

Law Enforcement and Confidential Information – Extreme Risk Protection Order – Respondent Under 18 (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

Parent or Guardian of Minor Respondent

If the respondent is under 18 years old, a copy of the order must be served on the parent or guardian of the minor at any address where the minor resides, or the Department of Children, Youth, and Families in the case where the minor is the subject of a dependency or court approved out-of-home placement.

Minor Respondent currently lives with: (check all that apply)

Parent(s) Legal guardian Other (specify) _____

Court approved dependency or out-of-home placement

Provide the information below for at least one parent or legal guardian of the respondent.

Parent or Guardian #1

Name: First	Middle	Last	Date of Birth (if unknown give age range)	
Nickname/Alias/AKA ("Also known as")			Relationship to Respondent <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian	
Sex	Race		Height	Weight

Eye Color	Hair Color	Skin Tone	Build
Phone/s with Area Code (voice):		Need Interpreter? [] Yes [] No Language:	
Where can Parent or Guardian #1 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 Parent or Guardian #1 Law enforcement needs this info to serve your order safely			
<p>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): _____</p> <p>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: _____</p> <p>Concealed Pistol License: [] Yes [] No</p> <p>Weapons: [] Handguns [] Rifles [] Knives [] Explosives [] Unknown [] Other (include unassembled firearms and specify): _____</p> <p>Location of Weapons: [] Vehicle [] On Person [] Residence Describe in detail: _____</p> <p>Has the parent or guardian had advanced or military firearms training [] Yes [] No [] Unknown If yes, describe below (continue on separate sheet, if needed): _____</p>			
<p>Current Status</p> <p>Is the parent or guardian living with the respondent now? [] Yes [] No</p> <p>Are you and the parent or guardian living together now? [] Yes [] No</p> <p>Does the parent or guardian know you are trying to get this order? [] Yes [] No</p> <p>Is the parent or guardian likely to react violently when served? [] Yes [] No</p>			

Parent or Guardian #2			
Name: First Middle Last			Date of Birth (if unknown give age range)
Nickname/Alias/AKA ("Also known as")			Relationship to Respondent [] Parent [] Legal Guardian
Sex	Race	Height	Weight
Eye Color	Hair Color	Skin Tone	Build
Phone/s with Area Code (voice):		Need Interpreter? [] Yes [] No Language:	
Where can Parent or Guardian #2 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 Parent or Guardian #2 Law enforcement needs this info to serve your order safely			
<p>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): _____</p> <p>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: _____</p> <p>Concealed Pistol License: [] Yes [] No</p> <p>Weapons: [] Handguns [] Rifles [] Knives [] Explosives [] Unknown [] Other (include unassembled firearms and specify): _____</p> <p>Location of Weapons: [] Vehicle [] On Person [] Residence Describe in detail: _____</p>			
<p>Has the parent or guardian had advanced or military firearms training [] Yes [] No [] Unknown If yes, describe below (continue on separate sheet, if needed): _____</p>			

Current Status

Is the parent or guardian living with the respondent 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

Custody of DCYF:

The respondent is [] subject to a dependency [] in out-of-home placement

Fill in as much information as you can below:

Which court has jurisdiction?

Court case number:

Social worker or DCYF Representative Name:

Office location

Street:

City:

State:

Zip:

Phone

Office:

Mobile:

Email

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