

**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 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.”

<b>Name:</b> 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:	
<b>Where can the Respondent be served?</b> 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
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**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

**Parent or Guardian of Minor Respondent**

If the respondent is under 18 years old, a copy of the order must be served on the parent or guardian of the minor at any address where the minor resides, or the Department of Children, Youth, and Families in the case where the minor is the subject of a dependency or court approved out-of-home placement.

**Minor Respondent currently lives with: (check all that apply)**

Parent(s)  Legal guardian  Other (specify)\_\_\_\_\_

Court approved dependency or out-of-home placement

Provide the information below for at least one parent or legal guardian of the respondent.

**Parent or Guardian #1**

<b>Name:</b> First	Middle	Last	Date of Birth (if unknown give age range)	
Nickname/Alias/AKA ("Also known as")			Relationship to Respondent <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian	
Sex	Race		Height	Weight

Eye Color	Hair Color	Skin Tone	Build
Phone/s with Area Code (voice):		Need Interpreter? [ ] Yes [ ] No    Language:	
<b>Where can Parent or Guardian #1 be served?</b> 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
<b>Disability, hazard, and weapon info about Parent or Guardian #1</b> Law enforcement needs this info to serve your order safely			
<p><b>Does the parent or guardian have a disability, brain injury, or impairment requiring special assistance</b> when law enforcement serves the order? [ ] No [ ] Yes. If yes, describe (add pages, if needed): _____</p> <p><b>Hazard Information</b> Parent or Guardian'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: _____</p> <p><b>Concealed Pistol License:</b> [ ] Yes [ ] No</p> <p><b>Weapons:</b> [ ] Handguns [ ] Rifles [ ] Knives [ ] Explosives [ ] Unknown  [ ] Other (include unassembled firearms and specify): _____</p> <p><b>Location of Weapons:</b> [ ] Vehicle [ ] On Person [ ] Residence Describe in detail:  _____</p> <p>Has the parent or guardian had advanced or military firearms training [ ] Yes [ ] No [ ] Unknown  If yes, describe below (continue on separate sheet, if needed):  _____</p>			
<p><b>Current Status</b></p> <p>Is the parent or guardian living with the respondent now? [ ] <b>Yes</b> [ ] <b>No</b></p> <p>Are you and the parent or guardian living together now? [ ] <b>Yes</b> [ ] <b>No</b></p> <p>Does the parent or guardian know you are trying to get this order? [ ] <b>Yes</b> [ ] <b>No</b></p> <p>Is the parent or guardian likely to react violently when served? [ ] <b>Yes</b> [ ] <b>No</b></p>			

<b>Parent or Guardian #2</b>			
Name: First Middle Last			Date of Birth (if unknown give age range)
Nickname/Alias/AKA ("Also known as")			Relationship to Respondent <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian
Sex	Race	Height	Weight
Eye Color	Hair Color	Skin Tone	Build
Phone/s with Area Code (voice):		Need Interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No Language:	
<b>Where can Parent or Guardian #2 be served?</b> 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
<b>Disability, hazard, and weapon info about Parent or Guardian #2</b> Law enforcement needs this info to serve your order safely			
<p><b>Does the parent or guardian have a disability, brain injury, or impairment requiring special assistance</b> when law enforcement serves the order? <input type="checkbox"/> No <input type="checkbox"/> Yes. If yes, describe (add pages, if needed): _____</p> <p><b>Hazard Information</b> Parent or Guardian's History includes:  <input type="checkbox"/> Involuntary/Voluntary Commitment <input type="checkbox"/> Suicide Attempt or Threats (How recent? _____)  <input type="checkbox"/> Threats to "suicide by cop" <input type="checkbox"/> Assault <input type="checkbox"/> Assault with Weapons <input type="checkbox"/> Alcohol/Drug Abuse  <input type="checkbox"/> Other: _____</p> <p><b>Concealed Pistol License:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Weapons:</b> <input type="checkbox"/> Handguns <input type="checkbox"/> Rifles <input type="checkbox"/> Knives <input type="checkbox"/> Explosives <input type="checkbox"/> Unknown  <input type="checkbox"/> Other (include unassembled firearms and specify): _____</p> <p><b>Location of Weapons:</b> <input type="checkbox"/> Vehicle <input type="checkbox"/> On Person <input type="checkbox"/> Residence Describe in detail: _____</p>			
<p>Has the parent or guardian had advanced or military firearms training <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown  If yes, describe below (continue on separate sheet, if needed): _____</p>			

**Current Status**

Is the parent or guardian living with the respondent now?  **Yes**  **No**  
 Are you and the parent or guardian living together now?  **Yes**  **No**  
 Does the parent or guardian know you are trying to get this order?  **Yes**  **No**  
 Is the parent or guardian likely to react violently when served?  **Yes**  **No**

**Custody of DCYF:**

The respondent is  subject to a dependency  in out-of-home placement

Fill in as much information as you can below:

Which court has jurisdiction?

Court case number:

Social worker or DCYF Representative Name:

**Office location**

Street:

City:

State:

Zip:

**Phone**

Office:

Mobile:

Email

**Petitioner's Info**

<b>Name:</b> 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:

City:

State:

Zip:

Phone(s) w/Area Code

Email address:

Need interpreter?  **Yes**  **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