

**Law Enforcement
and Confidential
Information (LECIF)**

**执法和机密
信息(LECIF)**

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

**书记员: 不要在公共访问文件
中归档。在刑事案件中, 不要
归档。交给执法部门。**

_____ Court of Washington
华盛顿州法院

County: _____
县:

Case No.: _____
案件编号:

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

执法部门: 不要向另一方提供或展示完整的LECIF。

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!

说明——受保护人必须填写此表格。尽可能填写**所有**部分。如果您不知道, 写“不明”。如果受限制人未**满18岁**, 请填写附件A。

请工整填写, 或以打字方式填写! 如果执法部门无法阅读此表格或识别此人的身份, 则将无法送达或执行您的命令!

1. Restrained Person's Info

受限制人信息

Name: First 姓名: 名	Middle 中间名	Last 姓	Date of Birth (if unknown give age range) 出生日期 (如果不知道, 说明年龄范围)	
Nickname/Alias/AKA (“Also known as”) 昵称/别名/又名 (“亦称”)			Relationship to Protected Person 与受保护人的关系	
Sex 性别	Race 种族		Height 身高	Weight 体重

Eye Color 瞳色	Hair Color 发色	Skin Tone 肤色	Build 体格
Phone/s with Area Code (voice): 带区号电话（语音）：		Need Interpreter? 需要口译员？ [] No [] Yes Language: 否 是 语言：	
2. Where can the Restrained Person be served? List all known contact information. 可以送达受限制人的地址是？ 列出所有已知的联系信息。			
Last Known Address. 最后所知地址。 Street: 街道： City: State: Zip: 城市: 州: 邮编：			
Cell number (text): 手机号码（短信）：		Email: 电子邮件地址：	
Social Media Account/s & User Name/s: 社交媒体帐户和用户名：			
Other: 其他：			
Employer 雇主	Employer's Address 雇主地址		Employer's Phone 雇主电话
Work Hours 工作时间	Driver's License or ID number 驾照或身份证号码		State 州
Vehicle Make and Model 车辆品牌和型号	Vehicle License Number 车牌号	Vehicle Color 车辆颜色	Vehicle Year 车辆年份

3. Disability, hazard, and weapon info about the Restrained Person

Law enforcement needs this info to serve the order safely

关于受限制人的残疾、危险和武器信息

执法部门需要这些信息安全送达命令

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): _____

当执法部门送达命令时，受限制人是否有残疾、脑损伤或需要特殊帮助的损伤？[-]否[-]是。如果是，请描述（如果需要，可加页填写）：

Hazard Information Restrained Person's History includes:

危险信息受限制人的历史记录包括：

☐ Involuntary/Voluntary Commitment ☐ Suicide Attempt or Threats (How recent?) _____
非自愿/自愿[-]自杀未遂或威胁自杀（最近多久？）

☐ Threats to "suicide by cop" ☐ Assault ☐ Assault with Weapons ☐ Alcohol/Drug Abuse
威胁“借警察之手得以自杀”[-]袭击[-]持械袭击[-]酗酒/吸毒

☐ Other: _____
其他：

Concealed Pistol License: ☐ Yes ☐ No
隐蔽持枪证：[-]是[-]否

Weapons: ☐ Handguns ☐ Rifles ☐ Knives ☐ Explosives ☐ Unknown
武器：[-]手枪[-]步枪[-]刀[-]炸药[-]未知

☐ Other (include unassembled firearms and specify): _____
其他（包括未组装枪支并具体说明）：

Location of Weapons: ☐ Vehicle ☐ On Person ☐ Residence Describe in detail:
武器位置：[-]车辆[-]随身[-]住宅详细描述：

Current Status

当前状态

Is the restrained person a current or former cohabitant as an intimate partner? ☐ Yes ☐ No
受限制人是作为亲密伴侣的现任或前任同居者吗？[-]是[-]否

Are you and the restrained person living together now? ☐ Yes ☐ No
您和受限制人现在住在一起吗？[-]是[-]否

Does the restrained person know they may be moved out of the home? ☐ Yes ☐ No ☐ N/A
受限制人知道自己可能需要搬出吗？[-]是[-]否[-]不适用

Does the restrained person know you are trying to get this order? ☐ Yes ☐ No
受限制人知道您正在申请此命令吗？[-]是[-]否

Is the restrained person likely to react violently when served? ☐ Yes ☐ No
受限制人在被送达时是否可能做出激烈反应？[-]是[-]否

4. Protected Person's Info

(If only minors are protected, list them in 5. Provide contact information in this section for the person filing.)

