## Superior Court of Washington County of King

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In Re the Minor Guardianship Of:	
	No.
	Party Information Form for Minor Guardianship Custody and Emergency Minor Guardianship Parties (PIF)
Minor(s).	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 <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.

## **PETITIONER:**

Relationship to	o MINOR(S):			
Middle name: Last name:			_	
Address:	City: State:		<u> </u>	
Telephone nu	mber:		<u> </u>	
Email:			<u> </u>	
Sex:	Race:	Hair color:	Eye Color:	
Information Fo	orm for Minor Guardi	anship Custody and Em	ergency Minor Guardia	nship Parti

Information Form for Minor Guardianship Custody and Emergency Minor Guardianship Parties Revised 08/2021

## **CO-PETITIONER:** Relationship to MINOR(S): First name: Middle name: \_\_\_\_\_ Last name: Date of Birth: \_\_\_\_\_ Address: Street: City: State: \_\_\_\_\_ Zip code: Telephone number: Email: Sex: \_\_\_\_\_ Race: \_\_\_\_ Hair color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ MINOR 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 1 / LEGAL GUARDIAN 1:

Relationship to MINOR: \_\_\_\_\_\_

First name: \_\_\_\_\_\_
Middle name: \_\_\_\_\_\_
Last name: \_\_\_\_\_\_
Date of Birth: \_\_\_\_\_\_

Address: Street:

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	State:		_	
Telephone nu				
Email:			<u> </u>	
Sex:	Race:	Hair color:	Eye Color:	_
PARENT 2 / L	_EGAL GUARDIAN	2:		
Relationship t	o MINOR:			
First name: Middle name: Last name: Date of Birth:			_	
Address:	City: State:			
Telephone nu	mber:		_	
Email:			<u> </u>	
Sex:	Race:	Hair color:	Eye Color:	_
	ADDITIONA	L MINOR INFORMATIO	N ATTACHMENT	
MINOR 2:				
First name: Middle name: Last name: Date of Birth:				
Address:	City.			
Telephone nu	mber:		_	
Email:			<u> </u>	
Sex: Information For Revised 08/20	orm for Minor Guard	Hair color: lianship Custody and Em	Eye Color: nergency Minor Guardianship	_ Parties

MINOR 3:				
First name: Middle name: Last name: Date of Birth:				
Address:	State:		<u> </u>	
Telephone nu	mber:			
Email:				
			Eye Color:	
MINOR 4:				
Last name:			<u></u>	
Address:	State:		_	
Telephone nu				
Email:				
		Hair color:		