

**SUPERIOR Court of Washington
For YAKIMA COUNTY**

No. _____

**SWORN STATEMENT OF
PETITIONER RE: UNKNOWN
SERVICE ADDRESS**

<i>(First name, Middle, Last Name)</i>	Petitioner(s)	DOB
Vs.		
<i>(First name, Middle, Last Name)</i>	Respondent(s)	DOB

(SWRN)

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