

JIS INFORMATION SEARCH FORM

DATE OF HEARING (M/D/Y) _____/_____/20____

CLALLAM COUNTY CAUSE NUMBER _____ - _____ - _____
(Return Completed Form to Superior Court Administrator's Office)

- Final Parenting Plans:** This form must be turned in five business days prior to entry of a final parenting plan. Both parents must complete and turn in a copy of this form.
- Emergency Domestic Violence Orders & Third Party Custody Orders:** If emergency placement of children is requested, this form must be turned in by 10:00 a.m. the day of the hearing. Otherwise, the form must be turned in five days prior to the scheduled hearing.
- Incomplete Information:** If requested information is not known, please place a “?” in the space provided for the requested information.

Parent One: _____ Date of Birth: _____
(First/Middle/Last)

Parent Two: _____ Date of Birth: _____
(First/Middle/Last)

Other Adults in home: Please circle the home where the individual resides, and list birthday by month/day/year

_____ Date of Birth: _____ (Whose home: Parent 1 or Parent 2)
(First/Middle/Last)

_____ Date of Birth: _____ (Whose home: Parent 1 or Parent 2)
(First/Middle/Last)

_____ Date of Birth: _____ (Whose home: Parent 1 or Parent 2)
(First/Middle/Last)

_____ Date of Birth: _____ (Whose home: Parent 1 or Parent 2)
(First/Middle/Last)

_____ Date of Birth: _____ (Whose home: Parent 1 or Parent 2)
(First/Middle/Last)

Attach Additional Sheet if Necessary

I declare under penalty of perjury under the laws of the State of Washington that the above information that I have provided is true and accurate.

Dated this _____ day of _____, 20__ at _____, Washington.
(day) (month) (city)

Signature
Print Name:

Please note that this document may be placed in the sealed portion of the court file, and may be provided to the other parent.