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| **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：* |  |

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| 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: 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* | 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  [ ] Other (include unassembled firearms and specify):  ***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  ***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* |
| 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? [ ] 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：* | | | | | | | | |
| **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：*

Petitioner or Respondent signs here Print name here

*原告或被告在此处签名* *请在此处工整填写姓名*