

Superior Court of Washington  
County of King

In Re the Matter Of:

Respondent

No.  
Party Information Form  
Guardianship /  
Conservatorship  
**(PIF)**  
**Clerk's Action Required**

---

**Confidential Personal Information Form**

**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. Please fill this form out as completely as possible. You may attach additional sheets if there are other interested parties.

**PETITIONER:**

Relationship to Respondent: \_\_\_\_\_

First name: \_\_\_\_\_

Middle name: \_\_\_\_\_

Last name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip code: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Email: \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Hair color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

**CO-PETITIONER:**

Relationship to Respondent: \_\_\_\_\_

First name: \_\_\_\_\_

Middle name: \_\_\_\_\_

Last name: \_\_\_\_\_

Information Form for Guardianship / Conservatorship / Other Protective Arrangement Parties  
Revised 01/2022

Date of Birth: \_\_\_\_\_

Address: Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip code: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Email: \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Hair color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

**PETITIONER'S ATTORNEY (IF ANY):**

First name: \_\_\_\_\_

Last name: \_\_\_\_\_

WSBA NUMBER: \_\_\_\_\_

Address: Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip code: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Email: \_\_\_\_\_

**NOMINATED GUARDIAN/CONSERVATOR:**

Relationship to Respondent: \_\_\_\_\_

First name: \_\_\_\_\_

Middle name: \_\_\_\_\_

Last name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip code: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Email: \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Hair color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

**RESPONDENT:**

Relationship to Respondent: \_\_\_\_\_

First name: \_\_\_\_\_

Middle name: \_\_\_\_\_

Last name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip code: \_\_\_\_\_

Telephone number: \_\_\_\_\_  
Email: \_\_\_\_\_  
Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Hair color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

**RESPONDENT'S NOMINATED ATTORNEY (IF ANY):**

First name: \_\_\_\_\_  
Last name: \_\_\_\_\_  
WSBA NUMBER: \_\_\_\_\_  
Address: Street: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip code: \_\_\_\_\_  
Telephone number: \_\_\_\_\_  
Email: \_\_\_\_\_

**IF RESPONDENT IS MINOR**

**PARENT 1 / LEGAL GUARDIAN 1:**

First name: \_\_\_\_\_  
Middle name: \_\_\_\_\_  
Last name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Address: Street: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip code: \_\_\_\_\_  
Telephone number: \_\_\_\_\_  
Email: \_\_\_\_\_  
Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Hair color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

**PARENT 2 / LEGAL GUARDIAN 2:**

First name: \_\_\_\_\_  
Middle name: \_\_\_\_\_  
Last name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Address: Street: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip code: \_\_\_\_\_  
Telephone number: \_\_\_\_\_  
Email: \_\_\_\_\_  
Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Hair color: \_\_\_\_\_ Eye Color: \_\_\_\_\_