



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.)

Table with 5 columns: Who Needs Assistance?, Language Interpreter?, Sign Language Interpreter?, Which Language?, Listening Device?. Rows include Petitioner, Child, and 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/Identocard Number – _____

State Issuing Child Driver’s License/Identocard – _____