



**PIERCE COUNTY SHERIFF'S DEPARTMENT**

**CIVIL DIVISION**  
930 TACOMA AVE. SOUTH  
TACOMA, WA. 98402  
(253) 798-7520

**WRIT OF HABEAS CORPUS INFORMATION AND SCREENING FORM**

**THE FOLLOWING DOCUMENTS MUST BE PROVIDED**

- **COPIES OF ALL RELATED COURT ORDERS, (RESTRAINING ORDERS, SHOW CAUSE, PARENTING PLANS, PROOF OF PATERNITY AND COURT CALENDER APPOINTMENTS)**

THE DEPUTY WORKING YOUR CASE WILL CALL YOU TO SET UP AN INTERVIEW APPOINTMENT. YOU MUST PROVIDE A PHONE NUMBER WHERE THE DEPUTY CAN REACH YOU OR YOUR ATTORNEY DURING AND AFTER BUSINESS HOURS. ONCE THE SCREENING PROCESS IS COMPLETED AND THE DETERMINATION TO CONTINUE WITH THE CASE HAS BEEN DECIDED, YOU WILL BE REDIRECTED TO THE COURT TO OBTAIN THE WRIT OF HABEAS CORPUS.

**ONCE YOU ARE APPROVED TO OBTAIN A WRIT OF HABEAS CORPUS THE FOLLOWING MUST BE PROVIDED TO THE CIVIL DIVISION:**

- ONE CERTIFIED COPY OF THE **ORDER GRANTING WRIT OF HABEAS CORPUS**
- THREE COPIES OF THE **WRIT OF HABEAS CORPUS**
- THREE COPIES OF THE **WARRANT IN AID OF HABEAS CORPUS**, WITH EACH ADDITIONAL CHILD LISTED ON A SEPARATE SET OF WARRANTS. (INCLUDE PHOTO OF EACH CHILD)

A 175.00 DEPOSIT, AND \$60.00 FOR EACH ADDITIONAL WARRANT. (Attorney's check, money order, cashier's check, cash, or debit card with PIN (in office only). Checks should be made payable to the Pierce County Sheriff's Department. WE WILL ALSO ACCEPT A COURT ORDER WAIVING YOUR FEES.

**ATTORNEY INFORMATION:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: (BUSINESS) \_\_\_\_\_

(HOME) \_\_\_\_\_

(CELL) \_\_\_\_\_

(PAGER) \_\_\_\_\_

**APPLICANT INFORMATION:**

NAME: (FIRST) \_\_\_\_\_ (MIDDLE) \_\_\_\_\_ (LAST/FKA) \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SEX: \_\_\_\_\_ RACE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

PHONE : (HOME) \_\_\_\_\_

(BUSINESS) \_\_\_\_\_

(CELL) \_\_\_\_\_

(PAGER) \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ WORK HOURS: (START) \_\_\_\_\_ (FINISH) \_\_\_\_\_

DRIVER'S LICENSE: (NUMBER) \_\_\_\_\_

(STATE) \_\_\_\_\_

(SUSPENDED/REVOKED) \_\_\_\_\_

(EXPIRED) \_\_\_\_\_

**PLEASE ANSWER THE FOLLOWING QUESTIONS COMPLETELY:**

ARE YOU A UNITED STATES CITIZEN: (YES) \_\_\_\_\_

(NO) \_\_\_\_\_ (CITIZEN STATUS) \_\_\_\_\_

HAVE YOU EVER BEEN ARRESTED: (YES) \_\_\_\_\_ (FOR WHAT OFFENSE) \_\_\_\_\_

\_\_\_\_\_ (DISPOSITION OF CHARGES) \_\_\_\_\_

HAVE ANY ALLEGATIONS BEEN MADE AGAINST YOU REGARDING CRIMES AGAINST CHILDREN:

(IF YES, DESCRIBE) \_\_\_\_\_

HAVE YOU EVER HAD A PHYSICAL OR MENTAL CONDITION THAT COULD AFFECT YOUR ABILITY TO CARE FOR CHILDREN: (IF YES, DESCRIBE) \_\_\_\_\_

HAVE YOU OR THE DEFENDANT EVER BEEN INVESTIGATED BY ANY STATE CHILD PROTECTIVE AGENCY (CPS): (IF YES, DESCRIBE THE CIRCUMSTANCES. INCLUDE CONTACT NAMES AND PHONE NUMBERS.) \_\_\_\_\_

