

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.

Snohomish County District Court

Cascade Everett Evergreen South

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	
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:
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	
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:			Phone(s) w/Area Code	
City:	State:	Zip:		
Email address:			Need interpreter? <input type="checkbox"/> No <input type="checkbox"/> 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)

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, 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 <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? <input type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> No <input type="checkbox"/> Yes. If yes, describe (add pages, if needed):			
Hazard Information PARENT or GUARDIAN's history includes:			
<input type="checkbox"/> Involuntary/Voluntary Commitment <input type="checkbox"/> Suicide Attempt or Threats (How recent?)			
<input type="checkbox"/> Threats to "suicide by cop" <input type="checkbox"/> Assault <input type="checkbox"/> Assault with Weapons <input type="checkbox"/> Alcohol/Drug Abuse			
<input type="checkbox"/> Other:			
Concealed Pistol License: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Weapons: <input type="checkbox"/> Handguns <input type="checkbox"/> Rifles <input type="checkbox"/> Knives <input type="checkbox"/> Explosives <input type="checkbox"/> Unknown			
<input type="checkbox"/> 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**