Law Enforcement and Confidential Information (LECIF)

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

_____ Court of Washington County:_____

Case No.: **Law Enforcement:** Do **not** serve or show a **completed** LECIF to the other party. Instructions – Protected Person must complete this form. Fill out all sections as much as you can. If you do not know, write "unknown." Complete Attachment A if the Restrained Person is under age 18. Type or print clearly! If law enforcement cannot read this form or identify the person, they cannot serve or enforce your order! 1. Restrained Person's Info Middle Date of Birth Name: First Last (if unknown give age range) Nickname/Alias/AKA ("Also known as") Relationship to Protected Person Sex Race Height Weight Eye Color Hair Color Skin Tone Build Phone/s with Area Code (voice): Need Interpreter? □ No □ Yes Language: 2. Where can the Restrained Person 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 State Driver's License or ID number

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 Information Restrained Person's History includes:				
□ Involuntary/Voluntary Commitment □ Suicide Attempt or Threats (How recent?)					
☐ Threats to "suicide by cop"☐ Other:	" □ Assault □ Assault \	vith Weapons □ A	Alcohol/Drug A	buse	
Concealed Pistol License:	□ Yes □ No				
Weapons : □ Handguns		•	☐ Unknow	n	
☐ Other (include unassemble					
Location of Weapons:	Vehicle □ On Pers	on Residence	Describe ir	n detail:	
Current Status					
Is the restrained person a cu	rrent or former cohabita	nt as an intimate լ	oartner? 🗆 Yes	s □ No	
Are you and the restrained p	erson living together no	w? □ Yes □ No			
Does the restrained person I	· · · · · ·			□ N/A	
i -	Does the restrained person know you are trying to get this order? ☐ Yes ☐ No				
Is the restrained person likely to react violently when served? ☐ Yes ☐ No					
4. Protected Person's Info (If only minors are protected, list them in 5. Provide contact information in this section for the person filing.)					
Name: First Middle Last Date of Birth					
Sex	Race		Height	Weight	
Driver's license or ID number	Eye Color	Hair Color	Skin Tone	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/A	rea Code	
City:	State:	Zip:			
Email address:			Need interpreter? □ No □ Yes If yes, language:		
If your info <i>is confidential</i> , you must give a name, address, and phone of someone willing to be your "contact." If you filed <i>for someone else</i> , list your information as the contact.					
Contact Name:					
Contact Address			Contact Phone		
Contact Email Address			Date of Birth	(if you are Petitioner)	

How can law enforcement contact you and other protected household members if firearms are returned to the restrained person? (Email/s preferred. Update law enforcement with any changes.)				
□ email above □ phone number above □ address above □ other:				
E. Million and a Linda				

5. Minor's Info						
Fo	For relationship, use terms such as child, grandchild, stepchild, nephew, or none.					
1	Name: First	Middle	Last			
	Dial Data	0		Daniela Wille		
	Birth Date	Sex	Race	Resides With		
	Relationship to Protected Person:		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 Relationship to Protected Person: Restrained Person:					
☐ More than 4 minors are protected. (Attach a page to list more children and their details.)						
	(6. Protected Househo	old Members or Adult Chi	ldren		
Name: birth date:						
Name: birth date:						
Na	Name: birth date:					
Name: birth date:						
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.						
C	Changes: If any information changes, fill out another copy of this form and file it with the court clerk					

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 t this form about me is true and correct; 2) the informal last known contact information.	,
I have attached pages.	
Signed at (City and State):	Date:
>	
Sign here	Print name here

Attachment A: Restrained Person is a Minor

Only complete this attachment if the Restrained Person is under age 18. **If not**, skip or remove this attachment.

1. Restrained Person's PARENT or GUARDIAN's Info					
Name:	First	Middle	Last		of Birth give age range)
Nicknam	e/Alias/AKA ("Also kno	wn as")		Relationship to	Restrained Person
				□ Parent □ Legal Guardian	
	Sex	Rad	e	Height	Weight
	Eye Color	Hair Color		Skin Tone	Build
Phone/s	with Area Code (voice)	: Need Interpreter?			
			□ No □ Yes	Language:	
		Restrained Persor List all known c	n's PARENT or Gontact information.	UARDIAN be s	served?
Street:	wn Address.				
City:			State:	Zip:	
Cell num	ber (text):			Email:	
Social Media Account/s & User Name/s:					
Other:					
	Employer	Employer's Address Employer's Ph			Employer's Phone
	Work Hours	Driver's License or ID number State			State
Vehicl	e Make and Model	Vehicle License Nun	ber Vehicle Color		Vehicle Year
3. Disability, hazard, and weapon info about Restrained Person's PARENT or GUARDIAN Law enforcement needs this info to serve the 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?)					
☐ 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:
_				
Current Status				
Is the PARENT or GUARD	IAN living wit	h the restrained	person now? \square	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				