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| **Confidential Information Form****for Case Type 7** |
| **Skagit County** | **Case #:**  |
| *Fill in the below information as completely as possible. Type or print only.* |
| ***Child’s Information*** | Child’s name (Last, First, Middle) |
| Driver’s License or ID # (specify type) | Nickname | Sex | Race | Birth date |
| Height | Weight | Eye Color | Hair Color | Interpreter Required? Language: |
| Last Known Address | Home Phone |
| ***Mother’s Information*** | Mother’s name (Last, First, Middle) |
| Driver’s License or ID # (specify type) | Nickname | Sex | Race | Birth date |
| Height | Weight | Eye Color | Hair Color | Interpreter Required? Language: |
| Last Known Address | Home Phone |
| Employer | Work Phone |
| ***Father’s Information*** | Father’s name (Last, First, Middle) |
| Driver’s License or ID # (specify type) | Nickname | Sex | Race | Birth date |
| Height | Weight | Eye Color | Hair Color | Interpreter Required? Language: |
| Last Known Address | Home Phone |
| Employer | Work Phone |