

Confidential Information (CIF)

Clerk: Do not file in a public access file

Superior Court of Washington,
Clark 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.

Form must be complete and legible! RCW 11.130.210 requires the Court to consult the JIS system prior issuing an order. The information you provide on this form is necessary to perform this action. Failure to complete the form may delay entry of your order.

- 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** - This person is a (check one): Petitioner Respondent
Interpreter needed? Yes No Language, if yes: _____

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):			

If your case is **only** about a protection order, **skip to section 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. No:
Employer’s name:		Employer’s phone:
Employer’s address:		

5. Other Parties Information –

- This person is a (check one): Petitioner Respondent
- Interpreter needed? Yes No Language, if yes: _____

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):

Home address (check one): <input type="checkbox"/> same as mailing address <input type="checkbox"/> listed below (street, city, state, zip):		
Phone:	Email:	Social Sec. No:
Employer's name:		Employer's phone:
Employer's address:		

This person is a (check one): Petitioner Respondent
 Interpreter needed? Yes No Language, if yes: _____

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):			

If your case is **only** about a protection order, **skip to section 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. No:
Employer's name:		Employer's phone:
Employer's address:		

6. Children's Information

Child's full name (first, middle, last)	Date of birth (MM/DD/YYYY)	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 parties 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 (<i>name</i>)	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. (<i>Name</i>):	Date of birth (<i>MM/DD/YYYY</i>):
2. (<i>Name</i>):	Date of birth (<i>MM/DD/YYYY</i>):
3. (<i>Name</i>):	Date of birth (<i>MM/DD/YYYY</i>):
4. (<i>Name</i>):	Date of birth (<i>MM/DD/YYYY</i>):

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