

**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.

_____ Court of Washington

County: _____

Case No.: _____

Law Enforcement: Do not serve or show a completed LECIF 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

Name: First Middle Last			Date of Birth	
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	Driver’s License or ID number	State

Vehicle Make and Model	Vehicle License Number	Vehicle Color	Vehicle Year
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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 the information on this form about me is true and correct.

Signed at (*City and State*): _____ Date: _____



Sign here

Print name here