IS THE DEFENDANT IN VIOLATION OF A CURRENT TEMPORARY/PERMANENT CUSTODY ORDER OR PARENTING PLAN: (IF YES, DESCRIBE AND INCLUDE THE COURT OF ISSUANCE AND CAUSE NUMBER) \_\_\_\_\_

WHAT REASON MAY THE DEFENDANT USE TO JUSTIFY HIS OR HER REFUSAL TO RETURN THE CHILD TO YOUR CUSTODY: \_\_\_\_\_

**DEFENDANT INFORMATION:**

NAME: (FIRST) \_\_\_\_\_ (MIDDLE) \_\_\_\_\_ (LAST/FKA) \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SEX: \_\_\_\_\_ RACE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

PHONE: (HOME) \_\_\_\_\_

(BUSINESS) \_\_\_\_\_

(CELL) \_\_\_\_\_

(PAGER) \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ WORK HOURS: (START) \_\_\_\_\_ (FINISH) \_\_\_\_\_

ADDRESS OF EMPLOYER: \_\_\_\_\_

DRIVER'S LICENSE: (NUMBER) \_\_\_\_\_

(STATE) \_\_\_\_\_

(SUSPENDED/REVOKED) \_\_\_\_\_

(EXPIRED) \_\_\_\_\_

IS THE DEFENDANT A UNITED STATES CITIZEN: (YES) \_\_\_\_\_

(NO) \_\_\_\_\_ CITIZEN STATUS \_\_\_\_\_

WILL AN INTERPRETER BE NEEDED: (IF YES, WHAT LANGUAGE) \_\_\_\_\_

IS THE DEFENDANT IN THE MILITARY: (IF YES, PROVIDE THE BRANCH, UNIT OF ASSIGNMENT,  
COMMANDING OFFICER AND DUTY PHONE) \_\_\_\_\_

VEHICLE USED BY DEFENDANT: LICENSE NUMBER: \_\_\_\_\_ STATE: \_\_\_\_\_

MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ YEAR: \_\_\_\_\_ COLOR: \_\_\_\_\_

**HAZARD INFORMATION:**

IS THERE ANYTHING ABOUT THE DEFENDANT'S CURRENT OR PAST BEHAVIOR THAT INDICATES  
THERE MAY BE A DANGER TO THE CHILD OR LAW ENFORCEMENT OFFICERS ACTING PURSUANT  
TO THIS ORDER? (IF YES, PLEASE DESCRIBE) \_\_\_\_\_

DOES THE DEFENDANT HAVE ACCESS TO WEAPONS: (IF YES, LIST THE TYPE OF WEAPON AND  
LOCATION WHERE THE WEAPON IS KEPT) \_\_\_\_\_

ARE YOU AWARE OF ANY CRIMINAL HISTORY OR OUTSTANDING WARRANTS FOR THE  
DEFENDANT: (IF YES, DESCRIBE) \_\_\_\_\_

IS THE DEFENDANT LIKELY TO BE UNCOOPERATIVE WITH POLICE: (IF YES, DESCRIBE) \_\_\_\_\_

HAVE YOU REQUESTED OR RECEIVED A WRIT OF HABEAS CORPUS IN THE PAST FROM A COURT IN WASHINGTON STATE OR ANY OTHER STATE: (IF YES, INCLUDE DATES, JURISDICTION AND DISPOSITION OF CASE) \_\_\_\_\_

ARE YOU PRESENTLY WORKING WITH OR RECEIVING ASSISTANCE FROM ANY MISSING CHILD ORGANIZATION, LAW ENFORCEMENT AGENCY OR CHILD FIND UNIT IN THIS OR ANY OTHER STATE: (IF YES, INCLUDE ORGANIZATION/AGENCY/UNIT AND CONTACT PERSON(S) NAME AND PHONE NUMBER) \_\_\_\_\_

**CHILD NO. 1**

NAME: (FIRST) \_\_\_\_\_ (MIDDLE) \_\_\_\_\_ (LAST) \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SEX: \_\_\_\_\_ RACE: \_\_\_\_\_

DOES THE CHILD ATTEND SCHOOL OR DAYCARE: (IF YES, PLEASE PROVIDE THE FOLLOWING)