受保护人信息

（如果只有未成年人受保护，请在5中列出他们。在本部分提供申请人的联系信息。）

Name: First 姓名: 名			Middle 中间名	Last 姓	Date of Birth 出生日期
Sex 性别		Race 种族		Height 身高	Weight 体重
Driver's license or ID number 驾照或身份证号码		Eye Color 瞳色	Hair Color 发色	Skin Tone 肤色	Build 体格
If your information is not confidential , you must enter your address and phone number/s below. 如果您的信息 不是机密信息 , 您必须在下面输入您的地址和电话号码。					
Current Address. Street: 当前地址。街道:				Phone(s) w/Area Code 带区号电话	
City: 城市:		State: 州:	Zip: 邮编:		
Email address: 电子邮件地址:				Need interpreter? [] No [] Yes 需要口译员? [-] 否 [-] 是 If yes, language: 如果是, 语言:	
If your info is confidential , you must give a name, address, and phone of someone willing to be your "contact." If you filed for someone else , list your information as the contact. 如果您的信息 是机密信息 , 您必须提供愿意成为您的“联系人”的人的姓名、地址和电话。 如果您 代其他人 提交申请, 请将您的信息列为联系人。					
Contact Name: 联系人姓名:					
Contact Address 联系地址				Contact Phone 联系人电话	
Contact Email Address 联系人电子邮件地址				Date of Birth (if you are Petitioner) 出生日期 (如您是呈请人)	
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.) 如果枪支归还 给受限制人, 执法部门如何联系您和其他受保护的家庭成员? (首选电子邮件。如有变更, 请告知执法部门。)					
[] email above [] phone number above [] address above [] other: _____ 上方电子邮件地址 [-] 上方电话号码 [-] 上方地址 [-] 其他:					

5. Minor's Info 未成年人信息					
For relationship, use terms such as child, grandchild, stepchild, nephew, or none. 对于关系, 使用诸如子女、孙辈、继子女、侄子/外甥或无等术语。					
1	Name: First 姓名: 名	Middle 中间名	Last 姓		

	Birth Date 出生日期	Sex 性别	Race 种族	Resides With 共同居住者
	Relationship to Protected Person: 与受保护人的关系:		Relationship to Restrained Person: 与受限制人的关系:	
2	Name: First Middle Last 姓名: 名 中间名 姓			
	Birth Date 出生日期	Sex 性别	Race 种族	Resides With 共同居住者
	Relationship to Protected Person: 与受保护人的关系:		Relationship to Restrained Person: 与受限制人的关系:	
3	Name: First Middle Last 姓名: 名 中间名 姓			
	Birth Date 出生日期	Sex 性别	Race 种族	Resides With 共同居住者
	Relationship to Protected Person: 与受保护人的关系:		Relationship to Restrained Person: 与受限制人的关系:	
4	Name: First Middle Last 姓名: 名 中间名 姓			
	Birth Date 出生日期	Sex 性别	Race 种族	Resides With 共同居住者
	Relationship to Protected Person: 与受保护人的关系:		Relationship to Restrained Person: 与受限制人的关系:	
☐ More than 4 minors are protected. (Attach a page to list more children and their details.) 4名以上未成年人受保护。 (请附页列出更多儿童及其详细信息。)				
6. Protected Household Members or Adult Children 受保护的家庭成员或成年子女				
Name: 姓名:			birth date: 出生日期:	
Name: 姓名:			birth date: 出生日期:	
Name: 姓名:			birth date: 出生日期:	
Name: 姓名:			birth date: 出生日期:	

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.

隐私权声明: 只有法院工作人员、执法人员和一些州政府机构可以查看此表格。除非法院命令允许, 否则对方及其律师不得查看此表格。州政府机构可以根据各自的规定披露此表中的信息。

Changes: If any information changes, fill out another copy of this form and file it with the court clerk.

变更: 如果任何信息发生变更, 请再填一份这张表并提交给法庭书记员。

I declare under penalty of perjury under the laws of the State of Washington that: 1) the information on this form about me is true and correct; 2) the information about the other party is the legitimate, current, or last known contact information.

