

**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): _____

3. 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:			

4. 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:

5. 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:			

6. 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:			

7. 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: _____

8. 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.	
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9. 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 (<i>name</i>)	That person's current address
1.	
2.	

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

1. (<i>Name</i>):	Date of birth (<i>MM/DD/YYYY</i>):
2. (<i>Name</i>):	Date of birth (<i>MM/DD/YYYY</i>):

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