NAME OF SCHOOL/DAYCARE: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

HOURS OF ATTENDANCE: \_\_\_\_\_

NAME OF SCHOOL PRINCIPAL/DAYCARE DIRECTOR \_\_\_\_\_

LIST ANY ALTERNATE ADDRESSES WHERE THE CHILD MAY BE: \_\_\_\_\_

WHY IS THE CHILD AT THIS ADDRESS AND WHO IS CARING FOR THE CHILD: \_\_\_\_\_

ARE THERE ANY CHILDREN THAT MAY BE CONFUSED WITH THIS CHILD WHEN THE DEPUTY ATTEMPTS TO ENFORCE THIS ORDER: YES \_\_\_\_ NO \_\_\_\_ . IF YES, **PLEASE PROVIDE A RECENT PHOTO OF YOUR CHILD AND A DETAILED PHYSICAL DESCRIPTION:** \_\_\_\_\_

DOES THIS CHILD HAVE ANY MEDICAL ISSUES/FOOD ALLERGIES: (IF YES, DESCRIBE) \_\_\_\_\_

HAS THIS CHILD **EVER** BEEN PLACED INTO A STATE'S CUSTODY BY A COURT ORDER, STATE CHILD PROTECTIVE AGENCY OR POLICE AGENCY: (IF YES, DESCRIBE THE CIRCUMSTANCES BELOW) \_\_\_\_\_

**CHILD NO. 2**

NAME: (FIRST) \_\_\_\_\_ (MIDDLE) \_\_\_\_\_ (LAST) \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SEX: \_\_\_\_\_ RACE: \_\_\_\_\_

DOES THE CHILD ATTEND SCHOOL OR DAYCARE: (IF YES, PLEASE PROVIDE THE FOLLOWING)

NAME OF SCHOOL/DAYCARE: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

\_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

HOURS OF ATTENDANCE: \_\_\_\_\_

NAME OF SCHOOL PRINCIPAL/DAYCARE DIRECTOR \_\_\_\_\_

LIST ANY ALTERNATE ADDRESSES WHERE THE CHILD MAY BE: \_\_\_\_\_

\_\_\_\_\_

WHY IS THE CHILD AT THIS ADDRESS AND WHO IS CARING FOR THE CHILD? \_\_\_\_\_

\_\_\_\_\_

ARE THERE ANY CHILDREN THAT MAY BE CONFUSED WITH THIS CHILD WHEN THE DEPUTY ATTEMPTS TO ENFORCE THIS ORDER: YES \_\_\_\_ NO \_\_\_\_ . IF YES, **PLEASE PROVIDE A RECENT PHOTO OF YOUR CHILD AND A DETAILED PHYSICAL DESCRIPTION:** \_\_\_\_\_

DOES THIS CHILD HAVE ANY MEDICAL ISSUES/FOOD ALLERGIES: (IF YES, DESCRIBE) \_\_\_\_\_

\_\_\_\_\_

HAS THIS CHILD **EVER** BEEN PLACED INTO A STATE'S CUSTODY BY A COURT ORDER, STATE CHILD PROTECTIVE AGENCY OR POLICE AGENCY: (IF YES, DESCRIBE THE CIRCUMSTANCES BELOW: \_\_\_\_\_

\_\_\_\_\_

**CHILD NO. 3**

NAME: (FIRST) \_\_\_\_\_ (MIDDLE) \_\_\_\_\_ (LAST) \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SEX: \_\_\_\_\_ RACE: \_\_\_\_\_

DOES THIS CHILD ATTEND SCHOOL OR DAYCARE: (IF YES, PLEASE PROVIDE THE FOLLOWING)

NAME OF SCHOOL/DAYCARE: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

\_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

HOURS OF ATTENDANCE: \_\_\_\_\_

NAME OF SCHOOL PRINCIPAL/DAYCARE DIRECTOR \_\_\_\_\_

LIST ANY ALTERNATE ADDRESSES WHERE THE CHILD MAY BE: \_\_\_\_\_

\_\_\_\_\_

WHY IS THE CHILD AT THIS ADDRESS AND WHO IS CARING FOR THE CHILD? \_\_\_\_\_

\_\_\_\_\_

ARE THERE ANY CHILDREN THAT MAY BE CONFUSED WITH THIS CHILD WHEN THE DEPUTY ATTEMPTS TO ENFORCE THIS ORDER: YES \_\_\_\_ NO \_\_\_\_ . IF YES, **PLEASE PROVIDE A RECENT PHOTO OF YOUR CHILD AND A DETAILED PHYSICAL DESCRIPTION:** \_\_\_\_\_

