

**RESPONDENT (RESTRAINED PERSON)**

**PLEASE FILL OUT THIS FORM WITH ALL  
NECESSARY CONTACT AND IDENTIFYING  
INFORMATION AND FILE WITH THE COURT  
AT YOUR FIRST APPEARANCE.**

**Law Enforcement and Confidential Information– Restrained Person (LECIFR)**

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

**King County District Court**

**Case No.:** \_\_\_\_\_

**Law Enforcement: Do not serve or show a completed LECIFR to the other party.**

**Instructions –The Restrained Person must complete this form. Type or print clearly! Fill out sections 1 and 2. File with the court clerk.**

**1. Restrained Person’s Info**

|                                      |            |  |   |        |
|--------------------------------------|------------|--|---|--------|
| <b>Name:</b> First Middle Last       |            |  | Date of Birth   |        |
| Nickname/Alias/AKA (“Also known as”) |            |  | Relationship to Protected Person  |        |
| Previous Names:                      |            |  |   |        |
| Sex                                  | Race       |  | Height  | Weight |
| Eye Color                            | Hair Color |  | Skin Tone   | Build  |
| Phone/s with Area Code (voice):      |            |  | Need Interpreter?<br><input type="checkbox"/> No <input type="checkbox"/> Yes Language: |        |

**2. Where can the Restrained Person be served? List all known contact information.**

|                                       |  |        |        |      |
|---------------------------------------|--|--------|--------|------|
| Last Known Address:                   |  |        |        |      |
| Street:                               |  |        |        |      |
| City:                                 |  | State: |        | Zip: |
| Previous Addresses:                   |  |        |        |      |
| Cell number (text):                   |  |        | Email: |      |
| Social Media Account/s & User Name/s: |  |        |        |      |
| Other:                                |  |        |        |      |

|                        |                               |               |                  |
|------------------------|-------------------------------|---------------|------------------|
| Employer               | Employer's Address            |               | Employer's Phone |
| Work Hours             | Driver's License or ID Number |               | State            |
| Vehicle Make and Model | Vehicle License Number        | Vehicle Color | Vehicle Year     |

**Privacy Notice:** Only court staff, law enforcement, prosecutors' offices, 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 the information on this form about me is true and correct.

Signed at (*City and State*): \_\_\_\_\_ Date: \_\_\_\_\_



\_\_\_\_\_  
Sign here

\_\_\_\_\_  
Print name here