

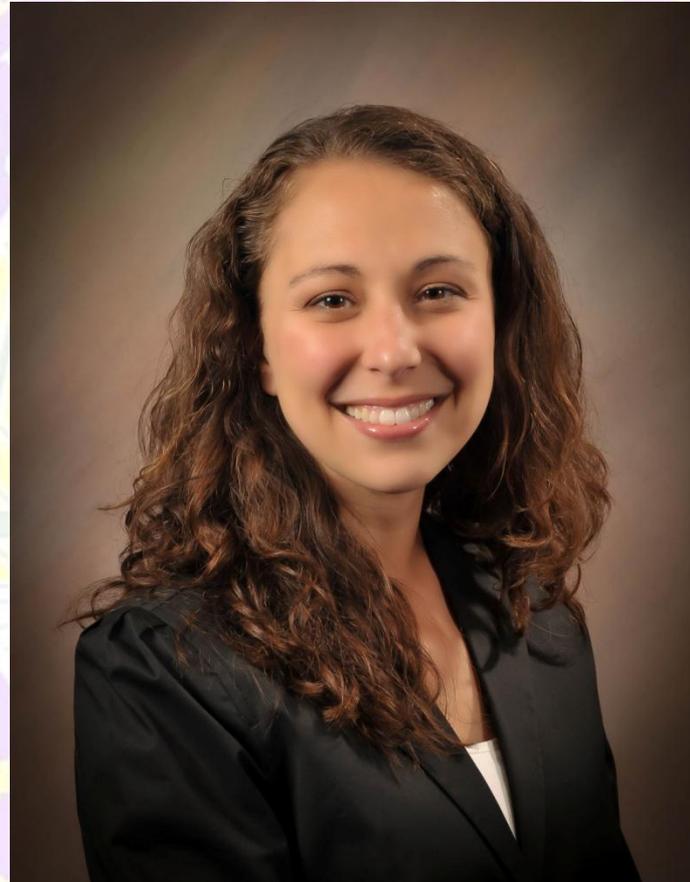
Welcome!

While waiting for the presentation to begin, please read the following reminders:

- The presentation will begin promptly at 10:00 a.m. Pacific Time
- If you are experiencing technical difficulties, email natalia@nfjca.org
- To LISTEN to the presentation on your phone, dial **+1(914) 339-0031** Access Code: **354-585-675** or **listen on your computer speakers**
- Attendees will be muted throughout the presentation
- To send questions to the presenter during presentation:
 - Click on “Questions” in the toolbar (top right corner)
 - Type your comments & send to presenter
- There will be a Q & A session at the end of the presentation.
- The presentation will be recorded & posted on www.familyjusticecenter.org
- Please complete the evaluation at the end of the presentation. We value your input.



Your host today:



Jennifer Anderson

Project Director, CA Family Justice Initiative

Family Justice Center Alliance



Thank You to Our Sponsor

Thank you to the US Department of Justice,
Office on Violence Against Women
for making this training possible!

This project is supported all or in part by Grant No. 2007-TA-AX-K032 awarded by the Office on Violence Against Women, U.S. Department of Justice. The opinions, findings, conclusions, and recommendations expressed in this publication/program/exhibition are those of the author(s) and do not necessarily reflect the views of the Department of Justice, Office on Violence Against Women.



Registration Now Open!

2012 International Family Justice Center Conference

April 17-19 2012 in New Orleans, LA



www.familyjusticecenter.org

The three-day conference will include discussions on issues related to the handling of domestic violence, child abuse, sexual assault, and elder abuse cases in the context of the Family Justice Center model.

The conference faculty includes nationally and internationally recognized subject matter experts, advocates, and survivors. During the conference participants will have the opportunity to meet with survivors and professionals who currently work in Family Justice Centers in the United States and internationally.



The FJC Alliance TA Team



Casey Gwinn, JD



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Mehry Mohseni



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Lee Friedman



Katie Huerta



Alexia Peters, JD



Katie Llamas



Webinar Download Reminders

This webinar presentation is being recorded and will be posted on our website by the end of today's business day. We would like to remind you that in order to download webinar files and other materials from our Resource Library on our website, FJC Alliance Membership is required- it's free, quick, and easy to do. Members can log in to access members-only information.

Please note that registering for today's live webinar training does not sign you up as a member of the FJC Alliance. If you wish to become a member and obtain login credentials, please visit our website at www.FamilyJusticeCenter.org and click on “**Get Involved**” → “**Become a Member**”. Please allow 24 hours for your application to be reviewed. Once your membership application is approved, you will be notified via email.



