

Confidential Information (CIF)

Clerk: **Do not file in a public
access file**

Superior Court of Washington

County: Wahkiakum

Case No.: _____

Important! Only court staff and some state agencies may see this form. The other party and their 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): Shane-Michael T. Renecker
2. Is there a current restraining or protection order involving the parties or children? ☒ No
☐ Yes. 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** – This person is a (check one): ☒ Petitioner ☐ Respondent
Interpreter needed? ☒ No ☐ Yes, language: _____

Full name (first, middle, last): Shane-Michael T. Renecker		Date of birth (MM/DD/YYYY): 07/12/1972	Sex: Male
Driver's license/Identicard (No., state):	Race: White	Relationship to children in this case:	
Mailing address (This address will not be kept private.) (street address or P.O. box, city, state zip): PMB 5280 PO Box 257, Olympia WA 98507			
Email: Justthtaguy@gmail.com		Phone: (425) 835-2589	

If your case is **only** about a protection order, **skip to section 5.**

Home address (check one): <input checked="" type="checkbox"/> same as mailing address <input type="checkbox"/> listed below (street, city, state, zip):	
Social Sec. No:	
Employer's name:	Employer's phone:
Employer's address:	

5. **Other Party's Information** – This person is a (check one): ☐ Petitioner ☒ Respondent
Interpreter needed? ☒ No ☐ Yes, language: _____

Full name (first, middle, last): Amielia Elizabeth Renecker		Date of birth: (MM/DD/YYYY) 03/31/1982	Sex: Female
Driver's license/Identicard (No., state):	Race: White	Relationship to children in this case:	
Mailing address (This address will not be kept private.) (street address or PO box, city, state zip): 1619 Scammell Ave NW Olympia WA 98502			
Email: Amieliagorman@gmail.com		Phone: (360) 474-7132	

If your case is **only** about a protection order, **skip to section 6.**

Home address (check one): <input type="checkbox"/> same as mailing address <input type="checkbox"/> listed below (street, city, state, zip):	
Social Sec. No.:	
Employer's name:	Employer's phone:
Employer's address:	

➤ **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. No.	Current location: lives with
1.					
2.					
3.					
4.					

7. Have the children lived with anyone other than you or the other party 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): _____ Date: _____

▶ _____
Petitioner/Respondent signs here

Shane-Michael T. Renecker
Print name here