

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 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): <input type="checkbox"/> same as mailing address <input type="checkbox"/> listed below (street, city, state, zip):	
Social Sec. No:	
Employer's name:	Employer's phone:
Employer's address:	

5. **Other Party's 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 PO box, city, state zip):			
Email:		Phone:	

