

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 – The **Protected Person** must complete this form. Fill out **all** sections as much as you can. If you do not know, write “unknown.”
Type or print clearly! If law enforcement cannot read this form, 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? [] No [] 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

Name: First Middle Last		Date of Birth	
Sex	Race	Height	Weight
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."

Contact Name:	
Contact Address	Contact Phone

If you filed for someone else, list your name, phone number, and address:

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5. Minor's Info				
<i>For relationship, use terms such as child, grandchild, stepchild, nephew, or none.</i>				
1	Name: First Middle Last			
	Birth Date	Sex	Race	Resides With
	Relationship to Protected Person:		Relationship to Restrained Person:	
2	Name: First Middle Last			
	Birth Date	Sex	Race	Resides With
	Relationship to Protected Person:		Relationship to Restrained Person:	
3	Name: First Middle Last			
	Birth Date	Sex	Race	Resides With
	Relationship to Protected Person:		Relationship to Restrained Person:	
4	Name: First Middle Last			
	Birth Date	Sex	Race	Resides With
	Relationship to Protected Person:		Relationship to Restrained Person:	
[] More than 4 minors are protected. (Attach a page to list more children and their details.)				
6. Protected Household Members or Adult Children				
Name:		birth date:		
Name:		birth date:		
Name:		birth date:		
Name:		birth date:		
Privacy Notice: Only court staff, law enforcement, and some state agencies may see this form. The other party and their lawyer may not see this form unless a court order allows it. State agencies may disclose the information in this form according to their own rules.				
Changes: If any information changes, fill out another copy of this form and file it with the court clerk.				

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