

Law Enforcement and Confidential Information (LECIF)

Clerk: Do not file in a public access file. In criminal cases, do not file. Give to law enforcement.

_____ Court of Washington

County: _____

Case No.: _____

Law Enforcement: Do not serve or show a completed LECIF to the other party.

Instructions – Protected Person must complete this form. Fill out **all** sections as much as you can. If you do not know, write “unknown.” Complete Attachment A if the Restrained Person is under age 18. Type or print clearly! If law enforcement cannot read this form or identify the person, they cannot serve or enforce your order!

1. Restrained Person’s Info

| | | | | |
|--------------------------------------|------------|--|---|--------|
| Name: First Middle Last | | | Date of Birth (if unknown give age range) | |
| Nickname/Alias/AKA (“Also known as”) | | | Relationship to Protected Person | |
| Sex | Race | | Height | Weight |
| Eye Color | Hair Color | | Skin Tone | Build |
| Phone/s with Area Code (voice): | | | Need Interpreter? <input type="checkbox"/> No <input type="checkbox"/> Yes Language: | |

2. Where can the Restrained Person be served? List all known contact information.

| | | |
|---------------------------------------|-------------------------------|------------------|
| Last Known Address. Street: | | |
| City: | State: | Zip: |
| Cell number (text): | Email: | |
| Social Media Account/s & User Name/s: | | |
| Other: | | |
| Employer | Employer’s Address | Employer’s Phone |
| Work Hours | Driver’s License or ID number | State |

| | | | |
|------------------------|------------------------|---------------|--------------|
| Vehicle Make and Model | Vehicle License Number | Vehicle Color | Vehicle Year |
|------------------------|------------------------|---------------|--------------|

3. Disability, hazard, and weapon info about the Restrained Person
Law enforcement needs this info to serve the order safely

Does the Restrained Person have a disability, brain injury, or impairment requiring special assistance when law enforcement serves the order? No Yes. If yes, describe (add pages, if needed): _____

Hazard Information Restrained Person's History includes:
 Involuntary/Voluntary Commitment Suicide Attempt or Threats (How recent?) _____
 Threats to "suicide by cop" Assault Assault with Weapons Alcohol/Drug Abuse
 Other: _____

Concealed Pistol License: Yes No

Weapons: Handguns Rifles Knives Explosives Unknown
 Other (include unassembled firearms and specify): _____

Location of Weapons: Vehicle On Person Residence Describe in detail:

Current Status
 Is the restrained person a current or former cohabitant as an intimate partner? Yes No
 Are you and the restrained person living together now? Yes No
 Does the restrained person know they may be moved out of the home? Yes No N/A
 Does the restrained person know you are trying to get this order? Yes No
 Is the restrained person likely to react violently when served? Yes No

4. Protected Person's Info
(If only minors are protected, list them in 5. Provide contact information in this section for the person filing.)

| | | | | |
|-------------------------------|-----------|------------|---------------|--------|
| Name: First | Middle | Last | Date of Birth | |
| Sex | Race | | Height | Weight |
| Driver's license or ID number | Eye Color | Hair Color | Skin Tone | Build |

If your information **is not confidential**, you must enter your address and phone number/s below.

| | |
|--------------------------|---|
| Current Address. Street: | Phone(s) w/Area Code |
| City: State: Zip: | |
| Email address: | Need interpreter? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, language: |

If your info **is confidential**, you must give a name, address, and phone of someone willing to be your "contact."
 If you filed **for someone else**, list your information as the contact.

| | |
|-----------------------|---------------------------------------|
| Contact Name: | |
| Contact Address | Contact Phone |
| Contact Email Address | Date of Birth (if you are Petitioner) |

I declare under penalty of perjury under the laws of the State of Washington that: 1) the information on this form about me is true and correct; 2) the information about the other party is the legitimate, current, or last known contact information.

I have attached ____ pages.

Signed at (*City and State*): _____ Date: _____



Sign here

Print name here

Attachment A: Restrained Person is a Minor

Only complete this attachment if the Restrained Person is under age 18. **If not**, skip or remove this attachment.

| 1. Restrained Person's PARENT or GUARDIAN's Info | | | |
|--|-------------------------------|--|--|
| Name: First Middle Last | | | Date of Birth (if unknown give age range) |
| Nickname/Alias/AKA ("Also known as") | | Relationship to Restrained Person <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian | |
| Sex | Race | Height | Weight |
| Eye Color | Hair Color | Skin Tone | Build |
| Phone/s with Area Code (voice): | | Need Interpreter? <input type="checkbox"/> No <input type="checkbox"/> Yes Language: | |
| 2. Where can the Restrained Person's PARENT or GUARDIAN be served? | | | |
| List all known contact information. | | | |
| Last Known Address. Street: | | | |
| City: | | State: | Zip: |
| Cell number (text): | | Email: | |
| Social Media Account/s & User Name/s: | | | |
| Other: | | | |
| Employer | Employer's Address | | Employer's Phone |
| Work Hours | Driver's License or ID number | | State |
| Vehicle Make and Model | Vehicle License Number | Vehicle Color | Vehicle Year |
| 3. Disability, hazard, and weapon info about Restrained Person's PARENT or GUARDIAN | | | |
| Law enforcement needs this info to serve the order safely | | | |
| Does the PARENT or GUARDIAN have a disability, brain injury, or impairment requiring special assistance when law enforcement serves the order? <input type="checkbox"/> No <input type="checkbox"/> Yes. If yes, describe (add pages, if needed): _____ | | | |
| Hazard Information PARENT or GUARDIAN's history includes: | | | |
| <input type="checkbox"/> Involuntary/Voluntary Commitment <input type="checkbox"/> Suicide Attempt or Threats (How recent?) _____ | | | |
| <input type="checkbox"/> Threats to "suicide by cop" <input type="checkbox"/> Assault <input type="checkbox"/> Assault with Weapons <input type="checkbox"/> Alcohol/Drug Abuse | | | |
| <input type="checkbox"/> Other: _____ | | | |
| Concealed Pistol License: <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Weapons: <input type="checkbox"/> Handguns <input type="checkbox"/> Rifles <input type="checkbox"/> Knives <input type="checkbox"/> Explosives <input type="checkbox"/> Unknown | | | |
| <input type="checkbox"/> Other (include unassembled firearms and specify): _____ | | | |

Location of Weapons: Vehicle On Person Residence Describe in detail:

Current Status
Is the PARENT or GUARDIAN living with the restrained person now? **Yes** **No**
Are you and the PARENT or GUARDIAN living together now? **Yes** **No**
Does the PARENT or GUARDIAN know you are trying to get this order? **Yes** **No**
Is the PARENT or GUARDIAN likely to react violently when served? **Yes** **No**