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| **Law Enforcement and Confidential Information** (LECIF)**Clerk: Do not file in a public access file. Give to law enforcement.** Court of WashingtonCounty: KING Case No.: Cause #  |  |

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| ***Do NOT serve or show this sheet to the Restrained Person!*** |
| **Type or print clearly!** If law enforcement cannot read this form, they cannot serve or enforce your order! |
| **Restrained Person’s Info –** Fill out as much as you can. If you do not know, write “unknown.” |
| **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: |
| **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 | Drivers License or ID number | State |
| Vehicle Make and Model | Vehicle License Number | Vehicle Color | Vehicle Year |
| **Disability, hazard, and weapon info about the Restrained Person**Law enforcement needs this info to serve your 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** |
| **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:City: State: Zip: | Phone(s) w/Area Code |
| Email address: | Need interpreter? [ ] No [ ] YesIf 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: |
| Minor’s Info |
| *For relationship, use terms such as child, grandchild, stepchild, nephew, or none.* |
| **1** | **Name:** First Middle Last |
| Birth Date | Sex | Race | Resides With |
| Relationship toProtected Person: | Relationship toRestrained Person: |
| **2** | **Name:** First Middle Last |
| Birth Date | Sex | Race | Resides With |
| Relationship toProtected Person: | Relationship toRestrained Person: |
| **3** | **Name:** First Middle Last |
| Birth Date | Sex | Race | Resides With |
| Relationship toProtected Person: | Relationship toRestrained Person: |
| **4** | **Name:** First Middle Last |
| Birth Date | Sex | Race | Resides With |
| Relationship toProtected Person: | Relationship toRestrained Person: |
| [ ] More than 4 minors are protected. (Attach a page to list more children and their details.) |
| **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:

Protected or Restrained person signs here Print name here