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| **Law Enforcement and Confidential  Information (LECIF)**  ***执法和机密 信息(LECIF)***  **Clerk: Do not file in a public access file. In criminal cases, do not file. Give to law enforcement.**  ***书记员：不要在公共访问文件中归档。在刑事案件中，不要归档。交给执法部门。***  Court of Washington  *华盛顿州法院*  County:  *县：*  Case No.:  *案件编号：* |  |

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| **Law Enforcement:** Do **not** serve or show a **completed** LECIF to the other party.  ***执法部门：不****要向另一方提供或展示****完整的****LECIF。* | | | | | | | |
| **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!  ***说明****——****受保护人必须****填写此表格。尽可能填写****所有****部分。如果您不知道，写“不明”。如果受限制人未满18岁，请填写附件A。* *请工整填写，或以打字方式填写！如果执法部门无法阅读此表格或识别此人的身份，则将无法送达或执行您的命令！* | | | | | | | |
| **1. Restrained Person’s Info**  ***受限制人信息*** | | | | | | | |
| **Name**: First Middle Last  ***姓名：*** *名* *中间名* *姓* | | | | | Date of Birth (if unknown give age range)  *出生日期 （如果不知道，说明年龄范围）* | | |
| Nickname/Alias/AKA (“Also known as”)  *昵称/别名/又名（“亦称”）* | | | | | Relationship to Protected Person  *与受保护人的关系* | | |
| Sex  *性别* | Race  *种族* | | | | Height  *身高* | | Weight  *体重* |
| Eye Color  *瞳色* | Hair Color  *发色* | | | | Skin Tone  *肤色* | | Build  *体格* |
| Phone/s with Area Code (voice):  *带区号电话（语音）：* | | Need Interpreter?  *需要口译员？*  [ ] No [ ] Yes Language:  *否 是* *语言：* | | | | | |
| **2. Where can the Restrained Person be served?** List all known contact information.  ***可以送达受限制人的地址是？*** *列出所有已知的联系信息。* | | | | | | | |
| Last Known Address.  *最后所知地址。*  **Street:**  ***街道：***  City: State: Zip:  *城市：* *州：* *邮编：* | | | | | | | |
| Cell number (text):  *手机号码（短信）：* | | | Email:  *电子邮件地址：* | | | | |
| Social Media Account/s & User Name/s:  *社交媒体帐户和用户名：* | | | | | | | |
| Other:  *其他：* | | | | | | | |
| Employer  *雇主* | Employer's Address  *雇主地址* | | | | | Employer’s Phone  *雇主电话* | |
| Work Hours  *工作时间* | Driver’s License or ID number  *驾照或身份证号码* | | | | | State  *州* | |
| Vehicle Make and Model  *车辆品牌和型号* | Vehicle License Number  *车牌号* | | | Vehicle Color  *车辆颜色* | | Vehicle Year  *车辆年份* | |
| **3. Disability, hazard, and weapon info about the Restrained Person** Law enforcement needs this info to serve the order safely  ***关于受限制人的残疾、危险和武器信息*** *执法部门需要这些信息安全送达命令* | | | | | | | | |
| **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):  *当执法部门送达命令时，****受限制人是否有残疾、脑损伤或需要特殊帮助的损伤？****[-]否 [-]是。如果是，请描述（如果需要，可加页填写）：*  **Hazard Information** Restrained Person’s History includes:  ***危险信息****受限制人的历史记录包括：*  [ ] Involuntary/Voluntary Commitment [ ] Suicide Attempt or Threats (How recent?)  *非自愿/自愿 [-]自杀未遂或威胁自杀（最近多久？)