Today's Presenter:



Craig Roberts
Assistant Director and CFO
Crystal Judson Family Justice Center

Access to Justice through Protection Order Kiosks

Craig Roberts, Assistant Director
Crystal Judson Family Justice Center
Tacoma, Washington
January 17, 2012

Definition of a Protection Order Kiosk



Local Challenges





Solving the Problems

- Centralized Protection Orders to Superior Court
- Room 108 – FJC light

What were we thinking?

The Origin of the Problem

- Huge filing numbers, in 2011 – 4,471 Petitions for Orders for Protection
- Still having access problems
- The Superior Court Clerk's Office starts the pilot project

Program Planning – Issues to be Addressed

- Partnerships – new and old
- Location
- Equipment
- Connectivity
- Training
- Maintenance

The Pilot Project

- Who did we pick and why?
- Where was it located?
- How was it publicized?

The Look and Feel of a Kiosk



Starting the Process



Pierce County
Legal Information
Network Exchange (LINX)



Pierce County Superior Court Kiosk

Customer Support: (253) 798-7455

Welcome

Order for Protection

Antiharassment
Protection Orders are
processed at the County
City Building location of
District Court located at
930 Tacoma Ave S,
Room 601, Tacoma,
Monday through Friday
from 8:30 a.m. to 4:30
p.m.

What can we help you with today?

- I want to file a Domestic Violence Protection Order
- I want to file a Sexual Assault Protection Order
- I want to check the status of an existing Petition
- I am returning to finish completing a Petition

Continue >



Interview

Domestic Violence

Domestic violence includes physical harm, bodily injury, assault, stalking, OR inflicting fear of imminent physical harm, bodily injury or assault between family or household members.

Respondent

This is the person you are asking for protection from.

- 1.* I am the victim of domestic violence committed by the respondent.
 - A member of my family or household is the victim of domestic violence committed by the respondent.

- 2.* I live in this county.
 - I left my residence because of abuse and this is the county of my new or former residence.

- 3.* My age is:

- 4.* The respondent's approximate age is:

- 5.* My relationship with the respondent is:

- 6. I have **minor** children in common with the respondent.

- 7. List any minor children that you are the parent of and are not the respondents:
 (Please include the birthdate for each child)

- 8. A restraining order or protection order is in effect protecting:
 - the Petitioner
 - the Respondent
 - the Children

Cancel

Fields marked with a red asterisk * are required.

Continue >



Petitioner

Petitioner

This is the individual(s) asking for protection. All petitioners must reside at the same address and be adults 18 or older.

Confidential Address

If the respondent does not know where you live, you have a right to keep your residential address confidential. You may provide another address or the name and address of someone willing to be your contact and where you may receive legal documents.

If you choose your address to be confidential it will not appear on the generated forms and the word "Confidential" will be printed instead.

Employer

This is where the petitioner works. Complete this section if you want to restrain the respondent from your place of employment.

First Name:* JANE Middle Name:

Last Name:* DOE

Nickname: Birthdate:* 01/01/1987 SSN#:

Race:* WHITE Ethnicity: HISPANIC Sex:* Female

Eye Color:* BLUE Hair Color:* BLONDE OR STRAWBERRY

Height:* 5 ft. 9 in. Weight:* 135 Build: Skin Tone:

ID Type: ID#: ID State:

Interpreter Required - Language: SPANISH

Address Information

Address:* 123 YAKIMA AVENUE

 APT# 456

City:* TACOMA State:* WA Zipcode: 98405 -

Phone: (253) 555 - 1111

I would like to keep my address confidential for the following reason:

Other Contact Information

First Name: MAMA Middle Name:

Last Name: DOE

Address: 716 TACOMA AVENUE SOUTH

City: TACOMA State: WA Zipcode: 98402 -

Phone: (253) 555 - 2222 x

Employer Information

Name: MCDONALDS

Address: 615 S 9TH STREET

City: TACOMA State: WA Zipcode: 98405 -

Phone: (253) 555 - 3333 x

< Back

Fields marked with a red asterisk * are required.

Continue >



1. Interview | 2. Petitioner | **3. Respondent** | 4. Minor Children | 5. Relationships | 6. Other Cases | 7. Restraints | 8. Statements | 9. Submit

Respondent

Respondent

This is the person (adult 18 or older) you are asking for protection from.

You must file a separate petition for each person from whom you are seeking protection.