\_\_\_\_\_

DOES THIS CHILD HAVE ANY MEDICAL ISSUES/FOOD ALLERGIES: (IF YES, DESCRIBE) \_\_\_\_\_

\_\_\_\_\_

HAS THIS CHILD **EVER** BEEN PLACED INTO A STATE'S CUSTODY BY A COURT ORDER, STATE CHILD PROTECTIVE AGENCY OR POLICE AGENCY: (IF YES, DESCRIBE THE CIRCUMSTANCES BELOW) \_\_\_\_\_

\_\_\_\_\_

**CHILD NO. 4**

NAME: (FIRST) \_\_\_\_\_ (MIDDLE) \_\_\_\_\_ (LAST) \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SEX: \_\_\_\_\_ RACE: \_\_\_\_\_

DOES THE CHILD ATTEND SCHOOL OR DAYCARE: (IF YES, PLEASE PROVIDE THE FOLLOWING)

NAME OF SCHOOL/DAYCARE: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

\_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

HOURS OF ATTENDANCE: \_\_\_\_\_

NAME OF SCHOOL PRINCIPAL/ DAYCARE DIRECTOR \_\_\_\_\_

LIST ANY ALTERNATE ADDRESSES WHERE THE CHILD MAY BE: \_\_\_\_\_

\_\_\_\_\_

WHY IS THE CHILD AT THIS ADDRESS AND WHO IS CARING FOR THE CHILD? \_\_\_\_\_

\_\_\_\_\_

ARE THERE ANY CHILDREN THAT MAY BE CONFUSED WITH THIS CHILD WHEN THE DEPUTY ATTEMPTS TO ENFORCE THIS ORDER: YES \_\_\_\_ NO \_\_\_\_ . IF YES, **PLEASE PROVIDE A RECENT PHOTO OF YOUR CHILD AND A DETAILED PHYSICAL DESCRIPTION:** \_\_\_\_\_

DOES THIS CHILD HAVE ANY MEDICAL ISSUES/FOOD ALLERGIES: (IF YES, DESCRIBE) \_\_\_\_\_

HAS YOUR CHILD **EVER** BEEN PLACED INTO A STATE'S CUSTODY BY A COURT ORDER, STATE CHILD PROTECTIVE AGENCY OR POLICE AGENCY: (IF YES, DESCRIBE THE CIRCUMSTANCES BELOW) \_\_\_\_\_

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**ALTHOUGH THE ORDER MAY REQUEST THAT WE EXCHANGE CUSTODY IMMEDIATELY, OUR POLICY IS TO LET THE JUDGE MAKE THAT DETERMINATION IN A COURT RETURN HEARING. THE DEFENDANT WILL BE GIVEN THE OPPORTUNITY TO SPEAK TO THE JUDGE AT THE RETURN HEARING REGARDING CUSTODY OF THE CHILD.**

AFFIDAVIT

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE INFORMATION I HAVE PROVIDED ON THE WRIT OF HABEAS CORPUS INFORMATION AND SCREENING FORM IS TRUE AND CORRECT; THAT I HAVE NOT WILLFULLY OR KNOWINGLY MISREPRESENTED OR OMITTED ANY MATERIAL, FACTS OR INFORMATION RELATIVE TO THIS CASE. I SHALL IMMEDIATELY NOTIFY THE PIERCE COUNTY SHERIFF'S DEPARTMENT CIVIL DIVISION IF THE CHILD IS LOCATED OR RETURNED TO MY PHYSICAL CUSTODY.

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DATED: \_\_\_\_\_ PLACE: \_\_\_\_\_

APPLICANT SIGNATURE: \_\_\_\_\_

ATTORNEY FOR APPLICANT: \_\_\_\_\_

**FAILURE TO COMPLETELY FILL OUT THIS FORM WILL HINDER THE INVESTIGATION AND THE ISSUANCE OF THE WRIT OF HABEAS CORPUS**