

# Law Enforcement Information - Extreme Risk Protection Order

**Do NOT serve or show this sheet to the respondent!**

**Do NOT FILE in the court file. Give this form to law enforcement.**

## Type or print clearly!

This completed form is **required** by law enforcement.  
This information is **necessary** to serve, enforce, and enter your order into the state-wide law enforcement computer.  
Fill in the following information as completely as possible.

**Court Name:** \_\_\_\_\_

Case Number: \_\_\_\_\_

**County:** \_\_\_\_\_

## Respondent's Information

(The person to be restrained from owning, possessing, accessing, or obtaining weapons.)

**Name:** First Middle Last Nickname Relationship to Petitioner

Date of Birth Sex Race Height Weight Eye Color Hair Color Skin Tone Build

Current or  Last Known Address

Phone(s) w/Area Code

Need Interpreter?

Street:

**Yes or No**

City:

State:

Zip:

Language:

Email address:

Employer

Employer's Address

WORK

Hours:

Phone: ( )

Vehicle License Number

Vehicle Make and Model

Vehicle Color

Vehicle Year

Driver's License or ID number

State

**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 (continue on back, if needed):

### Hazard Information - Restrained Person's History Includes:

Involuntary/Voluntary Commitment  Suicide Attempt or Threats  Threats of "Suicide by Cop"

Assault  Assault with Weapons  Alcohol/Drug Abuse  Other: \_\_\_\_\_

**Weapons:**  Handguns  Shotguns  Rifles  Semi-Automatic Assault Rifles  Knives

Explosives  Other: \_\_\_\_\_

**Location of Weapons:**  Vehicle  On Person  Residence Describe in detail:

Has the restrained person had advanced or military firearms training?  No  Yes

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

**Current Status** (Circle Yes, No)

Are you and the restrained person living together now? **Y N**

Does the restrained person know you are trying to get this order? **Y N**

Is the restrained person likely to react violently when served? **Y N**

**Petitioner's Information**

(This is the person, officer, or law enforcement agency that filed the case. They are not protected.)

**Name:**                      First                                      Middle                                      Last

**Agency Name, if petitioner is a law enforcement officer or agency:**

Address: (If petitioner is a law enforcement officer, list your agency address.)

Email address:

Phone(s) w/area code:

If your information ***is confidential***, you must provide the name, address, and phone number of someone willing to be your "contact:"

If petitioner is represented by an attorney, enter attorney's name, WSBA #, address, and phone number:

Need interpreter? [ ] **Yes** or [ ] **No**    Language: