|  |  |
| --- | --- |
| **Law Enforcement and Confidential  Information – Extreme Risk Protection Order** (LECIF)  **Clerk: Do not file in a public access file. Give to law enforcement.**  Superior Court of Washington  County: King  Case No.: |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Do NOT serve or show this sheet to the Respondent | | | | | | | |
| **Type or print clearly!** If law enforcement cannot read this form, they cannot serve or enforce your order! | | | | | | | |
| **Respondent’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 Petitioner | | |
| Sex | Race | | | | Height | | Weight |
| Eye Color | Hair Color | | | | Skin Tone | | Build |
| Phone/s with Area Code (voice): | | Need Interpreter?  [ ] Yes [ ] No Language: | | | | | |
| **Where can the Respondent 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 Respondent** Law enforcement needs this info to serve your order safely | | | | | | | | |
| **Does the Respondent 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** Respondent’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:  Has the respondent had advanced or military firearms training [ ] Yes [ ] No [ ] Unknown If yes, describe below (continue on separate sheet, if needed): | | | | | | | |
| **Current Status**  Is the respondent a current or former cohabitant as an intimate partner? [ ] **Yes** [ ] **No**  Are you and the respondent living together now? [ ] **Yes** [ ] **No**  Does the respondent know you are trying to get this order? [ ] **Yes** [ ] **No**  Is the respondent likely to react violently when served? [ ] **Yes** [ ] **No** | | | | | | | |
| Petitioner’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? [ ] Yes [ ] No  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 petitioner is represented by an attorney, enter the attorney’s name, WSBA #, address, and phone number: | | | | | | | | |
| **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:

Petitioner or Respondent signs here Print name here