



**KITSAP COUNTY DISTRICT COURT
STATE OF WASHINGTON**

LITIGANT CONFIDENTIAL INFORMATION FORM

IMPORTANT NOTICE – Kitsap County District Court needs information about every party involved in a case so the court can accurately identify the parties and be able to contact them. Except for your name, email and mailing address, the information provided in this form will **NOT** be a part of a public court file nor provided by the court to the other party or their attorney.

CASE

Name Of Your Case – _____

District Court Case Number (*leave blank if no number*) – _____

ASSISTANCE

Would any of the following assist you to fully participate in this case?

(*Complete all that apply. If assistance not requested, leave blank.*)

| Who Needs Assistance? | Language Interpreter? | Sign Language Interpreter? | Which Language? | Listening Device? |
|-----------------------|-----------------------|----------------------------|-----------------|-------------------|
| Petitioner | | | | |
| Child | | | | |
| Other Parent | | | | |

YOUR INFORMATION

Full Legal Name (public) – _____

Date Of Birth – _____

Driver's License/Identicard Number – _____ State – _____

Mailing Address (public) – _____

City, State, Zip (public) – _____

Residential Address – _____

City, State, Zip – _____

Email (public) – _____

Cell No. – _____

Home No. – _____

Work No. – _____

SIGNED at (*city*) _____, (*state*) _____ on (*date*) _____.

/s/ Signed Electronically

CHILD INFORMATION

If you are a parent or guardian seeking to change the name of your child, please provide the following additional information about your child –

Child Full Legal Name (public) – _____

Child Date Of Birth – _____

Child Driver's License/Identicard Number – _____

State Issuing Child Driver's License/Identicard – _____