

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 – The **Protected Person** must complete this form. Fill out **all** sections as much as you can. If you do not know, write “unknown.”
Type or print clearly! If law enforcement cannot read this form, 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

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:	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."

Contact Name:	
Contact Address	Contact Phone

If you filed for someone else, list your name, phone number, and address:
