

Total: 30%

Superior Court of Washington, County of _____

In re the marriage / domestic partnership of:

Petitioner (person who started this case): _____

No. _____

Motion for Temporary Family Law Order

☐ and Restraining Order
(MTTMO)

And Respondent (other spouse / partner): _____

Commented [A1]: 1%: Snohomish

Commented [A4]: 1%: 16-3-00104-0

Commented [A2]: 1%: Kathy Green

Commented [A5]: Could be checked if also checked in section 13- optional

Commented [A3]: 1%: Matt Green

Motion for Temporary Family Law Order
☐ **and Restraining Order**

Use this form in marriage/domestic partnership cases only. For parentage cases, use form FL Parentage 323. For non-parent custody cases, use form FL Non-Parent 423.

To both parties:

Deadline! Your papers must be filed and served by the deadline in your county's Local Court Rules, or by the State Court Rules if there is no local rule. Court Rules and forms are online at www.courts.wa.gov.

If you want the court to consider your side, you **must**:

- File your original documents with the Superior Court Clerk; AND
- Give the Judge/Commissioner a copy of your papers (if required by your county's Local Court Rules); AND
- Have a copy of your papers served on all other parties or their lawyers; AND
- Go to the hearing.

The court may not allow you to testify at the motion hearing. Read your county's Local Court Rules, if any.

Bring proposed orders to the hearing.

To the person filing this motion:

You must schedule a hearing on this motion. You may use the *Notice of Hearing* (form FL All Family 185) unless your county's Local Court Rules require a different form. Contact the court for scheduling information.

To the person receiving this motion:

If you do not agree with the requests in this motion, file a statement (using form FL All Family 135, *Declaration*) explaining why the court should not approve those requests. You may file other written proof supporting your side, and propose your own *Parenting Plan* or *Child Support Worksheets*.

1. My name is . I ask the court for temporary orders approving the requests listed below.

Commented [A6]: 1%: Matt Green

2. Children

☐ No request.

☐ I want my children under 18 listed below to be included in the court's orders:

Commented [A7]: 1%: Check box

Child's name	Age	Child's name	Age
1.		4.	
2.		5.	
3.		6.	

Commented [A8]: 2%: James Green, 11
2%: Whitney Green, 9
(one point for each child's name and age)

3. Active duty military

(The **federal** Servicemembers Civil Relief Act covers:

- Army, Navy, Air Force, Marine Corps, and Coast Guard members on active duty;
- National Guard members under a call to active service for more than 30 days in a row; and
- commissioned corps of the Public Health Service and NOAA.

The **state** Service Members' Civil Relief Act covers Washington state residents who are National Guard or Reserve members under a call to active service for more than 30 days in a row, and their dependents.)

☐ My spouse/domestic partner is **not** covered by the state or federal Service Members Civil Relief Acts.

Commented [A9]: 1%: Check box

☐ My spouse/domestic partner is covered by the ☐ state ☐ federal Service Members Civil Relief Act.

☐ For persons covered only by the **state** act – Military duty may keep the service member or dependent from responding or coming to the hearing on this motion. I ask the court to approve temporary orders even if the covered person asks for a stay or doesn't respond. It would be very unfair (a manifest injustice) not to make temporary orders now because: _____

4. Care of children

☐ No request.

☐ Approve the parenting plan proposed by ☐ me ☐ my spouse/domestic partner.

Commented [A10]: 1%: Check box

☐ Order my spouse/domestic partner not to take the children listed in **2** out of Washington State.

Commented [A11]: 1%: Check box

☐ Appoint a person to investigate and report to the court about what is in the children's best interest, and order who will pay this person's fees. This person should be a/n (check one):

Commented [A12]: Optional

☐ Guardian ad Litem (GAL) or Evaluator/Investigator as chosen by the court.

☐ Guardian ad Litem (GAL).

Commented [A13]: Optional

☐ Evaluator/Investigator.

☐ (Name): _____

☐ Other: _____

5. Provide support

☐ No request.

☒ Order child support according to the Washington state child support schedule.

Commented [A14]: 1%: Check box

☐ Order (*check one*): ☐ me ☐ my spouse/domestic partner to pay spousal support (maintenance/alimony) in the amount of: \$_____ every month until (*date or event*):_____.