本人特此声明如下: 其中若有不实之词, 愿依照华盛顿州法律而接受伪证罪处罚: 1) 本表中关于本人的信息真实无误; 2) 关于另一方的信息是合法的、当前的或最后所知联系信息。

I have attached ____ pages.

我已经附上[-]页。

Signed at (City and State): _____

签字地点 (城市和州):

Date: _____

日期:

Sign here

请在此处签名

Print name here

请在此处工整填写姓名

Attachment A: Restrained Person is a Minor

附件 A：受限制人是未成年人

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

仅当受限制人未满 18 岁时才填写此附件。如果不是，请跳过或删除此附件。

1. Restrained Person's PARENT or GUARDIAN's Info 受限制人的父母或监护人信息			
Name: First Middle Last 姓名: 名 中间名 姓			Date of Birth (if unknown give age range) 出生日期 (如果不知道, 说明年龄范围)
Nickname/Alias/AKA ("Also known as") 昵称/别名/又名 ("亦称")			Relationship to Restrained Person 与受限制人的关系 [] Parent [] Legal Guardian 父母 [-] 法定监护人
Sex 性别	Race 种族		Height 身高
Eye Color 瞳色	Hair Color 发色		Build 体格
Phone/s with Area Code (voice): 带区号电话 (语音):		Need Interpreter? 需要口译员? [] No [] Yes 否 [-] 是	
		Language: 语言:	
2. Where can the Restrained Person's PARENT or GUARDIAN be served? List all known contact information. 可以送达受限制人的父母或监护人的地址是? 列出所有已知的联系信息。			
Last Known Address. 最后所知地址. Street: 街道: City: State: Zip: 城市: 州: 邮编:			
Cell number (text): 手机号码 (短信):		Email: 电子邮件地址:	
Social Media Account/s & User Name/s: 社交媒体帐户和用户名:			
Other: 其他:			

Employer 雇主	Employer's Address 雇主地址		Employer's Phone 雇主电话
Work Hours 工作时间	Driver's License or ID number 驾照或身份证号码		State 州
Vehicle Make and Model 车辆品牌和型号	Vehicle License Number 车牌号	Vehicle Color 车辆颜色	Vehicle Year 车辆年份

3. Disability, hazard, and weapon info about Restrained Person's PARENT or GUARDIAN

Law enforcement needs this info to serve the order safely
关于受限制人的父母或监护人的残疾、危险和武器信息
执法部门需要这些信息安全送达命令

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):

当执法部门送达命令时，父母或监护人是否有残疾、脑损伤或需要特殊帮助的损伤？[-]否[-]是。如果是，请描述（如果需要，可加页填写）：

Hazard Information PARENT or GUARDIAN's history includes:

危险信息父母或监护人的历史记录包括：

☐ Involuntary/Voluntary Commitment ☐ Suicide Attempt or Threats (How recent?) _____
非自愿/自愿[-]自杀未遂或威胁自杀（最近多久？）

☐ Threats to "suicide by cop" ☐ Assault ☐ Assault with Weapons ☐ Alcohol/Drug Abuse
威胁“借警察之手得以自杀”[-]袭击[-]持械袭击[-]酗酒/吸毒

☐ Other: _____
其他：

Concealed Pistol License: ☐ Yes ☐ No
隐蔽持枪证：[-]是[-]否

Weapons: ☐ Handguns ☐ Rifles ☐ Knives ☐ Explosives ☐ Unknown
武器：[-]手枪[-]步枪[-]刀[-]炸药[-]未知

☐ Other (include unassembled firearms and specify): _____
其他（包括未组装枪支并具体说明）：

Location of Weapons: ☐ Vehicle ☐ On Person ☐ Residence Describe in detail:
武器位置：[-]车辆[-]随身[-]住宅详细描述：

Current Status

当前状态

Is the PARENT or GUARDIAN living with the restrained person now? ☐ Yes ☐ No
父母或监护人现在是否与受限制人生活在一起？[-]是[-]否

Are you and the PARENT or GUARDIAN living together now? ☐ Yes ☐ No
您和父母或监护人现在住在一起吗？[-]是[-]否

Does the PARENT or GUARDIAN know you are trying to get this order? ☐ Yes ☐ No
父母或监护人知道您正在申请此命令吗？[-]是[-]否

Is the PARENT or GUARDIAN likely to react violently when served? ☐ Yes ☐ No
父母或监护人在被送达时是否可能做出激烈反应？[-]是[-]否