

## 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. 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

Full name (first, middle, last):		Date of birth (MM/DD/YYYY):	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Driver's license/Identicard (#, 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, the information below is **not** required. Skip to **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. #:
Employer's name:		Employer's phone:
Employer's address:		

### 5. Other Party's Information – This person is a (check one): Petitioner Respondent

Full name (first, middle, last):		Date of birth (MM/DD/YYYY):	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Driver's license/Identicard (#, 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, the information below is **not** required. Skip to **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. #:
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. #	Current location: lives with
1.			<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> other: _____
2.			<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> other: _____
3.			<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> other: _____
4.			<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> other: _____
5.			<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> other: _____
6.			<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> other: _____

**7. Have the children lived with anyone other than Petitioner or Respondent 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.	

**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 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