First Name:* JOHN Middle Name:

Last Name:* DOE

Nickname: Birthdate: 02/01/1988 SSN#:

Race:* WHITE Ethnicity: Sex:* Male

Eye Color:* BROWN Hair Color:* BLACK

Height:* 6 ft. 2 in. Weight:* 195 Build: Medium Skin Tone: Light

ID Type: ID#: ID State:

Interpreter Required

Scars/Marks/Tattoos:

He has a tattoo of an anchor on his left shoulder

Address Information

Address: 123 YAKIMA AVENUE
 APT# 456

City: TACOMA State: WA Zipcode: 98405 -

Phone: (253) 555 - 1111

Other Address, if any

Address:

City: State: Zipcode: -

Phone: () - x

Employer Information

Name: MCDONALDS

Address: 615 S 9TH STREET

City: TACOMA State: WA Zipcode: 98405 -

Phone: (253) 555 - 3333 x Work Shift:

Vehicle Information

Year: 1966 Color: Black

Make: PONTIAC Model: CAMARO

State: WA License #: IGOFAST

Hazard Information

Weapons owned by the Respondent:



Minor Children

Minor Children
These are children (younger than 18) that the Petitioner and Respondent have in common.

Jurisdiction
Refers to whether or not Washington State has the right to make decisions regarding the children.

First Name:* SARAH Middle Name:

Last Name:* DOE

Nickname: Birthdate:* 01/01/1999 SSN#:

Race:* WHITE Ethnicity: HISPANIC Sex:* Female

Eye Color:* BROWN Hair Color:* BLACK

Height: ft. in. Weight: Build: Skin Tone:

ID Type: ID#: ID State:

Address Information

Residence:* Both

Address: 123 YAKIMA AVENUE
APT# 456

City: TACOMA State: WA Zipcode: 98405 -

Custody Information

Do the child(ren) live with you? If not, with whom do the child(ren) currently live? Yes
 No

Do you know of any other court cases involving the child(ren)? Have you been involved in any other litigation concerning custody or visitation with the child(ren) in this or any other state? If known, list the court, the case number and the date the parenting plan, residential schedule, visitation schedule or custody decree was entered: Yes
 No

the court:	the date:	the case number:	the kind of case:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Do you know of any persons, other than you and the respondent, who claims rights of custody or visitation with, the child(ren)? Yes
 No

List the places where the children have lived during the past five years, the dates they lived there and the persons with whom they lived:

This court has jurisdiction over this proceeding for the reasons below:
[Check all the boxes that apply to your case.]



1. Interview | 2. Petitioner | 3. Respondent | 4. Minor Children | **5. Relationships** | 6. Other Cases | 7. Restraints | 8. Statements | 9. Submit

Relationships

Please select the relationships between each of the parties involved in this case.

Petitioner 1 - JANE DOE*	
Parent ▼	to SARAH DOE
Former Dating Relationship ▼	to JOHN DOE
Minor Child 1 - SARAH DOE*	
Child ▼	to JOHN DOE

[< Back](#)

Fields marked with a red asterisk * are required.

[Finish Later](#)

[Continue >](#)



1. Interview | 2. Petitioner | 3. Respondent | 4. Minor Children | 5. Relationships | **6. Other Cases** | 7. Restraints | 8. Statements | 9. Submit

Other Cases

Please list any other cases or police reports (incidents) that involve you and/or the respondent.

Case/Incident 1

Case Name:

Case Number: Court/County:

Case/Incident 2

Case Name:

Case Number: Court/County:

Case/Incident 3

Case Name:

Case Number: Court/County:

Fields marked with a red asterisk * are required.



Restraints

Restraints

These are what the Petitioner is asking the Court to grant against the Respondent.

REQUEST FOR TEMPORARY ORDER: AN EMERGENCY EXISTS as described in the statement below: I need a temporary restraining order issued immediatley without notice to the respondent until a hearing to avoid irreparable injury. I request a Temporary Order for Protection that will:

I REQUEST AN ORDER FOR PROTECTION following a hearing THAT WILL:

