



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)

Language interpreter (which language)?

Hearing Assistance? Sign Language Interpreter Listening Device Requested

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