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| **Law Enforcement and Confidential Information– Restrained Person** (LECIFR)**Clerk: Do not file in a public access file. In criminal cases, do not file. Give to law enforcement.** Court of WashingtonCounty: Case No.:  |  |

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| **Law Enforcement:** Do **not** serve or show a **completed** LECIF to the other party.  |
| **Instructions** –The **Restrained Person** must complete this form**.** Type or print clearly! Fill out sections **1** and **2**. File with the court clerk.  |
| **1. Restrained Person’s Info**  |
| **Name:** First Middle Last | Date of Birth |
| 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 |
| **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 the information on this form about me is true and correct.

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

Sign here Print name here