

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): No Yes
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:	

Home address (<i>check one</i>): <input type="checkbox"/> same as mailing address <input type="checkbox"/> listed below (<i>street, city, state, zip</i>):	
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

Child's full name (<i>first, middle, last</i>)	Date of birth (<i>MM/DD/YYYY</i>)	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 5 years? (*Check one*): No Yes. If **yes**, fill out below:

Children lived with (<i>name</i>)	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 (<i>name</i>)	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