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	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):		Interpreter?	Language:				
2. Where can the Restrained Person be served? List all known contact information.								
Last Known Address. Street:								
City:			State:	Zip:				
Cell number (text):		Ema	il:					
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 Mod	el Vehicle Lid	ense Number	Vehicle	e 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: Date of Birth Sex Race Height Weight Driver's license or ID number Hair Color Skin Tone Build Eye Color If your information is not confidential, you must enter your address and phone number/s below. Phone(s) w/Area Code Current Address. Street: City: State: Zip: Need interpreter? [] No [] Yes Email address: 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) How can law enforcement contact you and other protected household members if firearms are returned to the restrained person? (Email/s preferred. Update law enforcement with any changes.) [] email above [] phone number above [] address above [] other:

5. 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 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:	1	Relationship to Restrained Person:	1		
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 Househo	old Members or Adult Chi	ldren		
Na	me:		birth date:			
Na	me:		birth date:			
Name: birth date:						
Name: birth						
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:						
<u></u>						
	n here	1	Print name here			
	CW 7.105.115		Enforcement and			