Confidential Information (CIF)
Clerk: Do <u>not</u> 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 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.

- 1. Who is completing this form? (Name):_____
- **2.** Is there a current restraining or protection order involving the parties or children? □ No □ Yes. If yes, who does the order protect? (*Name/s*): _____
- **3.** Does your address information need to be confidential to protect your or your children's health, safety, or liberty? *(Check one):* □ Yes □ No If yes, explain why?
- **4.** Your Information This person is a *(check one):* □ Petitioner □ Respondent Interpreter needed? □ No □ Yes, language:_____

Full name (first, middle, last):		Date of birth (MM/DD/YYYY):	Sex:	
Driver's license/Identicard (No., state): Race:		Relationship to children in this case:		
Mailing address (This address will not be kept private.) (street address or P.O. box, city, state zip):				
Email:		Phone:		

Home address (*check one*): \Box same as mailing address \Box listed below (*street, city, state, zip*):

Social Sec. No:

Employer's name:

Employer's address:

5. Other Party's Information – This person is a *(check one):* □ Petitioner □ Respondent Interpreter needed? □ No □ Yes, language:

Full name <i>(first, middle, last):</i>		Date of birth (MM/DD/YYYY):	Sex:	
Driver's license/Identicard (No., 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):				
Email:		Phone:		

Employer's phone:

Home address (<i>check one</i>): □ same as mailing address □ listed below (<i>street, city, state, zip</i>):		
Social Sec. No:		
Employer's name:	Employer's phone:	
Employer's address:		

Skip sections 6–9 if your case does <u>not</u> involve children. Sign at the end.

6. Children's Information (You do not have to fill out the children's Social Security numbers if your case is only about a protection order.)

Child's full name (first, middle, last)	Date of birth (<i>MM/DD/YYYY</i>)	Race	Sex	Soc. Sec. No.	Current location: lives with
1.					□ You □ other party:
2.					□ You □ other party:
3.					□ You □ other party:
4.					□ You □ other party:

7. Have the children lived with anyone other than you or the other party during the last 5 years? (*Check one*): □ No □ Yes. If yes, fill out below:

Children lived with (name)	That person's current address
1.	
2.	

8. 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.	

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

□ Check here if you need more space to list other Petitioners, Respondents, or children. Put that information on the *Attachment to Confidential Information*, form FL All Family 002, and attach it to this form.

Signed at (city and state):_____

Date:_____

Petitioner/Respondent signs here

Print name here