

MOTION FOR RENEWAL OF
SEXUAL ASSAULT
PROTECTION ORDER PACKET

If you are the protected party in the order, you may request assistance with this process. Please contact the Kitsap Sexual Assault Center Advocate:

Kitsap Sexual Assault Center (KSAC)

Beverly Van Santford

360-337-4950

Beverly-ksac@wavecable.com

Website: ksacservices.com

BAINBRIDGE ISLAND MUNICIPAL COURT Kitsap County, Washington	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 www.bainbridgewa.gov/court
	No.
Petitioner (Protected Person) (DOB) vs.	Motion and Declaration for Renewal of Sexual Assault Protection Order (MTAF)
Respondent (Restrained Person) (DOB)	<input type="checkbox"/> Clerk's Action Required: para 2

1. The *Sexual Assault Protection Order*, the provisions prohibiting firearms and ordering surrender, if ordered, and any modifications will expire on (date): _____.
 The *Order to Surrender and Prohibit Weapons* will expire on (date): _____.
2. Petitioner requests renewal of the *Sexual Assault Protection Order*, and any modifications, and the *Order to Surrender and Prohibit Weapons* because:

_____.
3. Petitioner requests an order that lasts longer than one year. is permanent.

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

Dated: _____ at _____, Washington.

Signature of Petitioner

Print or Type Name

Signature of Person Filing on Behalf of Petitioner

Print or Type Name

This document and the *Order Setting Hearing - Sexual Assault*, form SA 5.040, must be served on the other party, and a Return of Service must be filed with the court clerk at or before the hearing.

