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| **Law Enforcement and Confidential Information– Restrained Person** (LECIFR)***执法和机密信息——受限制人****(LECIFR)***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** –The **Restrained Person** must complete this form**.** Type or print clearly! Fill out sections **1** and **2**. File with the court clerk.***说明****——****受限制人****必须填写此表格。请工整填写，或以打字方式填写！填写第****1****和第****2****部分。向法庭书记员提交。*  |
| **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*出生日期* |
| 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* |
| **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 the information on this form about me is true and correct.

*本人特此证实或声明，据我所知，我在此表格中所提供的关于我本人的信息属实且正确。若有不实之词，愿接受华盛顿州法律规定的伪证罪处罚。*

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*