*  [ ] Threats to “suicide by cop” [ ] Assault [ ] Assault with Weapons [ ] Alcohol/Drug Abuse  *威胁“借警察之手得以自杀“[-]袭击\ [-]持械袭击 [-]酗酒/吸毒* [ ] Other:  其他：  **Concealed Pistol License:** [ ] Yes [ ] No  ***隐蔽持枪证：*** *[-]是* *[-]否*  **Weapons:** [ ] Handguns [ ] Rifles [ ] Knives [ ] Explosives [ ] Unknown  ***武器：****[-]手枪* *[-]步枪* *[-]刀* *[-]炸药* *[-]未知*  [ ] Other (include unassembled firearms and specify):  *其他（包括未组装枪支并具体说明）：*  **Location of Weapons**: [ ] Vehicle [ ] On Person [ ] Residence Describe in detail:  ***武器位置：*** *[-]车辆* *[-]随身* *[-]住宅* *详细描述：* | | | | | | | |
| **Current Status**  ***当前状态***  Is the restrained person a current or former cohabitant as an intimate partner? [ ] **Yes** [ ] **No**  *受限制人是作为亲密伴侣的现任或前任同居者吗？[-]****是*** *[-]****否***  Are you and the restrained person living together now? [ ] **Yes** [ ] **No**  *您和受限制人现在住在一起吗？[-]****是*** *[-]****否***  Does the restrained person know they may be moved out of the home? [ ] **Yes** [ ] **No** [ ] **N/A**  *受限制人知道自己可能需要搬出吗？[-]****是*** *[-]****否*** *[-]****不适用***  Does the restrained person know you are trying to get this order? [ ] **Yes** [ ] **No**  *受限制人知道您正在申请此命令吗？[-]****是*** *[-]****否***  Is the restrained person likely to react violently when served? [ ] **Yes** [ ] **No**  *受限制人在被送达时是否可能做出激烈反应？[-]****是*** *[-]****否*** | | | | | | | |
| **4. Protected Person’s Info** (If only minors are protected, list them in 5. Provide contact information in this section for the person filing.)  ***受保护人信息*** *（如果只有未成年人受保护，请在5中列出他们。在本部分提供申请人的联系信息。)* | | | | | | | |
| Name: First Middle Last  *姓名：* *名* *中间名* *姓* | | | | | Date of Birth  *出生日期* | | |
| Sex  *性别* | Race  *种族* | | | | Height  *身高* | | Weight  *体重* |
| Driver’s license or ID number  *驾照或身份证号码* | Eye Color  *瞳色* | Hair Color  *发色* | | | Skin Tone  *肤色* | | Build  *体格* |
| If your information ***is not confidential***, you must enter your address and phone number/s below.  *如果您的信息****不是机密信息****，您必须在下面输入您的地址和电话号码。* | | | | | | | | |
| Current Address. Street:  *当前地址。街道：*  City: State: Zip:  *城市：* *州：* *邮编：* | | | | | Phone(s) w/Area Code  *带区号电话* | | | |
| Email address:  *电子邮件地址：* | | | | | Need interpreter? [ ] No [ ] Yes  *需要口译员？[-]否 [-]是*  If yes, language:  *如果是，语言：* | | | |
| 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.  *如果您的信息****是机密信息****，您必须提供愿意成为您的“联系人”的人员的姓名、地址和电话。 如果您****代其他人****提交申请，请将您的信息列为联系人。* | | | | | | | | |
| Contact Name:  *联系人姓名：* | | | | | | | | |
| Contact Address  *联系地址* | | | | | Contact Phone  *联系人电话* | | | |
| Contact Email Address  *联系人电子邮件地址* | | | | | Date of Birth (if you are Petitioner)  *出生日期（如您是呈请人）* | | | |
| 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.)  ***如果枪支归还****给受限制人，执法部门如何联系您和其他受保护的家庭成员？（首选电子邮件。如有变更，请告知执法部门。)*  [ ] email above [ ] phone number above [ ] address above [ ] other:  *上方电子邮件地址 [-]上方电话号码 [-]上方地址 [-]其他：* | | | | | | | | |

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| *5. Minor’s Info**未成年人信息* | | | | |
| *For relationship, use terms such as child, grandchild, stepchild, nephew, or none.*  *对于关系，使用诸如子女、孙辈、继子女、侄子/外甥或无等术语。* | | | | |
| **1** | Name: First Middle Last  *姓名：名* *中间名* *姓* | | | |
| Birth Date  *出生日期* | Sex  *性别* | Race  *种族* | Resides With  *共同居住者* |
| Relationship to Protected Person:  *与受保护人 的关系：* | | Relationship to Restrained Person:  *与受限制人的 关系：* | |
| **2** | Name: First Middle Last  *姓名：名* *中间名* *姓* | | | |
| Birth Date  *出生日期* | Sex  *性别* | Race  *种族* | Resides With  *共同居住者* |
| Relationship to Protected Person:  *与受保护人 的关系：* | | Relationship to Restrained Person:  *与受限制人的 关系：* | |
| **3** | Name: First Middle Last  *姓名：名* *中间名* *姓* | | | |
| Birth Date  *出生日期* | Sex  *性别* | Race  *种族* | Resides With  *共同居住者* |
| Relationship to Protected Person:  *与受保护人 的关系：* | | Relationship to Restrained Person:  *与受限制人的 关系：* | |
| **4** | Name: First Middle Last  *姓名：名* *中间名* *姓* | | | |
| Birth Date  *出生日期* | Sex  *性别* | Race  *种族* | Resides With  *共同居住者* |
| Relationship to Protected Person:  *与受保护人 的关系：* | | Relationship to Restrained Person:  *与受限制人的 关系：* | |
| [ ] More than 4 minors are protected. (Attach a page to list more children and their details.)*4名以上未成年人受保护。（请附页列出更多儿童及其详细信息。）* | | | | |
| **6. Protected Household Members or Adult Children**  ***受保护的家庭成员或成年子女*** | | | | |
| Name: birth date:  *姓名：* *出生日期：* | | | | |
| Name: birth date:  *姓名：* *出生日期：* | | | | |
| Name: birth date:  *姓名：* *出生日期：* | | | | |
| Name: birth date:  *姓名：* *出生日期：* | | | | |
| **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.  ***隐私权声明：*** *只有法院工作人员、执法人员和一些州政府机构可以查看此表格。除非法院命令允许，否则对方及其律师不得查看此表格。州政府机构可以根据各自的规定披露此表中的信息。* | | | | |
| **Changes:** If any information changes, fill out another copy of this form and file it with the court clerk.  ***变更：****如果任何信息发生变更，请再填一份这张表并提交给法庭书记员。* | | | | |

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.

*本人特此声明如下；其中若有不实之词，愿依照华盛顿州法律而接受伪证罪处罚：1) 本表中关于本人的信息真实无误；2) 关于另一方的信息是合法的、当前的或最后所知联系信息。*

I have attached \_\_\_\_ pages.

*我已经附上[-]页。*

Signed at *(City and State):* Date:

*签字地点（城市和州）：* *日期：*

Sign here Print name here

*请在此处签名* *请在此处工整填写姓名*

**Attachment A: Restrained Person is a Minor**

***附件A：受限制人是未成年人***

**Only complete** this attachment if the Restrained Person is under age 18. **If not**, skip or remove this attachment.

***仅当****受限制人未满18岁时****才填写****此附件。****如果不是****，请跳过或删除此附件。*

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| **1. Restrained Person’s PARENT or GUARDIAN’s Info**  ***受限制人的父母或监护人信息*** | | | | | | |
| **Name:** First Middle Last  ***姓名：*** *名* *中间名* *姓* | | | | Date of Birth (if unknown give age range)  *出生日期 （如果不知道，说明年龄范围）* | | |
| Nickname/Alias/AKA (“Also known as”)  *昵称/别名/又名（“亦称”）* | | | | Relationship to Restrained Person  *与受限制人的关系*  [ ] Parent [ ] Legal Guardian  *父母 [-]法定监护人* | | |
| Sex  *性别* | Race  *种族* | | | Height  *身高* | | Weight  *体重* |
| Eye Color  *瞳色* | Hair Color  *发色* | | | Skin Tone  *肤色* | | Build  *体格* |
| Phone/s with Area Code (voice):  *带区号电话（语音）：* | | Need Interpreter?  *需要口译员？*  [ ] No [ ] Yes Language:  *否 [-]是* *语言：* | | | | |
| **2. Where can the Restrained Person’s PARENT or GUARDIAN be served?** List all known contact information.  ***可以送达受限制人的父母或监护人的地址是？*** *列出所有已知的联系信息。* | | | | | | |
| Last Known Address.  *最后所知地址。*  **Street**:  ***街道：***  City: State: Zip:  *城市：* *州：* *邮编：* | | | | | | |
| Cell number (text):  *手机号码（短信）：* | | | | Email:  *电子邮件地址：* | | |
| Social Media Account/s & User Name/s:  *社交媒体帐户和用户名：* | | | | | | |
| Other:  *其他：* | | | | | | |
| Employer  *雇主* | Employer's Address  *雇主地址* | | | | Employer’s Phone  *雇主电话* | |
| Work Hours  *工作时间* | Driver’s License or ID number  *驾照或身份证号码* | | | | State  *州* | |
| Vehicle Make and Model  *车辆品牌和型号* | Vehicle License Number  *车牌号* | | Vehicle Color  *车辆颜色* | | Vehicle Year  *车辆年份* | |
| **3. Disability, hazard, and weapon info about Restrained Person’s PARENT or GUARDIAN** Law enforcement needs this info to serve the order safely  ***关于受限制人的父母或监护人的残疾、危险和武器信息*** *执法部门需要这些信息安全送达命令* | | | | | | | |
| **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):  *当执法部门送达命令时，****父母或监护人是否有残疾、脑损伤或需要特殊帮助的损伤？****[-]否 [-]是。如果是，请描述（如果需要，可加页填写）：*  **Hazard Information** PARENT or GUARDIAN’s history includes:  ***危险信息****父母或监护人的历史记录包括：*  [ ] Involuntary/Voluntary Commitment [ ] Suicide Attempt or Threats (How recent?)  *非自愿/自愿 [-]自杀未遂或威胁自杀（最近多久？)*  [ ] Threats to “suicide by cop” [ ] Assault [ ] Assault with Weapons [ ] Alcohol/Drug Abuse  *威胁“借警察之手得以自杀“[-]袭击\ [-]持械袭击 [-]酗酒/吸毒* [ ] Other: 其他：  **Concealed Pistol License:** [ ] Yes [ ] No  ***隐蔽持枪证：*** *[-]是* *[-]否*  **Weapons:** [ ] Handguns [ ] Rifles [ ] Knives [ ] Explosives [ ] Unknown  ***武器：****[-]手枪* *[-]步枪* *[-]刀* *[-]炸药* *[-]未知*  [ ] Other (include unassembled firearms and specify):  *其他（包括未组装枪支并具体说明）：*  **Location of Weapons**: [ ] Vehicle [ ] On Person [ ] Residence Describe in detail:  ***武器位置：*** *[-]车辆* *[-]随身* *[-]住宅* *详细描述：* | | | | | | |
| **Current Status**  ***当前状态***  Is the PARENT or GUARDIAN living with the restrained person now? [ ] **Yes** [ ] **No**  *父母或监护人现在是否与受限制人生活在一起？[-]****是*** *[-]****否***  Are you and the PARENT or GUARDIAN living together now? [ ] **Yes** [ ] **No**  *您和父母或监护人现在住在一起吗？[-]****是*** *[-]****否***  Does the PARENT or GUARDIAN know you are trying to get this order? [ ] **Yes** [ ] **No**  *父母或监护人知道您正在申请此命令吗？[-]****是*** *[-]****否***  Is the PARENT or GUARDIAN likely to react violently when served? [ ] **Yes** [ ] **No**  *父母或监护人在被送达时是否可能做出激烈反应？[-]****是*** *[-]****否*** | | | | | | |