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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*