

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

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

_____ Court of Washington

County: _____

Case No.: _____

Do NOT serve or show this sheet to the Respondent

Type or print clearly! If law enforcement cannot read this form, they cannot serve or enforce your order!

Respondent's Info – Fill out as much as you can. If you do not know, write “unknown.”

Name: First		Middle	Last	Date of Birth (if unknown give age range)	
Nickname/Alias/AKA (“Also known as”)				Relationship to Petitioner	
Sex	Race		Height	Weight	
Eye Color	Hair Color		Skin Tone	Build	
Phone/s with Area Code (voice):			Need Interpreter? [] Yes [] No Language:		
Where can the Respondent be served? List all known contact information.					
Last Known Address. Street:					
City:		State:		Zip:	
Cell number (text):			Email:		
Social Media Account/s & User Name/s:					
Other:					
Employer	Employer's Address			Employer's Phone	
Work Hours	Drivers License or ID number			State	
Vehicle Make and Model	Vehicle License Number	Vehicle Color		Vehicle Year	

Disability, hazard, and weapon info about the Respondent

Law enforcement needs this info to serve your order safely

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): _____

Hazard Information Respondent's History includes:

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

Concealed Pistol License: Yes No

Weapons: Handguns Rifles Knives Explosives Unknown
 Other (include unassembled firearms and specify): _____

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

Has the respondent had advanced or military firearms training Yes No Unknown
If yes, describe below (continue on separate sheet, if needed):

Current Status

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

Are you and the respondent living together now? Yes No

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

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

Petitioner's Info

Name: First	Middle	Last	Date of Birth	
Sex	Race		Height	Weight
Eye Color	Hair Color		Skin Tone	Build

If your information **is not confidential**, you must enter your address and phone number/s below.

Current Address. Street:	Phone(s) w/Area Code
City: State: Zip:	
Email address:	Need interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, language:

If your info **is confidential**, you must give a name, address, and phone of someone willing to be your "contact."

Contact Name:	
Contact Address	Contact Phone

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

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.

Changes: If any information changes, fill out another copy of this form and file it with the court clerk.

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.

I have attached _____ pages.

Signed at (*city and state*): _____ Date: _____



Petitioner or Respondent signs here

Print name here