

Law Enforcement and Confidential Information – Extreme Risk Protection Order (LECIF)

执法和机密信息——极端风险保护令(LECIF)

Clerk: Do not file in a public access file. Give to law enforcement.

书记员：不要在公共访问文件中归档。交给执法部门。

_____ Court of Washington
 华盛顿州法院

County: _____
 县:

Case No.: _____
 案件编号:

Do NOT serve or show this sheet to the Respondent
不要向被告送达或展示此页

Type or print clearly! If law enforcement cannot read this form, they cannot serve or enforce your order!
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，则将无法送达或执行您的命令！

Respondent's Info – Fill out as much as you can. If you do not know, write "unknown."
被告人信息——尽可能详细填写。如果您不知道，写“不明”。

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 Petitioner 与呈请人的关系	
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? [] Yes [] No Language: 是 [-]否 语言:	
Where can the Respondent be served? List all known contact information. 可以送达被告的地址是? 列出所有已知的联系信息。			
Last Known Address. Street: 最后所知地址。街道:			
City: 城市:		State: 州:	Zip: 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	Drivers 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

Disability, hazard, and weapon info about the Respondent

Law enforcement needs this info to serve your order safely

关于被告的残疾、危险和武器信息
执法部门需要这些信息安全送达您的命令

Does the Respondent 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，被告是否有残疾、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 Respondent's History includes:

危险信息被告的历史记录包括：

- Involuntary/Voluntary Commitment Suicide Attempt or Threats (How recent? _____)
- Threats to "suicide by cop" Assault Assault with Weapons Alcohol/Drug Abuse
- Other: _____

非自愿/自愿[-]自杀未遂或威胁自杀(最近多久?)
威胁“借警察之手得以自杀”[-]袭击[-]持械袭击[-]酗酒/吸毒
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
[-]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：

Has the respondent had advanced or military firearms training Yes No Unknown

If yes, describe below (continue on separate sheet, if needed):

被告是否接受过高级或军事枪械训练[-]是 [-]否 [-]未知
如果是，请在下面描述(若需要，请加页继续)：

Current Status

当前状态

Is the respondent a current or former cohabitant as an intimate partner? Yes No

被告是作为亲密伴侣的现任或前任同居者吗？[-]是 [-]否

Are you and the respondent living together now? Yes No

您和被告现在住在一起吗？[-]是 [-]否

Does the respondent know you are trying to get this order? Yes No

被告知道您正在申请此命令吗？[-]是 [-]否

Is the respondent likely to react violently when served? Yes No

被告在被送达时是否可能做出激烈反应？[-]是 [-]否

Petitioner's Info

呈请人信息

Name: First	Middle	Last	Date of Birth
姓名: 名	中间名	姓	出生日期

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
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:		Phone(s) w/Area Code 带区号电话	
City: 城市:	State: 州:	Zip: 邮编:	
Email address: 电子邮件地址:		Need interpreter? [] Yes [] No 需要口译员? [-]是 [-]否 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." 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。			
Contact Name: 联系人姓名:			
Contact Address 联系地址		Contact Phone 联系人电话	
If petitioner is represented by an attorney, enter the attorney's name, WSBA #, address, and phone number: 如果呈请人由律师代表，请填写律师的姓名、WSBA编号、地址和电话号码:			
<p>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。</p>			
<p>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。</p>			

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): _____
签字地点 (城市和州) :

Date: _____
日期:

Petitioner or Respondent signs here
原告或被告在此处签名

Print name here
请在此处工整填写姓名