

**Superior Court of Washington
County of King**

In Re the Minor Guardianship Of:

Minor(s).

No.

Party Information Form for Minor
Guardianship Custody and
Emergency Minor Guardianship
Parties
(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.

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: _____

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: _____

City: _____
State: _____
Zip code: _____

Telephone number: _____

Email: _____

Sex: _____ Race: _____ Hair color: _____ Eye Color: _____

PARENT 2 / LEGAL GUARDIAN 2:

Relationship to MINOR: _____

First name: _____
Middle name: _____
Last name: _____
Date of Birth: _____

Address: Street: _____
City: _____
State: _____
Zip code: _____

Telephone number: _____

Email: _____

Sex: _____ Race: _____ Hair color: _____ Eye Color: _____

ADDITIONAL MINOR INFORMATION ATTACHMENT

MINOR 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: _____

MINOR 3:

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 4:

First name: _____
Middle name: _____
Last name: _____
Date of Birth: _____

Address: Street: _____
 City: _____
 State: _____
 Zip code: _____

Telephone number: _____

Email: _____

Sex: _____ Race: _____ Hair color: _____ Eye Color: _____