

**Superior Court of Washington
County of King**

In Re the Matter Of:

Respondent

No.
Party Information Form
Guardianship /
Conservatorship
(PIF)
Clerk's Action Required

Confidential Personal Information Form

***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. Please fill this form out as completely as possible. You may attach additional sheets if there are other interested parties.*

PETITIONER:

Relationship to Respondent: _____

First name: _____

Middle name: _____

Last name: _____

Date of Birth: _____

Address: Street: _____

City: _____

State: _____

Zip code: _____

Telephone number: _____

Email: _____

Sex: _____ Race: _____ Hair color: _____ Eye Color: _____

CO-PETITIONER:

Relationship to Respondent: _____

First name: _____

Middle name: _____

Last name: _____

Date of Birth: _____

Information Form for Guardianship / Conservatorship / Other Protective Arrangement Parties
Revised 01/2022

Address: Street: _____
City: _____
State: _____
Zip code: _____
Telephone number: _____
Email: _____
Sex: _____ Race: _____ Hair color: _____ Eye Color: _____

PETITIONER'S ATTORNEY (IF ANY):

First name: _____
Last name: _____
WSBA NUMBER: _____
Address: Street: _____
City: _____
State: _____
Zip code: _____
Telephone number: _____
Email: _____

NOMINATED GUARDIAN/CONSERVATOR:

Relationship to Respondent: _____
First name: _____
Middle name: _____
Last name: _____
Date of Birth: _____
Address: Street: _____
City: _____
State: _____
Zip code: _____
Telephone number: _____
Email: _____
Sex: _____ Race: _____ Hair color: _____ Eye Color: _____

RESPONDENT:

Relationship to Respondent: _____
First name: _____
Middle name: _____
Last name: _____
Date of Birth: _____
Address: Street: _____
City: _____
State: _____
Zip code: _____
Telephone number: _____
Email: _____
Sex: _____ Race: _____ Hair color: _____ Eye Color: _____

RESPONDENT'S NOMINATED ATTORNEY (IF ANY):

First name: _____
Last name: _____
WSBA NUMBER: _____
Address: Street: _____
City: _____
State: _____
Zip code: _____
Telephone number: _____
Email: _____

IF RESPONDENT IS MINOR

PARENT 1 / LEGAL GUARDIAN 1:

First name: _____
Middle name: _____
Last name: _____
Date of Birth: _____
Address: Street: _____
City: _____
State: _____
Zip code: _____
Telephone number: _____
Email: _____
Sex: _____ Race: _____ Hair color: _____ Eye Color: _____

PARENT 2 / LEGAL GUARDIAN 2:

First name: _____
Middle name: _____
Last name: _____
Date of Birth: _____
Address: Street: _____
City: _____
State: _____
Zip code: _____
Telephone number: _____
Email: _____
Sex: _____ Race: _____ Hair color: _____ Eye Color: _____