



**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

CHILD OR WARD INFORMATION

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

Full Legal Name (public) – _____

Date Of Birth – _____

Driver’s License/Identicard Number – _____

State Issuing Driver’s License/Identicard – _____