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| **Law Enforcement and Confidential  Information (LECIF)**  **Clerk: Do not file in a public access file. In criminal cases, do not file. Give to law enforcement.**  **SNOHOMISH COUNTY SUPERIOR COURT**  **CASE #.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |

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| **Law Enforcement:** Do **not** serve or show a **completed** LECIF to the other party. | | | | | | | | | | | |
| **Instructions** – The **Petitioner and/or Protected Person** must complete this form**.** Fill out **all** sections as much as you can. If you do not know, write “unknown.”  Type or print clearly! If law enforcement cannot read this form, they cannot serve or enforce your order! | | | | | | | | | | | |
| **1. Restrained Person’s Info** | | | | | | | | | | | |
| **Name:** First Middle Last  **Candi Lynne Brightwell** | | | | | | | | Date of Birth (if unknown give age range)  **01/22/1982** | | | |
| Nickname/Alias/AKA (“Also known as”) | | | | | | | | Relationship to Protected Person  **Intimate Partners: spouse/ex** | | | |
| Sex  **F** | | | Race  **B** | | | | | Height  **6'04"** | | | Weight  **300 lbs** |
| Eye Color  **Brown** | | | Hair Color  **Black** | | | | | Skin Tone  **Medium** | | | Build  **Heavy set** |
| Phone/s with Area Code (voice):  **(719) 233-9549** | | | | | Need Interpreter?  No  Yes Language: | | | | | | |
| **2. Where can the Restrained Person be served?** List all known contact information. | | | | | | | | | | | |
| Is the respondent currently in jail or in a healthcare/treatment facility?  No  Yes  If yes, where: | | | | | | | | | | | |
| Current / Last Known Address: Respondent is currently living at this location?  No  Yes **Street: 1024 South Machias Road 78**  City: **Snohomish** State: **WA** Zip: **98290** | | | | | | | | | | | |
| Previous Address: | | | | | | | | | | | |
| Cell number (text): **(719) 233-9549** | | | | | | | Email: **chickakandi@msn.com** | | | | |
| Social Media Account/s & User Name/s: | | | | | | | | | | | |
| Other: | | | | | | | | | | | |
| Employer  **Trane industries** | | | Employer's Address | | | | | | | Employer’s Phone | |
| Work Hours  **7am to 3pm** | | | Driver’s License or ID number | | | | | | | State  **WA** | |
| Vehicle Make and Model  **Toyota 4Runner** | | | Vehicle License Number | | | Vehicle Color  **Red** | | | | Vehicle Year  **2022** | |
| **3. Disability, hazard, and weapon info about the Restrained Person** Law enforcement needs this info to serve the 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: **Harassment and manipulation**  **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:  **Her room her car and Samantha's room** | | | | | | | | | | | |
| **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** | | | | | | | | | | | |
| **4. Petitioner/Protected Adult Information (List minors on page 3.)** | | | | | | | | | | | |
| **Name:** First Middle Last  **William Orley Miller** | | | | | | | | Date of Birth  **08/21/1986** | | | |
| **Nickname/Alias/Maiden/AKA (Also Known As)** | | | | | | | | Drivers License or ID Number  **D02686417** | | | |
| Sex  **M** | | | Race  **W** | | | | | Height  **6'02"** | | | Weight  **210 lbs** |
| Eye Color  **Brown** | | | Hair Color  **Brown** | | | | | Skin Tone  **Fair** | | | Build  **Average** |
| If your information ***IS NOT CONFIDENTIAL*** you MUST provide your address and phone number below. | | | | | | | | | | | | |
| **Current Address**. Street: **1024 South Machias Road**  City: **Snohomish** State: **WA** Zip: **98290** | | | | | | | | Phone(s) w/Area Code  **(206) 226-2085** | | | | |
| **Previous Address (include house/bldg. #, street, city, state):** | | | | | | | | | | | | |
| Email address: **muddmonkiesinc@gmail.com** | | | | | | | | Need interpreter?  No  Yes  If yes, language: | | | | |
| If your info ***IS CONFIDENTIAL***, *(this means the respondent* ***DOES NOT*** *know where you live or you are in an address confidentiality program),* you must give a name, address, and phone of someone willing to be your “contact.” | | | | | | | | | | | | |
| Contact Name: | | | | | | | E-mail: | | | | | |
| Contact Address, include house/bldg. #, street, city, state | | | | | | | | Contact Phone | | | | |
| 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.)  email above  phone number above  address above  other: They are not a threat | | | | | | | | | | | | |
| 5. Minor’s Info | | | | | | | | | | | | |
| *For relationship, use terms such as child, grandchild, stepchild, nephew, or none.* | | | | | | | | | | | | |
| **1** | **Name:** First Middle Last | | | | | | | | | | | |
| Birth Date | Sex | | Race | | | | | Resides With | | | |
| Relationship to Protected Person: | | | Relationship to Restrained Person: | | | | | | | | |
| **2** | **Name:** First Middle Last | | | | | | | | | | | |
| Birth Date | Sex | | Race | | | | | Resides With | | | |
| Relationship to Protected Person: | | | Relationship to Restrained Person: | | | | | | | | |
| **3** | **Name:** First Middle Last | | | | | | | | | | | |
| Birth Date | Sex | | Race | | | | | Resides With | | | |
| Relationship to Protected Person: | | | Relationship to Restrained Person: | | | | | | | | |
| **4** | **Name:** First Middle Last | | | | | | | | | | | |
| Birth Date | Sex | | Race | | | | | Resides With | | | |
| Relationship to Protected Person: | | | Relationship to Restrained Person: | | | | | | | | |
| More than 4 minors are protected. (Attach a page to list more children and their details.) Attachment can be found at [po.snoco.org.](https://www.snohomishcountywa.gov/5520/Protection-Orders) | | | | | | | | | | | | |
| **6. Protected Household Members or Adult Children** | | | | | | | | | | | | |
| Name: **William miller** birth date: **08/21/1986** | | | | | | | | | | | | |
| Name:  birth date: | | | | | | | | | | | | |
| Name:  birth date: | | | | | | | | | | | | |
| Name:  birth date: | | | | | | | | | | | | |
| **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: 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.

I have attached \_\_\_\_ pages.

Signed at *(City and State):* ***Everett, WA*** Date: **09/20/2024**

 **William Orley Miller**

Sign here Print name here