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| **Law Enforcement and Confidential Information (LECIF)*****执法和机密信息(LECIF)*****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** – **Protected Person must** complete this form. Fill out **all** sections as much as you can. If you do not know, write “unknown.” Complete Attachment A if the Restrained Person is under age 18. Type or print clearly! If law enforcement cannot read this form or identify the person, they cannot serve or enforce your order!***说明****——****受保护人必须****填写此表格。尽可能填写****所有****部分。如果您不知道，写“不明”。如果受限制人未满18岁，请填写附件A。**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或识别此人的身份，则将无法送达或执行您的命令！* |
| **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(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 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* |
| **3. Disability, hazard, and weapon info about the Restrained Person**Law enforcement needs this info to serve the order safely***关于受限制人的残疾、危险和武器信息****执法部门需要这些信息安全送达命令* |
| **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 (add pages, if needed): *当执法部门送达命令时，****受限制人是否有残疾、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** Restrained Person’s History includes:***危险信息****受限制人的历史记录包括：*[ ] Involuntary/Voluntary Commitment [ ] Suicide Attempt or Threats (How recent?)  *非自愿/自愿 [-]自杀未遂或威胁自杀（最近多久？)*[ ] Threats to “suicide by cop” [ ] Assault [ ] Assault with Weapons [ ] Alcohol/Drug Abuse *威胁“借警察之手得以自杀“[-]袭击\ [-]持械袭击 [-]酗酒/吸毒*[ ] Other: 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*[ ] Other (include unassembled firearms and specify):  *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：*   |
| **Current Status*****当前状态***Is the restrained person a current or former cohabitant as an intimate partner? [ ] **Yes** [ ] **No***受限制人是作为亲密伴侣的现任或前任同居者吗？[-]****是*** *[-]****否***Are you and the restrained person living together now? [ ] **Yes** [ ] **No***您和受限制人现在住在一起吗？[-]****是*** *[-]****否***Does the restrained person know they may be moved out of the home? [ ] **Yes** [ ] **No** [ ] **N/A***受限制人知道自己可能需要搬出吗？[-]****是*** *[-]****否*** *[-]****不适用***Does the restrained person know you are trying to get this order? [ ] **Yes** [ ] **No***受限制人知道您正在申请此命令吗？[-]****是*** *[-]****否***Is the restrained person likely to react violently when served? [ ] **Yes** [ ] **No***受限制人在被送达时是否可能做出激烈反应？[-]****是*** *[-]****否*** |
| **4. Protected Person’s Info**(If only minors are protected, list them in 5. Provide contact information in this section for the person filing.)***受保护人信息****（如果只有未成年人受保护，请在5中列出他们。在本部分提供申请人的联系信息。)* |
| Name: First Middle Last*姓名：* *名* *中间名* *姓* | Date of Birth*出生日期* |
| Sex*性别* | Race*种族* | Height*身高* | Weight*体重* |
| Driver’s license or ID number*驾照或身份证号码* | 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：*City: State: Zip:*城市：* *州：* *邮编：* | Phone(s) w/Area Code*带区号电话* |
| Email address:*电子邮件地址：* | Need interpreter? [ ] No [ ] Yes*需要口译员？[-]否 [-]是*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.”If you filed ***for someone else***, list your information as the 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。如果您****代其他人****提交申请，请将您的信息列为联系人。* |
| Contact Name:*联系人姓名：* |
| Contact Address*联系地址* | Contact Phone*联系人电话* |
| Contact Email Address*联系人电子邮件地址* | Date of Birth (if you are Petitioner)*出生日期（如您是呈请人）* |
| How can law enforcement contact you and other protected household members **if firearms are returned** to the restrained person? (Email/s preferred. Update law enforcement with any changes.)***如果枪支归还****给受限制人，执法部门如何联系您和其他受保护的家庭成员？（首选电子邮件。如有变更，请告知执法部门。)*[ ] email above [ ] phone number above [ ] address above [ ] other:  *上方电子邮件地址 [-]上方电话号码 [-]上方地址 [-]其他：* |

