

**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?  Yes  No  
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?  Yes  No Language, if yes: \_\_\_\_\_

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 <b>not</b> be kept private.) (street address or P.O. box, city, state zip):			

If your case is **only** about a protection order, **skip to section 5.**

Home address (check one): <input type="checkbox"/> same as mailing address <input type="checkbox"/> listed below (street, city, state, zip):		
Phone:	Email:	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?  Yes  No Language, if yes: \_\_\_\_\_

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 <b>not</b> be kept private.) (street address or PO box, city, state zip):			

If your case is **only** about a protection order, **skip to section 6.**

Home address (check one): <input type="checkbox"/> same as mailing address <input type="checkbox"/> listed below (street, city, state, zip):		
Phone:	Email:	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.					<input type="checkbox"/> You <input type="checkbox"/> other party: _____
2.					<input type="checkbox"/> You <input type="checkbox"/> other party: _____
3.					<input type="checkbox"/> You <input type="checkbox"/> other party: _____
4.					<input type="checkbox"/> You <input type="checkbox"/> other party: _____

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

Children lived with (name)	That person's <b>current</b> 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 <b>current</b> address
1.	
2.	

**9. 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 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