

SUPERIOR COURT OF THE STATE OF WASHINGTON FOR WHATCOM COUNTY

|    |            |                                |
|----|------------|--------------------------------|
|    | No.        |                                |
| vs | Plaintiff, | LAW ENFORCEMENT<br>INFORMATION |
|    | Defendant  | ****SEALED****                 |

**LAW ENFORCEMENT INFORMATION**

**Do NOT serve or show this sheet to the restrained person!**  
**Do NOT FILE in the court file. Give this form to law enforcement.**

Type or print clearly! This completed form is required by law enforcement. This information is necessary to serve, enforce and enter your order into the state wide law enforcement computer. Fill in the following information as completely as possible.

|  |  |
|--|--|
| Court:                                       | Case Number:   |
| <input type="checkbox"/> Domestic Violence   | <input type="checkbox"/> Dissolution/Separation/Invalidity/Nonparental Custody/Paternity |
| <input type="checkbox"/> Unlawful Harassment | <input type="checkbox"/> Vulnerable Adult  |
|  | <input type="checkbox"/> Sexual Assault  |

**Restrained Person's Information** (This is the person that you want the court to restrain.)

|                        |  |               |              |                              |                      |                                       |           |       |
|------------------------|--|---------------|--------------|------------------------------|----------------------|---------------------------------------|-----------|-------|
| <b>Name:</b>           |  | First         | Middle       | Last                         | Nickname             | Relationship to Protected Person      |           |       |
| Date of Birth          | <input type="checkbox"/> Male<br><input type="checkbox"/> Female | Race          | Height       | Weight                       | Eye Color            | Hair Color                            | Skin Tone | Build |
| Last Known Address     |  |               |              |                              | Phone(s) w/Area Code | Need Interpreter? Yes or No Language: |           |       |
| Street:                |  | City:         |              | State:                       | Zip:                 |                                       |           |       |
| Employer               | Employer's Address   |               |              |                              | WORK Hours:          | Phone: ( )                            |           |       |
| Vehicle License Number | Vehicle Make and Model   | Vehicle Color | Vehicle Year | Drivers License or ID number | State                |                                       |           |       |

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 (continue on back, if needed):

**Hazard Information** Restrained Person's History Includes:

- Involuntary/Voluntary Commitment  Suicide Attempt or Threats
- Assault  Assault with Weapons  Alcohol/Drug Abuse  Other:
- Weapons:**  Handguns  Rifles  Knives  Explosives  Other:
- Location of Weapons:**  Vehicle  On Person  Residence Describe in detail:

**Current Status** (Circle Yes, No or N/A.) Is the restrained person a current or former cohabitant as an intimate partner? Y N  
 Are you and the restrained person living together now? Y N Does the restrained person know he/she may be moved out of the home? Y N N/A  
 Does the restrained person know you're trying to get this order? Y N Is the restrained person likely to react violently when served? Y N

**Protected Person's Information** (This is the person you want the court to protect.)

|   |  |       |        |        |                      |                                       |                 |       |               |
|---|--|-------|--------|--------|----------------------|---------------------------------------|-----------------|-------|---------------|
| <b>Name:</b>  |  | First | Middle | Last   |                      |                                       |                 |       |               |
| Date of Birth   | <input type="checkbox"/> Male<br><input type="checkbox"/> Female | Race  | Height | Weight | Eye Color            | Hair Color                            | Skin Tone       | Build |               |
| If your information <i>is not confidential</i> , you must enter your address and phone number(s).   |  |       |        |        | Phone(s) w/Area Code | Need interpreter? Yes or No Language: |                 |       |               |
| Current Address   |  | City: |        | State: | Zip:                 |                                       |                 |       |               |
| If your information <i>is confidential</i> , you must provide the name, address and phone number 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:

| Minor's Information |        |      | Describe the minor's relationship using terms such as: child, grandchild, stepchild, nephew, none. → |      |            |              | Minor's Relationship to Protected Person |        |
|---------------------|--------|------|--|------|------------|--------------|--|--------|
| Name: First         | Middle | Last | Sex  | Race | Birth date | Resides With | Person                                   | Person |
|                     |        |      |  |      |            |              |  |        |
|                     |        |      |  |      |            |              |  |        |

|   |             |             |
|---|-------------|-------------|
| <b>Victim's Household Members or Adult Children Protected</b> | Name:       | birth date: |
| Name:   | birth date: | Name:       |
|   | birth date: | birth date: |

**DO NOT SERVE OR SHOW THIS SHEET TO THE RESTRAINED PERSON**

**COURT CLERKS: Give this form to Law Enforcement. DO NOT FILE in the court file.**

Case Number

Domestic Violence     Dissolution/Separation/Invalidity/Non-parental Custody/Paternity     Anti-harassment

**ADDITIONAL INFORMATION TO AID SERVICE**

Please try to provide this additional information to aid law enforcement officers in serving the respondent. Fill in the following information as completely as possible. Type or print only.

**RESTRAINED PERSON'S INFORMATION**

Name of Restrained Person (Last, First, Middle)

1. Are there specific times that it is more likely to find the respondent at the service address?

Times:

2. If the respondent's date of birth is unknown, approximately what age is he/she?

3. Does the respondent have any noticeable birthmarks, scars, tattoos, etc.? If so, what type and where?

4. Do you have a recent photograph of the respondent? If so, please attach.

5. If the address of the respondent's current residence and place of employment is an absolute unknown, is there any place that he/she hangs out on a regular basis (a friend's house, a restaurant, etc.)? If so, what hours/days and where?

6. Does the respondent have a cell phone? If so, what is that number?

7. Are there any other court proceedings the respondent is involved in? If so, when is the next court date?

Court:

Date:

8. Does the respondent have a vehicle? If so, is it parked at a particular place on certain days/times?

Make/Model/Year:

Place:

Days:

Time:

9. Where does the respondent work, and what hours?

Place:

Hours:

10. Is the respondent receiving any DSHS benefits? Time and location of appointment?

Place:

Time:

11. Might or has the respondent fled to Canada or any other country, or live in another country?

Yes or No (Please circle)

Country:

12. Does the respondent have a probation/parole officer? Who and at what office?

Officer:

Location:

13. Please note anything else that might help law enforcement find and serve the respondent.

14. Is the respondent homeless? If so, do you know if the respondent is utilizing any local homeless shelters?

Place:

Prepared by:

Date