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| **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. Ifyes*,* 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):* [ ] same as mailing address [ ] 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: |

|  |
| --- |
| Home address *(check one):* [ ] same as mailing address [ ] listed below *(street, city, state, zip):* |
| Social Sec. No: |  |
| Employer’s name: | Employer’s phone: |
| Employer’s address: |

* Skip sections 6–9 if your case does not 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 *(mm/dd/yyyy)* | 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