

<b>SUPERIOR Court of Washington For YAKIMA COUNTY</b>			No. _____
_____ _____ <i>(First name, Middle, Last Name)</i> <b>Petitioner(s)</b>	_____ _____ <b>DOB</b>	<b>SWORN STATEMENT OF PETITIONER RE: UNKNOWN SERVICE ADDRESS</b>	_____ _____ <b>DOB</b>
<b>Vs.</b>			(SWRN)
_____ _____ <i>(First name, Middle, Last Name)</i> <b>Respondent(s)</b>	_____ _____ <b>DOB</b>		

I declare under penalty of perjury under the laws of the state of Washington that, as of this date,

I, \_\_\_\_\_ have no known location to have served upon  
*(Print Name of Petitioner)*

\_\_\_\_\_ the following documents:  
*(Print Name of Respondent)*

- Petition For Temporary Order For Protection
- Temporary Order For Protection and Notice of Hearing

Should address information for the Respondent(s) become available to me, I will immediately notify the:

- Yakima County Sheriff's Office / Civil Division at 509-574-2543
- City of Yakima Police Department / Civil Division at 509-575-6200
- Other: \_\_\_\_\_  
*(Print name of Law Enforcement Agency)*

**Until I provide such information to the Law Enforcement Agency above, I understand they will not attempt service on the Respondent(s) whose address I have not provided on the Law Enforcement Information Sheet.**

**X** \_\_\_\_\_  
 Petitioner

\_\_\_\_\_  
 Date