

**Law Enforcement and
Confidential
Information – Extreme
Risk Protection Order
(LECIF)**

**Clerk: Do not file in a
public access file. Give
to law enforcement.**

Superior Court of Washington

County: King

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.”

Name: 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:	

Where can the Respondent be served? 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

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? <input type="checkbox"/> No <input type="checkbox"/> Yes. If yes, describe (add pages, if needed): _____ Hazard Information Respondent'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: _____			
Concealed Pistol License: <input type="checkbox"/> Yes <input type="checkbox"/> No Weapons: <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): _____ Location of Weapons: <input type="checkbox"/> Vehicle <input type="checkbox"/> On Person <input type="checkbox"/> Residence Describe in detail: _____			
Has the respondent 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): _____			
Current Status Is the respondent a current or former cohabitant as an intimate partner? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you and the respondent living together now? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the respondent know you are trying to get this order? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the respondent likely to react violently when served? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Petitioner's Info			
Name: First Middle Last			Date of Birth
Sex	Race		Height
Eye Color	Hair Color		Weight
If your information is not confidential , you must enter your address and phone number/s below.			
Current Address. Street:			Phone(s) w/Area Code
City:	State:	Zip:	
Email address:			Need interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> 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