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| *5. Minor’s Info**未成年人信息* |
| *For relationship, use terms such as child, grandchild, stepchild, nephew, or none.**对于关系，使用诸如子女、孙辈、继子女、侄子/外甥或无等术语。* |
| **1** | Name: First Middle Last*姓名：名* *中间名* *姓* |
| Birth Date*出生日期* | Sex*性别* | Race*种族* | Resides With*共同居住者* |
| Relationship toProtected Person:*与受保护人的关系：* | Relationship toRestrained Person:*与受限制人的关系：* |
| **2** | Name: First Middle Last*姓名：名* *中间名* *姓* |
| Birth Date*出生日期* | Sex*性别* | Race*种族* | Resides With*共同居住者* |
| Relationship toProtected Person:*与受保护人的关系：* | Relationship toRestrained Person:*与受限制人的关系：* |
| **3** | Name: First Middle Last*姓名：名* *中间名* *姓* |
| Birth Date*出生日期* | Sex*性别* | Race*种族* | Resides With*共同居住者* |
| Relationship toProtected Person:*与受保护人的关系：* | Relationship toRestrained Person:*与受限制人的关系：* |
| **4** | Name: First Middle Last*姓名：名* *中间名* *姓* |
| Birth Date*出生日期* | Sex*性别* | Race*种族* | Resides With*共同居住者* |
| Relationship toProtected Person:*与受保护人的关系：* | Relationship toRestrained Person:*与受限制人的关系：* |
| [ ] More than 4 minors are protected. (Attach a page to list more children and their details.) *4名以上未成年人受保护。（请附页列出更多儿童及其详细信息。）* |
| **6. Protected Household Members or Adult Children*****受保护的家庭成员或成年子女*** |
| Name: birth date:*姓名：* *出生日期：* |
| Name: birth date:*姓名：* *出生日期：* |
| Name: birth date:*姓名：* *出生日期：* |
| Name: birth date:*姓名：* *出生日期：* |
| **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: 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):* 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*

**Attachment A: Restrained Person is a Minor**

***附件A：受限制人是未成年人***

**Only complete** this attachment if the Restrained Person is under age 18. **If not**, skip or remove this attachment.

***仅当****受限制人未满18岁时****才填写****此附件。****如果不是****，请跳过或删除此附件。*

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| **1. Restrained Person’s PARENT or GUARDIAN’s Info*****受限制人的父母或监护人信息*** |
| **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 Restrained Person*与受限制人的关系*[ ] Parent [ ] Legal Guardian *父母 [-]法定监护人* |
| 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’s PARENT or GUARDIAN be served?**List all known contact information.***可以送达受限制人的父母或监护人的地址是？****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* |
| **3. Disability, hazard, and weapon info about Restrained Person’s PARENT or GUARDIAN**Law enforcement needs this info to serve the order safely***关于受限制人的父母或监护人的残疾、危险和武器信息****执法部门需要这些信息安全送达命令* |
| **Does the PARENT or GUARDIAN 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，****父母或监护人是否有残疾、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** PARENT or GUARDIAN’s history includes:***危险信息****父母或监护人的历史记录包括：*[ ] Involuntary/Voluntary Commitment [ ] Suicide Attempt or Threats (How recent?)  *非自愿/自愿 [-]自杀未遂或威胁自杀（最近多久？)*[ ] Threats to “suicide by cop” [ ] Assault [ ] Assault with Weapons [ ] Alcohol/Drug Abuse *威胁“借警察之手得以自杀“[-]袭击\ [-]持械袭击 [-]酗酒/吸毒*[ ] Other: 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*[ ] Other (include unassembled firearms and specify):  *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：*  |
| **Current Status*****当前状态***Is the PARENT or GUARDIAN living with the restrained person now? [ ] **Yes** [ ] **No***父母或监护人现在是否与受限制人生活在一起？[-]****是*** *[-]****否***Are you and the PARENT or GUARDIAN living together now? [ ] **Yes** [ ] **No***您和父母或监护人现在住在一起吗？[-]****是*** *[-]****否***Does the PARENT or GUARDIAN know you are trying to get this order? [ ] **Yes** [ ] **No***父母或监护人知道您正在申请此命令吗？[-]****是*** *[-]****否***Is the PARENT or GUARDIAN likely to react violently when served? [ ] **Yes** [ ] **No***父母或监护人在被送达时是否可能做出激烈反应？[-]****是*** *[-]****否*** |