

**Confidential
Information (CIF)****Clerk: Do not file
in a public access
file**Superior Court of Washington,
County: Thurston
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.

- Who is completing this form? (Name): Gary Robbins
- Is there a current restraining or protection order involving the parties or children? No
 Yes. If yes, who does the order protect? (Name/s):
- 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?

- Your Information** - This person is a (check one): Petitioner Respondent
Interpreter needed? No Yes, language:

Full name (first, middle, last): Gary D Robbins		Date of birth (MM/DD/YYYY): 10/16/1958	Sex: Male
Driver's license/Identicard (No., state): WDL4RPBC83B	Race:	Relationship to children in this case: N/A	
Mailing address (This address will not be kept private.) (street address or P.O. box, city, state zip): 1436 Deerbrush Dr SE Olympia, WA, 98513			
Email: 58Snibbor@gmail.com		Phone: 253-331-5688	

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:	

- Other Party's Information** - This person is a (check one): Petitioner Respondent
Interpreter needed? No Yes, language:

Full name (first, middle, last): Permelia M Foster		Date of birth (MM/DD/YYYY): 06/03/1960	Sex: Female
Driver's license/Identicard (No., state):	Race:	Relationship to children in this case: N/A	
Mailing address (This address will not be kept private.) (street address or P.O. box, city, state zip): 1436 Deerbrush Dr SE Olympia, WA, 98513			
Email:		Phone:	

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

RCW 26.23.050, 26.50.160,
26.27.281; GR 22
Mandatory Form (07/2021)
FL All Family 001

Confidential Information

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ENVISION
FAMILY LAW1201 Pacific Ave, Suite 1503
Tacoma, WA 98402
Ph: 253-201-8007/ Fax: 253-512-1957
www.envisionfamilylaw.com

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.						<input type="checkbox"/> You <input type="checkbox"/> other party:
2.						<input type="checkbox"/> You <input type="checkbox"/> other party:
3.						<input type="checkbox"/> You <input type="checkbox"/> other party:
4.						<input type="checkbox"/> You <input type="checkbox"/> other party:

7. Have the children lived with anyone other than you or the other party during the last 5 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): Olympia wa Date: 5/11/2022

 Gary Robbins
 Petitioner/Respondent signs here Print name here

