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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 [ ] UnknownIf 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*