|  |  |
| --- | --- |
| **Confidential Information** (CIF)  **Clerk: Do not file in a public access file**  Superior Court of Washington,  County:  Case No.: |  |

***Important!*** *Only court staff and some state agencies may see this form. The other party and his/her 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.*

1. Who is completing this form? *(Name):*
2. Is there a current restraining or protection order involving the parties or children? [ ] Yes [ ] No

If *Yes,* who does the order protect? *(Name/s):*

1. Proposed Guardian’s Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full name *(first, middle, last):* | | | | Date of birth *(mm/dd/yyyy):* | Sex: |
| Driver’s license/Identicard *(#, state):* | Race: | | | Relationship to children in this case: | |
| Mailing address *(This address will* ***not*** *be kept private.) (street address or PO box, city, state zip):* | | | | | |
| Phone: | | Social Security Number: | | | |
| Email: | | | | | |
| Home address (check one): [ ] same as mailing address [ ] listed below (street, city, state, zip): | | | | | |
| Employer’s name: | | | Employer’s phone: | | |
| Employer’s address: | | | | | |

1. Parent 1’s Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full name *(first, middle, last):* | | | | Date of birth *(mm/dd/yyyy):* | Sex: |
| Driver’s license/Identicard *(#, state):* | Race: | | | Relationship to children in this case: | |
| Mailing address *(This address will* ***not*** *be kept private.) (street address or PO box, city, state zip):* | | | | | | |
| Phone: | | Social Security Number: | | | | |
| Email: | | | | | | |
| Home address (check one): [ ] same as mailing address [ ] listed below (street, city, state, zip): | | | | | | | |
| Employer’s name: | | | Employer’s phone: | | | | |
| Employer’s address: | | | | | | | |

1. Parent 2’s Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full name *(first, middle, last):* | | | | Date of birth *(mm/dd/yyyy):* | Sex: |
| Driver’s license/Identicard *(#, state):* | Race: | | | Relationship to children in this case: | |
| Mailing address *(This address will* ***not*** *be kept private.) (street address or PO box, city, state zip):* | | | | | |
| Phone: | | Social Security Number: | | | |
| Email: | | | | | |
| Home address (check one): [ ] same as mailing address [ ] listed below (street, city, state, zip): | | | | | |
| Employer’s name: | | | Employer’s phone: | | |
| Employer’s address: | | | | | |

1. Other Party’s Information – This person is a *(check one):* [ ] Petitioner [ ] Custodian [ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| Full name *(first, middle, last):* | | Date of birth *(mm/dd/yyyy):* | Sex: |
| Driver’s license/Identicard *(#, state):* | Race: | Relationship to children in this case: | |
| Mailing address *(This address will* ***not*** *be kept private.) (street address or PO box, city, state zip):* | | | |
| Phone: | | | |
| Email: | | | |

1. Children’s Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Child’s full name  *(first, middle, last)* | | Date of birth *(mm/dd/yyyy)* | Race | Sex | Current location: lives with |
| 1. |  |  |  |  | [ ] Petitioner  [ ] other: |
| 2. |  |  |  |  | [ ] Petitioner  [ ] other: |
| 3. |  |  |  |  | [ ] Petitioner  [ ] other: |
| 4. |  |  |  |  | [ ] Petitioner  [ ] other: |

1. Have the children lived with anyone other than Petitioner or Other Party during the last five years? *(Check one):* [ ] No [ ] Yes If Yes, fill out below:

|  |  |
| --- | --- |
| Children lived with *(name)* | That person’s **current** address |
| 1. |  |
| 2. |  |

1. Do other people (not parents) have custody or visitation rights to the children?   
   *(Check one):* [ ] No [ ] Yes If Yes, fill out below:

|  |  |
| --- | --- |
| Person with rights *(name)* | That person’s **current** address |
| 1. |  |
| 2. |  |

1. If you are asking for custody and are not the parent, list all other adults living in your home:

|  |  |
| --- | --- |
| 1. (*Name):* | Date of birth *(mm/dd/yyyy):* |
| 2. (*Name):* | Date of birth *(mm/dd/yyyy):* |

I declare under penalty of perjury under Washington State law that the information on this form about me is true. The information about others is the best information I have or is unavailable because *(explain):*

Signed at *(city and state):* Date:

*Petitioner/Other Party signs here Print name here*