

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

Case No: _____

_____ Petitioner

and

_____ Respondent

**CONFIDENTIAL
INFORMATION FORM**

Amended CIF

(Family Abuse Prevention Act)

UTCR 2.130

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

File one CIF for each party

Submitted by: Petitioner Respondent other: _____

Information about (name): _____
(first, middle, last)

Petitioner Respondent other: _____

Date of Birth: _____

Respondent's Employer's Name, Address, and Phone: (not required for Petitioner)

Minor children of the parties:¹

| Name: | Date of Birth: |
|-------|----------------|
| | |
| | |
| | |
| | |

Additional page attached

¹ The names of parties and children, and children's ages are not confidential. This form can only be viewed by the party who files it unless the court orders otherwise.