

**Superior Court of Washington
County of Snohomish**

In re:

and

Petitioner(s),

Respondent(s).

No.

Cover Sheet for
Background Check
(Permanent Parenting Plan)
(XJCD)

**Clerk's Action Required:
JUDICIAL INFORMATION
SYSTEM DATABASE RECORDS**
Access is Restricted Per
Washington State Court GR 22

Permanent Parenting Plan to be entered on (Date) _____

Courtroom/Department: _____

Judge/Commissioner: _____

(Background check cannot be run unless this information is provided.)

Attached is a Background Check for **the Petitioner, the Respondent, the minor child(ren) and any adult with significant contact with the minor child(ren)** based on the following information provided by the party identified below. Pursuant to Washington State Court General Rule 22, this information shall be kept confidential and access shall be limited to the parties of record and the parties' attorneys of record. Use additional forms, if necessary, for additional children or adults.

FORM SUBMITTED BY: _____ TELEPHONE # _____
PRINT NAME

For Office Use Only:
Report prepared on: _____ By: _____

CHILD(REN) INFORMATION	
Child's FULL Name (First, Middle, Last)	Child's FULL Name (First, Middle, Last)
Child's Date of Birth (MO/DAY/YEAR)	Child's Date of Birth (MO/DAY/YEAR)
Child's CURRENT Address	Child's CURRENT Address
Child's PREVIOUS Address	Child's PREVIOUS Address
FOR COURT USE ONLY Picture ID checked - copy attached <input type="checkbox"/> Background check attached / No information found	FOR COURT USE ONLY Picture ID checked - copy attached <input type="checkbox"/> Background check attached / No information found

CHILD(REN) INFORMATION	
Child's FULL Name (First, Middle, Last)	Child's FULL Name (First, Middle, Last)
Child's Date of Birth (MO/DAY/YEAR)	Child's Date of Birth (MO/DAY/YEAR)
Child's CURRENT Address	Child's CURRENT Address
Child's PREVIOUS Address	Child's PREVIOUS Address
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PETITIONER'S INFORMATION	
1st Petitioner's FULL Name (First, Middle, Last)	2nd Petitioner's FULL Name (First, Middle, Last)
1st Petitioner's Date of Birth (MO/DAY/YEAR)	2nd Petitioner's Date of Birth (MO/DAY/YEAR)
Height Weight Hair Eye	Height Weight Hair Eye
1st Petitioner's Phone Number	2nd Petitioner's Phone Number
1st Petitioner's CURRENT Address	2nd Petitioner's CURRENT Address
1st Petitioner's PREVIOUS Address	2nd Petitioner's PREVIOUS Address
Has the Petitioner ever been known by another name? If so, list name(s)	Has the Petitioner ever been known by another name? If so, list name(s)
1st Petitioner's Driver's License/ID No.	2nd Petitioner's Driver's License/ID No.
FOR COURT USE ONLY Picture ID checked <input type="checkbox"/> Copy attached <input type="checkbox"/> Case type 6 checked <input type="checkbox"/> Background check attached / No information found	FOR COURT USE ONLY Picture ID checked <input type="checkbox"/> Copy attached <input type="checkbox"/> Case type 6 checked <input type="checkbox"/> Background check attached / No information found

RESPONDENT'S INFORMATION	
1st Respondent's FULL Name (First, Middle, Last)	2nd Respondent's FULL Name (First, Middle, Last)
1st Respondent's Date of Birth (MO/DAY/YEAR)	2nd Respondent's Date of Birth (MO/DAY/YEAR)
Height Weight Hair Eye	Height Weight Hair Eye
1st Respondent's Phone Number	2nd Respondent's Phone Number
1st Respondent's CURRENT Address	2nd Respondent's CURRENT Address
1st Respondent's PREVIOUS Address	2nd Respondent's PREVIOUS Address
Has the Respondent ever been known by another name? If so, list name(s)	Has the Respondent ever been known by another name? If so, list name(s)
1st Respondent's Driver's License/ID No.	2nd Respondent's Driver's License/ID No.
FOR COURT USE ONLY Picture ID checked <input type="checkbox"/> Copy attached <input type="checkbox"/> Case type 6 checked <input type="checkbox"/> Background check attached / No information found	FOR COURT USE ONLY Picture ID checked <input type="checkbox"/> Copy attached <input type="checkbox"/> Case type 6 checked <input type="checkbox"/> Background check attached / No information found

ALL OTHER ADULTS (Age 18 & older) WITH SIGNIFICANT CONTACT WITH CHILD(REN)	
FULL Name (First, Middle, Last)	FULL Name (First, Middle, Last)
Date of Birth (MO/DAY/YEAR)	Date of Birth (MO/DAY/YEAR)
Height Weight Hair Eye	Height Weight Hair Eye
Phone Number	Phone Number
CURRENT Address	CURRENT Address
PREVIOUS Address	PREVIOUS Address
Has this person ever been known by another name? If so, list name(s)	Has this person ever been known by another name? If so, list name(s)
Driver's License/ID No.	Driver's License/ID No.
FOR COURT USE ONLY Picture ID checked <input type="checkbox"/> Copy attached <input type="checkbox"/> Case type 6 checked <input type="checkbox"/> Background check attached / No information found	FOR COURT USE ONLY Picture ID checked <input type="checkbox"/> Copy attached <input type="checkbox"/> Case type 6 checked <input type="checkbox"/> Background check attached / No information found