Confidential Information (CIF) Clerk: Do <u>not</u> 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 <u>not</u> see this form unless a court order allows it. State agencies may disclose the information in this form according to their own rules.

- 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?

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4. Your Information

Full name (first, middle, last):		Date of birth (MM/DD/YYYY):	Sex: M F
Driver's license/Identicard (#, state):	Race:	Relationship to children ir this case:	
Mailing address (This address will not be kent private)			

Mailing address (*This address will not 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):* same as mailing address listed below *(street, city, state, zip):*

Phone:	Email:	Social Sec. #:
Employer's name	 	Employer's phone:
Employer's addre	ess:	

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

Petitioner
Respondent Full name (first, middle, last): Date of birth Sex: (MM/DD/YYYY): Driver's Race: Relationship to children in this license/Identicard (#, case: state):

Mailing address (This address will not 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 (<i>check one</i>): Same as mailing address (<i>check one</i>): Itisted below (<i>street, city, state, zip</i>):			
Phone:	Email:	Social Sec. #:	
Employer's name:		Employer's phone:	
Employer's address:			

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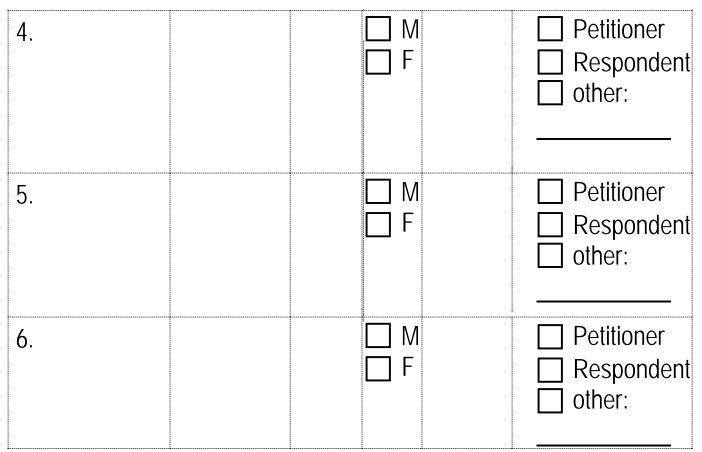
Skip sections 6 – 9 if your case does <u>not</u> involve children. Sign at the end.

6. hildren'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 <i>(MM/DD/</i> YYYY)	Race	Sex	Current location: lives with
1.			□ M □ F	Petitioner Respondent other:
2.			□ M □ F	Petitioner Respondent other:
3.			☐ M ☐ F	Petitioner Respondent other:

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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	That person's current address
1.		
~		
2.		

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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.	

9. If you are asking for custody and are <u>not</u> the parent, list all other adults living in your home:

1. (<i>Name):</i>	Date of birth (<i>MM/DD/YYYY):</i>
2. (Name):	Date of birth (MM/DD/YYYY):

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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

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