

Law Enforcement and Confidential Information – Extreme Risk Protection Order – Respondent Under 18 (LECIF)

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

Superior Court of Washington

County: KCLICKITAT

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
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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? No Yes. If yes, describe (add pages, if needed):_____

Hazard Information Respondent'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:

Has the respondent had advanced or military firearms training Yes No 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? Yes No
Are you and the respondent living together now? Yes No
Does the respondent know you are trying to get this order? Yes No
Is the respondent likely to react violently when served? Yes No

Parent or Guardian of Minor Respondent

If the respondent is under 18 years old, a copy of the order must be served on the parent or guardian of the minor at any address where the minor resides, or the Department of Children, Youth, and Families in the case where the minor is the subject of a dependency or court approved out-of-home placement.

Minor Respondent currently lives with: (check all that apply)
 Parent(s) Legal guardian Other (specify)_____

Court approved dependency or out-of-home placement

Provide the information below for at least one parent or legal guardian of the respondent.

Parent or Guardian #1

Name: First	Middle	Last	Date of Birth (if unknown give age range)	
Nickname/Alias/AKA ("Also known as")			Relationship to Respondent <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian	
Sex	Race		Height	Weight

Eye Color	Hair Color	Skin Tone	Build
Phone/s with Area Code (voice):		Need Interpreter? [] Yes [] No Language:	
Where can Parent or Guardian #1 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 Parent or Guardian #1 Law enforcement needs this info to serve your order safely			
<p>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): _____</p> <p>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: _____</p> <p>Concealed Pistol License: [] Yes [] No</p> <p>Weapons: [] Handguns [] Rifles [] Knives [] Explosives [] Unknown [] Other (include unassembled firearms and specify): _____</p> <p>Location of Weapons: [] Vehicle [] On Person [] Residence Describe in detail: _____</p> <p>Has the parent or guardian had advanced or military firearms training [] Yes [] No [] Unknown If yes, describe below (continue on separate sheet, if needed): _____</p>			
<p>Current Status</p> <p>Is the parent or guardian living with the respondent now? [] Yes [] No</p> <p>Are you and the parent or guardian living together now? [] Yes [] No</p> <p>Does the parent or guardian know you are trying to get this order? [] Yes [] No</p> <p>Is the parent or guardian likely to react violently when served? [] Yes [] No</p>			

Parent or Guardian #2

Name: First Middle Last			Date of Birth (if unknown give age range)	
Nickname/Alias/AKA ("Also known as")			Relationship to Respondent [] Parent [] Legal Guardian	
Sex	Race		Height	Weight
Eye Color	Hair Color		Skin Tone	Build
Phone/s with Area Code (voice):			Need Interpreter? [] Yes [] No Language:	
Where can Parent or Guardian #2 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 Parent or Guardian #2 Law enforcement needs this info to serve your order safely			
<p>Does the parent or guardian 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): _____</p> <p>Hazard Information Parent or Guardian'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: _____</p> <p>Concealed Pistol License: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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): _____</p> <p>Location of Weapons: <input type="checkbox"/> Vehicle <input type="checkbox"/> On Person <input type="checkbox"/> Residence Describe in detail: _____</p> <p>Has the parent or guardian 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): _____</p>			
<p>Current Status Is the parent or guardian living with the respondent now? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you and the parent or guardian living together now? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the parent or guardian know you are trying to get this order? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the parent or guardian likely to react violently when served? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			
Custody of DCYF:			
<p>The respondent is <input type="checkbox"/> subject to a dependency <input type="checkbox"/> in out-of-home placement</p> <p>_____</p> <p>Fill in as much information as you can below: _____</p>			
Which court has jurisdiction?		Court case number:	
Social worker or DCYF Representative Name: _____			
Office location Street: City:		Phone Office: Mobile:	Email
State:	Zip:		
Petitioner's Info			
Name: First Middle Last			Date of Birth
Sex	Race		Height
			Weight
Eye Color	Hair Color		Skin Tone
			Build

