

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: _____ County: _____	Case Number: _____
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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	<input type="checkbox"/> Male <input type="checkbox"/> Female	Race	Height	Weight	Eye Color	Hair Color	Skin Tone	Build
<input type="checkbox"/> Current or <input type="checkbox"/> Last Known Address Street: City: State: Zip:					Phone(s) w/Area Code		Need Interpreter? Yes or No Language:	
Employer	Employer's Address				WORK Hours: Phone: ()			
Vehicle License Number	Vehicle Make and Model	Vehicle Color	Vehicle Year	Drivers 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 Weapon(s): Vehicle On Person Residence Describe in detail:

Has the restrained person had advanced or military firearms training? No Yes If yes, describe (continue on separate sheet, if needed):

Current Status Are you and the restrained person living together now? **Y N**
(Circle Yes, No) 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.)	Phone(s) w/area code
Email address:	
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? <input type="checkbox"/> Yes or <input type="checkbox"/> No Language:	