6. Family home

☐ No request.

☒ Stay in the home

Commented [A15]: 1%: Check box

☒ I want to continue living in the family home.

Commented [A16]: 1%: Check box

☐ My spouse/domestic partner may continue living in the family home.

☐ Move out

Order my spouse/domestic partner to move out of the family home by (*date*): _____.

7. Use of property

☒ No request.

Commented [A17]: 1%: Check box

☒ Order that I can possess and use (*specify*):

☒ property in my possession now.

☒ vehicle(s): _____

Commented [A18]: Optional (if the box above is not checked)

☐ other: _____

☒ Order that my spouse/domestic partner can possess and use (*specify*):

Commented [A19]: Optional

☐ property in his/her possession now.

☐ vehicle(s): _____

☐ other: _____

8. Protect property

- ☐ No request.
- ☐ Order (*check one*): ☐ my spouse/domestic partner ☐ both parties not to move, take, hide, damage, borrow against, sell or try to sell, or get rid of any property, unless it is a usual business practice or to pay for basic necessities. (If the court makes this order, both spouses/domestic partners must notify each other about any expenses that are out of the ordinary.)

Commented [A20]: 1%: Check either box

9. Household expenses

- ☐ No request.
- ☐ Order household expenses to be paid as follows:

Commented [A21]: 1%: Check either box

Expense	Who should pay
<input type="checkbox"/> First Mortgage	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent
<input type="checkbox"/> Second Mortgage/Line of Credit	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent
<input type="checkbox"/> Rent or lease payment	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent
<input type="checkbox"/> Utilities	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent
<input type="checkbox"/> Homeowner's Insurance	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent
<input type="checkbox"/> Property Taxes	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent
<input type="checkbox"/> Vehicle (<i>specify</i>):	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent
<input type="checkbox"/> Vehicle (<i>specify</i>):	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent
<input type="checkbox"/> Child Care	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent
<input type="checkbox"/> Other:	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent

10. Divide debts

- ☐ No request.
- ☐ Order my spouse/domestic partner and me to:
- ☐ Each be responsible for his/her own future debts, including debt from credit cards, loans, security interest, and mortgages.
- ☐ Divide our debts as follows (*list debts and who should pay each one*):

Commented [A22]: Optional, but not optimum

Commented [A23]: 1%: Check box

Commented [A24]: 1%: Check box

Debt (<i>describe</i>)	Who should pay
1.	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent
2.	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent
3.	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent
4.	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent
5.	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent
6.	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent

11. Do not change insurance

- ☐ No request.
- ☐ Order (check one): ☐ my spouse/domestic partner ☐ both parties not to make changes to any medical, health, life, or auto insurance policy that covers either spouse/domestic partner or any child listed in **2**. That means s/he must not transfer, cancel, borrow against, let expire, or change the beneficiary of any policy.

Pay insurance premiums as follows (list policies and who should pay each one):

Policy (describe)	Who should pay
1.	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent
2.	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent
3.	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent

Commented [A25]: 1%: Need to check one of the boxes

12. Pay fees and costs

- ☐ No request.
- ☐ Order my spouse/domestic partner to:
- ☐ Pay my lawyer's fees for this case. Amount: \$ _____
Make payments to (name): _____
- ☐ Pay other professional fees and costs for this case. Amount: \$ _____
to (name): _____
for (purpose): _____

Commented [A26]: 1%: Check box

13. Restraining Order

- ☐ No request.
- ☐ The Court already signed a *Restraining Order* on (date): _____ in this case.
- ☐ I am not asking the court to make any changes to this *Restraining Order*.
- ☐ I ask the Court to remove (terminate) this *Restraining Order*.
- ☐ I ask the Court to change this *Restraining Order* as follows (specify):

- ☐ I ask the Court for a *Restraining Order* (form FL All Family 150) that orders my spouse/domestic partner to obey the restraints and orders checked below. (Check all that apply; also check the "and Restraining Order" boxes in the form titles on page 1):
- ☐ **Do not disturb** – Do not disturb my peace or the peace of any child listed in **2**.
- ☐ **Stay away**
- ☐ Do not knowingly go or stay within _____ feet of my home, workplace, or school, or the daycare or school of any child listed in **2**.
- ☐ Stay away from my home, workplace, or school, and the daycare or school of any child listed in **2**.

Commented [A27]: 1%: Check box

☐ **Do not hurt or threaten**

- Do not assault, harass, stalk or molest me or any child listed in **2**; and
- Do not use, try to use, or threaten to use physical force against me or the children that would reasonably be expected to cause bodily injury.

Warning! If the court makes this order, the court must consider if weapons restrictions are required by state law; federal law may also prohibit the Restrained Person from possessing firearms or ammunition.

☐ **Prohibit weapons and order surrender**

- Do not possess or obtain any firearms, other dangerous weapons, or concealed pistol license until the Order ends, and
- Surrender any firearms, other dangerous weapons, and any concealed pistol license that he/she possesses to (check one): ☐ the police chief or sheriff. ☐ his/her lawyer. ☐ other person (name): _____.

☐ **Other:** _____

Commented [A28]: Optional: could check this box; would then need to provide a reasonable explanation as well. If this box is checked, then they need to check the Restraining Order box on page one.

14. Other temporary orders

☐ No request.

☐ (Specify): _____

Commented [A29]: 1%: Candidate should specify the restraining order here or otherwise needs to include it in the "other" field in 13.

➤ **Reasons for my requests**

15. Why are you asking the court for the orders you checked above? (Explain):

- If you need additional space use the *Declaration* form FL All Family 135.
- If you are asking for a parenting plan, also fill out the *Information for Temporary Parenting Plan*, form FL All Family 139, and a proposed *Parenting Plan*, form FL All Family 140.
- If you are asking for child support, also fill out the *Child Support Worksheets*. If you have received public assistance for any child in this case, also fill out the *Public Assistance Declaration*, form FL All Family 132.
- If you are asking for any order involving money (including child support), also fill out the *Financial Declaration*, form FL All Family 131, and file the required financial records.
- If you are asking to prohibit weapons or order surrender, give your reasons at the end of this section.
- If you are asking to change an earlier temporary order, give the date of the earlier order and explain how circumstances have changed since then.

Candidate should include a bullet-point outline of facts and discussion of the evidence from the scenario or reasonably inferred.

Commented [A30]: 5%: Candidate should provide at least five facts or pieces of evidence based on the fact pattern.

Blank lined area for text entry.

☐ **Reasons for “Prohibit weapons and order surrender” request** *(check all that apply):*

☐ *(Name):* _____ has used, displayed, or threatened to use a firearm or other dangerous weapon in a felony. *(Describe):*

☐ *(Name):* _____ previously committed an offense making him or her ineligible to possess a firearm under RCW 9.41.040. *(Describe):*

☐ *(Name):* _____'s possession of firearm presents a serious and imminent threat (harm that may happen immediately) to public health or safety, or to the health or safety of any individual. *(Describe):*

Person asking for this order fills out below:

I declare under penalty of perjury under the laws of the state of Washington that the facts I have provided on this form are true.

Signed at *(city and state):* _____ Date: _____



Person asking for this order signs here

Print name here

I agree to accept legal papers for this case at *(check one):*

☐ my lawyer's address, listed below.

☐ the following address *(this does **not** have to be your home address):*

street address or PO box *city* *state* *zip*

(Optional) email: _____

*(If this address changes before the case ends, you **must** notify all parties and the court clerk in writing. You may use the Notice of Address Change form (FL All Family 120). You must also update your Confidential Information form (FL All Family 001) if this case involves parentage or child support.)*

Lawyer (if any) fills out below:



Lawyer signs here

Print name and WSBA No.

Date

Lawyer's street address or PO box *city* *state* *zip*

Email *(if applicable):* _____

Warning! Documents filed with the court are available for anyone to see unless they are sealed. Financial, medical, and confidential reports, as described in General Rule 22, **must** be sealed so they can only be seen by the court, the other party, and the lawyers in your case. Seal those documents by filing them separately, using a

Sealed cover sheet (form FL All Family 011, 012, or 013). You may ask for an order to seal other documents.