p>_____</p> |
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4. Not able to personally serve:

- I was unable to make personal service on the respondent. I notified the petitioner that the respondent was not served.
- I was unable to make personal service on the petitioner. I notified the respondent that petitioner was not served.
- I was unable to make personal service on the minor respondent's parent or guardian. I notified the petitioner that the respondent's parent or guardian was not served.
- I was unable to make personal service on the Department of Children, Youth, and Families (DCYF). I notified the petitioner that DCYF was not served.
- Personal service was attempted on the following date(s) _____
- _____
- _____
- No service was attempted because: _____
- _____
- _____
- _____

5. Other information about service that I want the court to consider:

I declare under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Dated: _____ at _____, Washington.

Fees: Service _____
Mileage _____

Signature of Server

Print or Type Name

Total _____

Law Enforcement Agency