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	RESTRAIN respondent from causing any physical harm, bodily injury, assault, including sexual assault, and from molesting, harassing, threatening, or stalking* <input checked="" type="checkbox"/> JANE DOE <input checked="" type="checkbox"/> SARAH DOE
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	RESTRAIN respondent from coming near and from having any contact whatsoever, in person or through others, by phone, mail, or any means, directly or indirectly, except for mailing of court documents, with* <input checked="" type="checkbox"/> JANE DOE <input checked="" type="checkbox"/> SARAH DOE
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	EXCLUDE respondent from:* <input checked="" type="radio"/> shared residence <input type="radio"/> residences <input type="checkbox"/> workplace <input type="checkbox"/> school The day care or school of: <input checked="" type="checkbox"/> SARAH DOE
<input type="checkbox"/>	<input type="checkbox"/>	DIRECT respondent to vacate our shared residence and restore it to me.
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	PROHIBIT respondent from knowingly coming within, or knowingly remaining within the property boundaries of:* <input checked="" type="radio"/> shared residence <input type="radio"/> residences <input checked="" type="checkbox"/> workplace <input type="checkbox"/> school The day care or school of: <input checked="" type="checkbox"/> SARAH DOE
<input type="checkbox"/>	<input type="checkbox"/>	GRANT me possession of essential personal belongings, including the following: <input type="text"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	GRANT me use of the following vehicle: Year: <input type="text" value="2005"/> Color: <input type="text" value="Red"/> Make: <input type="text" value="FORD"/> Model: <input type="text" value="FOCUS"/> State: <input type="text" value="WA"/> License #: <input type="text" value="123-XYZ"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	OTHER: Respondent is not to have contact with the Petitioners minor child(ren) No contact with Petitioners minor child(ren) Jimmy Doe - 01/01/1999 <input type="text"/>
<input checked="" type="checkbox"/>		DIRECT the respondent to participate in appropriate treatment or counseling services.
<input checked="" type="checkbox"/>		REQUIRE the respondent to pay the fees and costs of this action.
<input checked="" type="checkbox"/>		REMAIN EFFECTIVE longer than one year because respondent is likely to resume acts of domestic violence against me if the order expires in a year.



1. Interview | 2. Petitioner | 3. Respondent | 4. Minor Children | 5. Relationships | 6. Other Cases | 7. Restraints | **8. Statements** | 9. Submit

Statements

Statements

Your written statement is an important part of your Petition for an Order for Protection. The judge or court commissioner will use your statements to determine whether or not you are eligible for a protection order. The following tips should help you to document the facts which the judge or court commissioner will need.

The court needs specifics: Dates & Times. Talk about one incident at a time. If you know the exact date of each incident, that is great. If not, use an approximate date. It is helpful if you can approximate as near as possible, but if you only know the season or year in which it occurred, that is better than nothing. This gives the court a better idea of what has actually happened.

Be detailed and specific. This does not mean that you need to write down everything that happened from beginning to end of each abusive incident. Rather it is helpful for the court if you detail the threatening and/or physical aspects of each incident. For example, "½He/she hit me with a closed fist in my upper right arm."½

Describe the most recent incident or threat of violence and date:*

Lorem ipsum dolor sit amet, consectetur adipiscing elit. Sed metus nibh, sodales a, porta at, vulputate eget, dui. Pellentesque ut nisl. Maecenas tortor turpis, interdum non, sodales non, iaculis ac, lacus. Vestibulum auctor, tortor quis iaculis malesuada, libero lectus bibendum purus, sit amet tincidunt quam turpis vel lacus. In pellentesque nisl non sem. Suspendisse nunc sem, pretium eget, cursus a, fringilla vel, urna. Aliquam commodo ullamcorper erat. Nullam vel justo in neque porttitor laoreet. Aenean lacus dui, consequat eu, adipiscing eget, nonummy non, nisi. Morbi nunc est, dignissim non, ornare sed, luctus eu, massa. Vivamus eget quam. Vivamus tincidunt diam nec urna. Curabitur velit. Quisque dolor magna, ornare sed, elementum porta, luctus in, leo.

Characters remaining: 1031

Describe the past incidents where you experienced violence, where you were afraid of injury or where the respondent threatened to harm or kill you:

Donec quis dui. Sed imperdiet. Nunc consequat, est eu sollicitudin gravida, mauris ligula lacinia mauris, eu porta dui nisl in velit. Nam congue, odio id auctor nonummy, augue lectus euismod nunc, in tristique turpis dolor sed urna. Donec sit amet quam eget diam fermentum pharetra. Integer tincidunt arcu ut purus. Cum sociis natoque penatibus et magnis dis parturient montes, nascetur ridiculus mus. Nulla blandit malesuada odio. Nam augue. Aenean molestie sapien in mi. Suspendisse tincidunt. Pellentesque tempus dui vitae sapien. Donec aliquam ipsum sit amet pede. Sed scelerisque mi a erat. Curabitur rutrum ullamcorper risus. Maecenas et lorem ut felis dictum viverra. Fusce sem. Donec pharetra nibh sit amet sapien.

