

# CONFIDENTIAL INFORMATION FORM FOR CASE TYPE 7'S

SKAGIT COUNTY

Case Number:

**AT RISK**

**CHINS**

Fill in the following information as completely as possible. Type or print only.

## CHILD'S Information

Last

First

Middle

Drivers License or ID Number (specify type)

Sex

Race

Birth date

Height

Weight

Eye Color

Hair Color

Phone Number

Interpreter needed? Language

Address :

Street address \_\_\_\_\_

City, State, Zip

## Petitioner Information

**Mother**  **Father**

**Legal Guardian**

Last

First

Middle

Drivers License or ID Number (specify type)

Sex

Race

Birth date

Height

Weight

Eye Color

Hair Color

Phone Number

Interpreter needed? Language

Address :

Street address \_\_\_\_\_

City, State, Zip

**Mother**  **Father**

**Legal Guardian**

Last

First

Middle

Drivers License or ID Number (specify type)

Sex

Race

Birth date

Height

Weight

Eye Color

Hair Color

Phone Number

Interpreter needed? Language

Address :

Street address \_\_\_\_\_

City, State, Zip