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:	

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

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:	

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

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 <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 *(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.	

9. **If you are asking for custody and are <u>not</u> 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

Confidential Information