## Law Enforcement and Confidential Information (LECIF)

Clerk: Do <u>not</u> file in a public access file. In criminal cases, do not file. Give to law enforcement.

Superior Court of Washington

County: Skagit

Case No.:

## Law Enforcement: Do not serve or show a completed LECIF to the other party.

**Instructions** – The **Protected Person** must complete this form. Fill out **all** sections as much as you can. If you do not know, write "unknown."

Type or print clearly! If law enforcement cannot read this form, they cannot serve or enforce your order!

1. Restrained Person's Info							
Name: First	Mid	ddle L	Last			e of Birth give age range)	
Nickname/Alias/A	.KA ("Also known	as")			Relationship to	o Protected Person	
Sex Rac		е		Height	Weight		
Eye Co	olor	Hair Color			Skin Tone	Build	
Phone/s with Area	a Code (voice):		Need Interpreter?				
			[ ] No	[]Yes	Language:		
2. Where can the Restrained Person be served? List all known contact information.							
Last Known Addre Street:	ess.						
City:			S	State:	Zip:		
Cell number (text):			Email:				
Social Media Account/s & User Name/s:							
Other:							
Employ		Employer's Address				Employer's Phone	
Work H	ours	Driver's License or ID number			r	State	
Vehicle Make	and Model	Vehicle License Number		Vehic	le Color	Vehicle Year	

3. Disability, hazard, and weapon info about the Restrained Person Law enforcement needs this info to serve the order safely								
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):								
Hazard	Hazard Information Restrained Person's History includes:							
[] Invol	[] Involuntary/Voluntary Commitment [] Suicide Attempt or Threats (How recent?)							
	[] Threats to "suicide by cop" [] Assault [] Assault with Weapons [] Alcohol/Drug Abuse [] Other:							
Concea	led Pistol License: [	]Yes []No						
Weapor	<b>ns:</b> []Handguns [	] Rifles [] Knives	[] Explosives	[] Unknown				
[] Othe	r (include unassemble	ed firearms and specif	y):					
Locatio	n of Weapons: [	] Vehicle [] On Pei	rson []Residence	Describe in de	etail:			
Current								
	strained person a curi		-	artner? [ ] Yes [	] <b>No</b>			
-	and the restrained pe	0 0						
	e restrained person kr				[] <b>N/A</b>			
	e restrained person kr							
Is the re	strained person likely	to react violently whe	n served? [ ] Yes [	] <b>No</b>				
	4. Protected Person's Info							
Name:	First N	Middle Last		Date of Birth				
	Sex	Rad	ce	Height	Weight			
	Eye Color	Hair Color		Skin Tone	Build			
If your inf	formation <i>is not confide</i>	e <b>ntial</b> , you must enter yo	our address and phone					
Current A	Address. Street:			Phone(s) w/Area	Code			
City:		State:	Zip:					
Email address:			Need interpreter? [ ] No [ ] 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								
	Co	ntact Address		Contac	t Phone			
If you file	Co d for someone else, list		per, and address:	Contac	t Phone			

5. Minor's Info							
For relationship, use terms such as child, grandchild, stepchild, nephew, or none.							
1	Name: First     Middle     Last						
	Birth Date	Sex	Race	Resides With			
	Relationship to Protected Person:	L	Relationship to Restrained Person:				
2	Name: First Middle		Last				
	Birth Date	Sex	Race	Resides With			
	Relationship to Protected Person:	•	Relationship to Restrained Person:	•			
3	Name: First	Middle	Last				
	Birth Date	Sex	Race	Resides With			
	Relationship to Protected Person:		Relationship to Restrained Person:				
4	Name: First	Middle	Last				
	Birth Date	Sex	Race	Resides With			
	Relationship to Protected Person:		Relationship to Restrained Person:				
[]	[] More than 4 minors are protected. (Attach a page to list more children and their details.)						
		6. Protected Househ	old Members or Adult Ch	ildren			
Na	me:		birth date:				
Na	Name: birth date:						
Na	Name: birth date:						
Na	Name: birth date:						
<b>Privacy Notice:</b> 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.							
Sig	Signed at (City and State): Date:						
Sig	Sign here Print name here						
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RCW 7.105.115 Mandatory *(01/2023)* **PO 003**  Law Enforcement and Confidential Information **p. 3 of 3**