Characters remaining: 1028

Describe any violence or threats towards children:

Aenean ut orci sed ligula consectetur pretium. Aliquam odio. Nam pellentesque enim. Nam tincidunt condimentum nisi. Maecenas convallis luctus ligula. Donec accumsan ornare risus. Vestibulum id magna a nunc posuere laoreet. Integer iaculis leo vitae nibh. Nam vulputate, mauris vitae luctus pharetra, pede neque bibendum tellus, facilisis commodo diam nisi eget lacus. Duis consectetur pulvinar nisi. Cras interdum ultricies sem. Nullam tristique. Suspendisse elementum purus eu nisl. Nulla facilisi. Phasellus ultricies ullamcorper lorem. Sed euismod ante vitae lacus. Nam nunc leo, congue vehicula, luctus ac, tempus non, ante. Morbi suscipit purus a nulla. Sed eu diam.

Characters remaining: 427

Describe medical treatment you received and for what:

Vestibulum ante ipsum primis in faucibus orci luctus et ultrices posuere cubilia Curae; Cras imperdiet felis id velit. Ut non quam at sem dictum ullamcorper. Vestibulum pharetra purus sed pede. Aliquam ultrices, nunc in varius mattis, felis justo pretium magna, eget laoreet justo eros id eros. Aliquam elementum diam fringilla nulla. Praesent laoreet sapien vel metus. Cras tempus, sapien condimentum dictum dapibus, lorem augue fringilla orci, ut tincidunt eros nisi eget turpis. Nullam nunc nunc, eleifend et, dictum et, pharetra a, neque. Ut feugiat. Aliquam erat volutpat. Donec pretium odio nec felis. Phasellus sagittis lacus eget sapien.

Characters remaining: 5

Describe any threats of suicide or suicidal behavior by the respondent:

Vestibulum semper. Nullam non odio. Aliquam quam. Mauris eu lectus non nunc auctor ullamcorper. Sed tincidunt molestie enim. Phasellus lobortis justo sit amet quam. Duis nulla erat, varius a, cursus in, tempor sollicitudin, mauris. Aliquam mi velit, consectetur mattis, consequat tristique, pulvinar ac, nisl. Aliquam mattis vehicula elit. Proin quis leo sed tellus scelerisque molestie. Quisque luctus. Integer mattis. Donec id augue sed leo aliquam



Pierce County
 Legal Information
 Network Exchange (LINX)



Pierce County Superior Court Kiosk

Customer Support:(253) 798-7455

1. Interview | 2. Petitioner | 3. Respondent | 4. Minor Children | 5. Relationships | 6. Other Cases | 7. Restraints | 8. Statements | 9. **Submit**

Submit Filing

Please review all of the information listed before submitting. If necessary, you can go back to each section to make any changes.

I understand that by submitting this petition I place myself under the jurisdiction of this Court and may be subject to corresponding protection order.*

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.*

Please re-enter the PIN number listed below and click the Continue button.

Account#: 1600656

PIN: 7944

< Back

Fields marked with a red asterisk * are required.

Continue >

The Public View

- Find a Kiosk
- Have identity verified
- Complete electronic forms
- Save their PIN number
- Obtain time line
- Return to pick up order

Behind-the-Scenes View

- Sent to a queue
- Information is reviewed
- Submitted to the Court
- Signed order is scanned

Benefits of Kiosk Program

- Ease of access
- Less crowded
- Streamlines process
- Increases awareness
- More reliable
- More advocacy available
- Removes barriers
- THE INTANGIBLE BENEFIT

PROCLAMATION OF THE MAYOR OF THE CITY OF GIG HARBOR

WHEREAS, the care and protection of victims of domestic violence has traditionally been the responsibility of law enforcement agencies; and

WHEREAS, dedicated professionals and concerned community members have recognized the need to become involved, ensuring protection for those who may have violence imposed on them by another; and

WHEREAS, these victims live in fear day-to-day for their lives and the lives of their children; and

WHEREAS, the trauma of domestic violence includes facing emotional, financial and legal obstacles, often alone and without support; and

WHEREAS, Craig Roberts is a man who sought to provide a proactive method of protection to ensure a healthy, safe and happy environment for victims of domestic violence; and

WHEREAS, Craig Robert's efforts have led to the development of a place where victims can come and seek a protection order by completing a petition in a public kiosk; and

