|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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 | | |