

Disclaimer: This written material or information is designed as a sample for educational purposes only. It is provided with the understanding that the staff member is not engaged in rendering legal, financial or professional services. The staff at The Arc of King County are not attorneys and DO NOT give legal or financial advice or services. If legal advice or other expert assistance is required, the services of legal, financial or other professional should be sought.

## THIS IS A SAMPLE - FOR EDUCATIONAL PURPOSES ONLY

### Superior Court of Washington County of King

In Re the Matter Of:

Name of the respondent

Respondent

No. provided by the court's clerk

Party Information Form

Guardianship /

Conservatorship

(PIF)

Clerk's Action Required

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#### Confidential Personal Information Form

**Important!** Only court staff and some state agencies may see this form. The other party and his/her lawyer may not see this form unless a court order allows it. State agencies may disclose the information in this form according to their own rules. Please fill this form out as completely as possible. You may attach additional sheets if there are other interested parties.

**PETITIONER:** Usually the petitioner(s) is the same person as the nominated guardian/conservator

Relationship to Respondent: For example: mother

First name: \_\_\_\_\_

Middle name: \_\_\_\_\_

Last name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip code: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Email: \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Hair color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

**CO-PETITIONER:** if applies

Relationship to Respondent: \_\_\_\_\_

First name: \_\_\_\_\_

Middle name: \_\_\_\_\_

Last name: \_\_\_\_\_

Information Form for Guardianship / Conservatorship / Other Protective Arrangement Parties

Revised 01/2022

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Date of Birth: \_\_\_\_\_

Address: Street: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip code: \_\_\_\_\_

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Telephone number: \_\_\_\_\_

Email: \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Hair color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

**PETITIONER'S ATTORNEY (IF ANY):**

First name: \_\_\_\_\_

Last name: \_\_\_\_\_

WSBA NUMBER: \_\_\_\_\_

Address: Street: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip code: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Email: \_\_\_\_\_

**NOMINATED GUARDIAN/CONSERVATOR:** As mentioned before, usually is the same person as petitioner

Relationship to Respondent: \_\_\_\_\_

First name: \_\_\_\_\_

Middle name: \_\_\_\_\_

Last name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: Street: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip code: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Email: \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Hair color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

**RESPONDENT:** (Person with disability)

Relationship to Respondent: \_\_\_\_\_

First name: \_\_\_\_\_

Middle name: \_\_\_\_\_

Last name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: Street: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip code: \_\_\_\_\_

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Telephone number: \_\_\_\_\_  
Email: \_\_\_\_\_  
Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Hair color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

**RESPONDENT'S NOMINATED ATTORNEY (IF ANY):** [Complete if applies](#)

First name: \_\_\_\_\_  
Last name: \_\_\_\_\_  
WSBA NUMBER: \_\_\_\_\_  
Address: Street: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip code: \_\_\_\_\_  
Telephone number: \_\_\_\_\_  
Email: \_\_\_\_\_

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**IF RESPONDENT IS MINOR** [N/A to adult guardianship-No complete](#)

**PARENT 1 / LEGAL GUARDIAN 1:**

First name: \_\_\_\_\_  
Middle name: \_\_\_\_\_  
Last name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Address: Street: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip code: \_\_\_\_\_  
Telephone number: \_\_\_\_\_  
Email: \_\_\_\_\_  
Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Hair color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

**PARENT 2 / LEGAL GUARDIAN 2:**

First name: \_\_\_\_\_  
Middle name: \_\_\_\_\_  
Last name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Address: Street: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip code: \_\_\_\_\_  
Telephone number: \_\_\_\_\_  
Email: \_\_\_\_\_  
Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Hair color: \_\_\_\_\_ Eye Color: \_\_\_\_\_