Law Enforcement and Confidential Information (LECIF)

Clerk: Do <u>not</u> 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
Previous Names:			

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:
Previous Addresses:

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	
Previous Names:				
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: City: State: Zip:	Phone(s) w/Area Code
Email address:	Need interpreter? ☐No ☐ 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)
Previous Addresses:	
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:		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, prosecutors' offices, 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

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 ☐Parent ☐ Legal Guardian
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'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? ☐No ☐ Yes. If yes, describe (add pages, if needed):_____

Hazard Information PARENT or GUARDIAN'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 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**