

Superior Court of Washington, County of King

<hr/>		No. _____ Proof of Service (RTS) Clerk's Action Required: 2C
Petitioner (Protected Person)	Date of Birth	
vs.		
Respondent (Restrained Person)	Date of Birth	

Proof of Service

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. Court authorization is not necessary for vulnerable adult protection orders.

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
user name, 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 order 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 order 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.

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

New Petition	After a Full Hearing
<input type="checkbox"/> Petition for Protection Order	<input type="checkbox"/> Protection Order
<input type="checkbox"/> Temporary Protection Order and Hearing Notice	<input type="checkbox"/> Order to Surrender and Prohibit Weapons
<input type="checkbox"/> Order to Surrender and Prohibit Weapons	<input type="checkbox"/> Order Realigning Parties
<input type="checkbox"/> A blank Law Enforcement and Confidential Information Form	
<input type="checkbox"/> Order Transferring Case and Setting Hearing	
<input type="checkbox"/> Declaration/s of: _____	

<input type="checkbox"/> Denial Order	
<input type="checkbox"/> Notice to Vulnerable Adult	

<input type="checkbox"/> Reissuance of Temporary Protection Order and Notice of Hearing	
Renewals <input type="checkbox"/> Motion for Renewal of Protection Order <input type="checkbox"/> Order Setting Hearing on Renewal and Extending Order until Hearing <input type="checkbox"/> Order for Renewal of Order for Protection	Motions <input type="checkbox"/> Motion to Modify or Terminate Protection Order <input type="checkbox"/> Motion for Surrender and Prohibition of Weapons <input type="checkbox"/> Notice of Hearing <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
Weapons Compliance <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	After a Motion Hearing <input type="checkbox"/> Order Modifying or Terminating Protection Order <input type="checkbox"/> Order to Surrender and Prohibit Weapons
Other Documents <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	

5. Fees Charged for Service:

☐ Does not apply.

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

6. Other: _____

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)