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| --- | --- |
| **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):*

1. 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?

1. 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 in this case: | |
| 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 address: | | |

1. Other Party’s Information – This person is a *(check one):*  Petitioner  Respondent

|  |  |  |  |
| --- | --- | --- | --- |
| Full name *(first, middle, last):* | | Date of birth *(mm/dd/yyyy):* | Sex:  M  F |
| Driver’s license/Identicard *(#, 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):* | | | |

If your case is **only** about a protection order, the information below is **not** required. Skip to 6.

|  |  |  |
| --- | --- | --- |
| 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 address: | | |

* Skip sections 6 – 9 if your case does not involve children. Sign at the end.

1. 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. |  |  |  | M  F |  | Petitioner  Respondent  other: |
| 2. |  |  |  | M  F |  | Petitioner  Respondent  other: |
| 3. |  |  |  | M  F |  | Petitioner  Respondent  other: |
| 4. |  |  |  | M  F |  | Petitioner  Respondent  other: |
| 5. |  |  |  | M  F |  | Petitioner  Respondent  other: |
| 6. |  |  |  | M  F |  | Petitioner  Respondent  other: |

1. 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. |  |

1. 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. |  |

1. 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*