

IN THE CIRCUIT COURT OF THE STATE OF OREGON
FOR WASHINGTON COUNTY

 Petitioner

and

 Respondent

)
)
) Case No.: _____
)
)

**CONFIDENTIAL INFORMATION FORM (CIF) FOR
PERSON RESTRAINED (RESPONDENT) IN
FAMILY ABUSE PREVENTION ACT (FAPA) CASE**
 Amended CIF

**This document is not accessible to the public
or other parties. Exceptions may apply. See
UTCRC 2.130**

**ATTENTION COURT STAFF: THIS IS A RESTRICTED-ACCESS
DOCUMENT.**

The information below is about Respondent

Respondent's Name (Last, First, Middle): _____

The names of the parties and the children, as well as the children's ages, are NOT confidential.

Respondent's Date of Birth:
Employer's Name, Address, and Telephone Number:

Children's Names (Last, First, Middle)	Date of Birth
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Please attach an additional sheet if there are more than six children involved in the proceeding.

I hereby declare that the above statements are true to the best of my knowledge and belief and that I understand they are made for use as evidence in court and are subject to penalty for perjury.

Date: _____ Signature: _____

Type or Print Name: _____

COMPLETED AND SUBMITTED BY:

Petitioner Respondent

NOTE TO COURT STAFF: Unless ordered or authorized under UTCR 2.130, this Confidential Information Form is not available to the opposing party or his/her attorney, or to the public; except for the state.