

## Confidential Information (CIF)

Clerk: Do not file in a public access file

Superior Court of Washington, County:

Case No.:

**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.

**1.** Who is completing this form? (Name): Imran Khan

**2.** Is there a current restraining or protection order involving the parties or children?  Yes  No  
If Yes, who does the order protect? (Name/s):

**3.** Does your address information need to be confidential to protect your or your children's health, safety, or liberty? (Check one):  Yes  No

If Yes, explain why?

### 4. Your Information

Full name (first, middle, last): Imran Khan	Date of birth (MM/DD/YYYY): 10/05/1952	Sex: <input checked="" type="checkbox"/> M <input type="checkbox"/> F
Driver's license/Identicard (#, state): KHANI888999, Washington	Race: Asian	Relationship to children in this case: father
Mailing address (This address will <b>not</b> be kept private.) (street address or PO box, city, state zip): 70 Adler Street 89 Seattle WA 98121		

If your case is **only** about a protection order, the information below is **not** required. Skip to **5**.

Home address (check one): <input checked="" type="checkbox"/> same as mailing address <input type="checkbox"/> listed below (street, city, state, zip):		
Phone: 4445556666	Email: pilotaug14@gmail.com	Social Sec. #: 777888999
Employer's name: Washington Cricket Board		Employer's phone: 4259992222
Employer's address: 1 Sammamish Way, Kingston WA 98033		

**5. Other Party's Information** – This person is a (check one):  Petitioner  Respondent

Full name (first, middle, last): Jemima Khan	Date of birth (MM/DD/YYYY): 01/30/1972	Sex: <input type="checkbox"/> M <input checked="" type="checkbox"/> F
Driver's license/Identicard (#, state): JEMIM34343, California	Race: White	Relationship to children in this case: mother
Mailing address (This address will <b>not</b> be kept private.) (street address or PO box, city, state zip): 70 Adler Street 89 Seattle WA 98121		

If your case is **only** about a protection order, the information below is **not** required. Skip to **6**.

Home address (check one): <input checked="" type="checkbox"/> same as mailing address <input type="checkbox"/> listed below (street, city, state, zip):
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Phone:4259998787	Email:jemima@jemima.com	Social Sec. #: 888999343
Employer's name: Fred Hutch Cancer Center		Employer's phone: 4257771100
Employer's address: 50 Mercer Street, Seattle 98110		

➤ **Skip sections 6 – 9 if your case does not involve children. Sign at the end.**

**6. Children's Information** (You do not have to fill out the children's Social Security numbers if your case is only about a protection order.)

Child's full name (first, middle, last)	Date of birth (MM/DD/YYYY)	Race	Sex	Soc. Sec. #	Current location: lives with
1. Sulaiman Khan	03/19/1996	White, Asian	<input checked="" type="checkbox"/> M <input type="checkbox"/> F	999333892 9	<input checked="" type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> other:
2. Qasim Khan	03/27/2013	White, Black or African American, Asian	<input checked="" type="checkbox"/> M <input type="checkbox"/> F	343434343 43	<input checked="" type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> other:
3.			<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> other:
4.			<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> other:
5.			<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> other:
6.			<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> other:

**7. Have the children lived with anyone other than Petitioner or Respondent during the last five years? (Check one):**  No  Yes If Yes, fill out below:

Children lived with (name)	That person's current address
1.	
2.	

**8. Do other people (not parents) have custody or visitation rights to the children?**  
(Check one):  No  Yes If Yes, fill out below:

Person with rights (name)	That person's current address
1.	
2.	

**9. If you are asking for custody and are not the parent, list all other adults living in your home:**

1. (Name):	Date of birth (MM/DD/YYYY):
2. (Name):	Date of birth (MM/DD/YYYY):

I declare under penalty of perjury under Washington State law that the information on this form about me is true. The information about the other party is the best information I have or is unavailable because (explain):

- Check here if you need more space to list other Petitioners, Respondents, or children. Put that information on the *Attachment to Confidential Information*, form FL All Family 002, and attach it to this form.

Signed at (city and state): Seattle WA

Date: 08/18/2017



*Petitioner/Respondent signs here*

*Print name here Imran Khan*