WHEREAS, the number of victims being served by this Domestic Violence Kiosk is increasing each month and continues to act as a tool to combat domestic violence; and

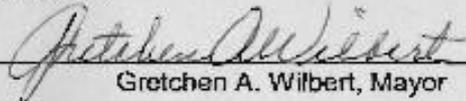
WHEREAS, the significance of the domestic violence kiosk and the efforts of Craig Roberts deserves to be recognized;

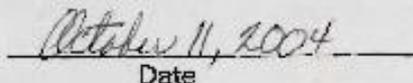
NOW, THEREFORE, I, Gretchen A. Wilbert, Mayor of the City of Gig Harbor, do proclaim October 11, 2004, as

CRAIG ROBERTS DAY

And invite all citizens of Gig Harbor to join me in the special observance of the efforts of Mr. Roberts.

In Witness Whereof, I have hereunto set my hand and caused the Seal of the City of Gig Harbor to be affixed this 11th day of October, 2004.


Gretchen A. Wilbert, Mayor


Date

Thank You

Craig Roberts
Assistant Director and CFO
Tacoma Justice Center
(253) 798-4330
croberts@co.pierce.wa.us

Registration Now Open!

2012 International Family Justice Center Conference

April 17-19 2012 in New Orleans, LA



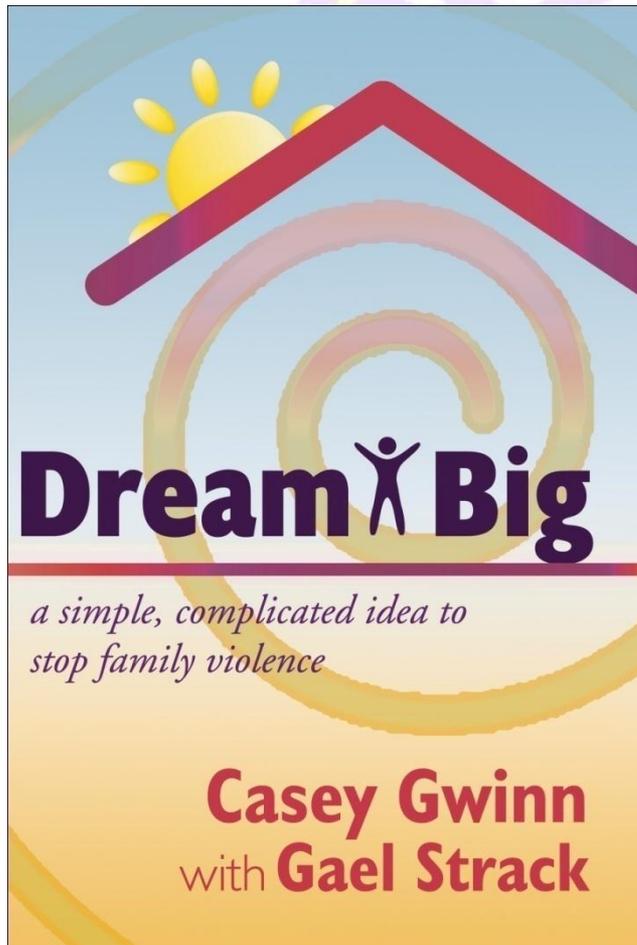
www.familyjusticecenter.org

The three-day conference will include discussions on issues related to the handling of domestic violence, child abuse, sexual assault, and elder abuse cases in the context of the Family Justice Center model.

The conference faculty includes nationally and internationally recognized subject matter experts, advocates, and survivors. During the conference participants will have the opportunity to meet with survivors and professionals who currently work in Family Justice Centers in the United States and internationally.



Dream Big



Though help is out there for victims of domestic violence, it's not always easy to find. The people who seek it often go from agency to agency, telling their story again and again. The rapidly developing Family Justice Center movement seeks to bring all community services for family violence, elder abuse, stalking, and sexual assault under one roof.

In Dream Big, the visionaries behind the family justice center movement use testimonies of survivors, staff in existing Centers, and domestic violence movement leaders to paint a future where families come first, and professionals come together to stop family violence. Everyone can play a role. Dream Big will show you how.

Go to the "Store" at www.familyjusticecenter.com to purchase *Dream Big*



Thank You

Thank you for joining today's presentation

Family Justice Center Alliance

707 Broadway, Suite 700

San Diego, CA 92101

888-511-3522

www.familyjusticecenter.com

**Reminder: This presentation will be available for download on the Online Resource Library within 24 hours*

