

# Law Enforcement and Confidential Information (LECIF)

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

Spokane District Court of Washington

County: Spokane \_\_\_\_\_

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

***Do NOT serve or show this sheet to the Restrained Person!***

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

**Restrained Person'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 Protected Person	
Sex	Race		Height	Weight
Eye Color	Hair Color		Skin Tone	Build
Phone/s with Area Code (voice):			Need Interpreter? [ ] No [ ] Yes Language:	
<b>Where can the Restrained Person be served?</b> 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 Restrained Person**  
Law enforcement needs this info to serve your 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"  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 restrained person a current or former cohabitant as an intimate partner?  Yes  No  
Are you and the restrained person living together now?  Yes  No  
Does the restrained person know they may be moved out of the home?  Yes  No  N/A  
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

**Protected Person's Info**

<b>Name:</b> First	Middle	Last	Date of Birth	
Sex	Race		Height	Weight
Eye Color	Hair Color		Skin Tone	Build

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"/> No <input type="checkbox"/> 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	Contact Phone

If you filed for someone else, list your name, phone number, and address: \_\_\_\_\_

