Law Enforcement and
Confidential
Information – Extreme
Risk Protection Order –
Respondent Under 18
(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 Is	w enforcement cannot r	ead this form, they ca	annot serve or e	nforce your order!
Respondent's Info	– Fill out as much as	you can. If you do r	not know, write	"unknown."
Name: First	Middle Last		Date of Birth (if unknown give age range)	
Nickname/Alias/AKA ("Also kno		Relationship to Petitioner		
Sex	Rad	Race		Weight
Eye Color	Hair C	Hair Color		Build
Phone/s with Area Code (voice	Need Interpreter? [] Yes [] No Langua		nguage:	•
Where can the	e Respondent be se	rved? List all know	n contact inforn	nation.
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 Phon		Employer's Phone	
Work Hours	Drivers License or ID number State		State	

Vehicle Make and Model	Vehicle License Number	Vehicle Color	Vehicle Year
verlicie make and model	venicle Licerise Number	venicle Color	venicie real
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 Respon	ident's History includes:		
[] Involuntary/Voluntary Com	nmitment [] 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 [] Other (includ	[] Rifles [] Knives [] [e unassembled firearms and	Explosives [] Unknown specify):	
Location of Weapons:			detail:
Has the respondent had adva	ınced or militarv firearms trair	ning[]Yes[]No[]Unki	nown
If yes, describe below (contin			
Current Status			
Is the respondent a current or	r former cohabitant as an intir	nate partner?[]Yes []N	0
Are you and the respondent l			
-		-	
Does the respondent know you are trying to get this order? [] Yes [] No Is the respondent likely to react violently when served? [] Yes [] No			
Is the respondent likely to rea	ct violently when served? []	Yes []No	
•	ct violently when served? []		
F	Parent or Guardian of Mir	or Respondent	ent or quardian of
If the respondent is under 18	Parent or Guardian of Mir	nor Respondent r must be served on the par	
F	Parent or Guardian of Mir years old, a copy of the orde ere the minor resides, or the D	nor Respondent r must be served on the par Department of Children, You	ıth, and Families in
If the respondent is under 18 the minor at any address whethe case where the minor is the case where the case	Parent or Guardian of Mir years old, a copy of the orde ere the minor resides, or the D ne subject of a dependency of	nor Respondent r must be served on the par Department of Children, You or court approved out-of-hon	ıth, and Families in
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If the respondent is under 18 the minor at any address whethe case where the minor is the case where th	Parent or Guardian of Mir years old, a copy of the orde ere the minor resides, or the Ene subject of a dependency of the with: (check all that an [] Other (specify)	r must be served on the par Department of Children, You or court approved out-of-hon apply) gal guardian of the responde	uth, and Families in ne placement.
If the respondent is under 18 the minor at any address when the case where the minor is the case where the case wher	Parent or Guardian of Mir years old, a copy of the orde ere the minor resides, or the Description of a dependency of y lives with: (check all that an [] Other (specify) cy or out-of-home placement of for at least one parent or leg	r must be served on the par Department of Children, You or court approved out-of-hon apply) gal guardian of the responde (if unknown	ent. e of Birth give age range)
If the respondent is under 18 the minor at any address whethe case where the minor is the case where the minor dependent of the case where the minor is the case where the case where the minor is the case where the minor is the case where the minor is the case where the case wh	Parent or Guardian of Mir years old, a copy of the orde ere the minor resides, or the Description of a dependency of y lives with: (check all that an [] Other (specify) cy or out-of-home placement of for at least one parent or leg	r must be served on the par Department of Children, You or court approved out-of-hone apply) gal guardian of the responde (if unknown Relationship	ent. e of Birth give age range) to to Respondent
If the respondent is under 18 the minor at any address when the case where the minor is the case where the case wher	Parent or Guardian of Mir years old, a copy of the orde ere the minor resides, or the Description of a dependency of y lives with: (check all that an [] Other (specify) cy or out-of-home placement of for at least one parent or leg	r must be served on the par Department of Children, You or court approved out-of-hone apply) pal guardian of the responde (if unknown Relationship [] Parent [] Lee	ent. e of Birth give age range) to to Respondent gal Guardian
If the respondent is under 18 the minor at any address when the case where the minor is the case where the case wher	Parent or Guardian of Mir years old, a copy of the orde ere the minor resides, or the Description of a dependency of y lives with: (check all that an [] Other (specify) cy or out-of-home placement of for at least one parent or leg	r must be served on the par Department of Children, You or court approved out-of-hone apply) gal guardian of the responde (if unknown Relationship	ent. e of Birth give age range) to to Respondent

Eye Color	Hair Color		Skin Tone	Build	
Phone/s with Area Code (voice):			Language:	<u>.</u>	
Where can Parent or Guardian #1 be served? List all known contact information.				information.	
Last Known Address. Street:					
City:		S	tate:	Zip:	
Cell number (text): Email:					
Social Media Account/s & User N	lame/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		nicle Color	Vehicle Year	
Disability, hazard, and weapon info about Parent or Guardian #1 Law enforcement needs this info to serve your order safely					
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):					
Hazard Information Parent of	or Guardian's History	includes	3 :		
[] 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					
Has the parent or guardian had advanced or military firearms training [] Yes [] No [] Unknown If yes, describe below (continue on separate sheet, if needed):					
Current Status Is the parent or guardian living Are you and the parent or guardian k Does the parent or guardian likely	ardian living together know you are trying to	now? [get this] Yes [] N s order? []	No Yes []No	

Parent or Guardian #2					
Name: First	Middle I	_ast		e of Birth give age range)	
Nickname/Alias/AKA ("Also known as")				Relationship to Respondent [] Parent [] Legal Guardian	
Sex	Race		Height	Weight	
Eye Color	Hair Color		Skin Tone	Build	
Phone/s with Area Code (voice):	Need Interpreter? [] Yes [] No La			ınguage:	
Where can Parent	or Guardian #2 be	served? List a	ll known contact in	formation.	
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		State		
Vehicle Make and Model	Vehicle License Number Vehic		ehicle Color	Vehicle Year	
Disability, hazard, and weapon info about Parent or Guardian #2 Law enforcement needs this info to serve your order safely					
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): Hazard Information Parent or Guardian's History includes: [] Involuntary/Voluntary Commitment [] Suicide Attempt or Threats (How recent?					
If yes, describe below (continu			9 [] 100 [] 140 [1 OURTOWN	

Current Status				
Is the parent or guardian living with the respondent now? [] Yes [] No				
Are you and the parent or guar	rdian living togethe	er now?[]Yes[]No		
Does the parent or guardian ki	now you are trying	to get this order?[]Y	es []No	
Is the parent or guardian likely	to react violently	when served? [] Yes	[] No	
Custody of DCYF:				
The respondent is [] subject	t to a dependent	cy [] in out-of-home	placement	
Fill in as much information a	is you can below	:		
Which court has jurisdiction? Court case number:			er:	
Social worker or DCYF Repr	osontativo Namo	<u> </u>		
	esentative Name	•		
Office location		Phone	Email	
Street:		Office:		
City: Sta	ite: Zip:	Mobile:		
	Peti	tioner's Info	•	
Name: First Middle Last Date of Birth				f Birth
Sex	Race Height Weight			Weight
Eye Color	Hair Color Skin Tone Build			Build
If your information <i>is not confidential</i> , you must enter your address and phone number/s below.				
Current Address. Street:	Phone(s) w/Area Code			Code
City:	State: Zip:			
Email address:			Need interpreter? [] Yes [] No	
If yes,			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 this form about me is true and correct; 2) the informationst known contact information.		
I have attached pages.		
Signed at (city and state):	Date:	
Petitioner or Respondent signs here	Print name here	