SUPERIOR COURT OF THE DISTRICT OF COLUMBIA
500 INDIANA AVENUE, NW, WASHINGTON, D.C. 20001
(202) 879-1010 | https://www.dccourts.gov

CONFIDENTIAL INFORMATION FORM
(This form will be returned to the filer or destroyed immediately
after the information is entered into the Court's case management system)

Case Caption: _____   Case No.: _____

	Plaintiff/Petitioner	**Defendant/Respondent**
Full Name (First, Middle, Last)		
Date of Birth (Month, Day, Year)		
Telephone Number(s)	**Home**: _____ **Cell/Mobile**: _____ **Work**: _____	**Home**: _____ **Cell/Mobile**: _____ **Work**: _____
Email Address		
Ethnicity	☐ Hispanic, Latino/a, or Spanish ☐ Non-Hispanic	☐ Hispanic, Latino/a, or Spanish ☐ Non-Hispanic
Race *Select one or more*	☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Other	☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Other

Pursuant to Superior Court of the District of Columbia Administrative Order 15-14, a party filing a case in the Superior Court shall submit this form with any initial pleading except for a charging document. Any date of birth, social security number, or driver's license number provided on the Information Sheet shall be kept confidential, shall not be made part of any public record, and shall be used only for the Superior Court's internal business purposes. The Confidential Form shall not be retained in the case file and shall be shredded or otherwise destroyed within a reasonable time after the case is entered into the case management system. If any identifying information becomes available after the case has been initiated, the party must submit an updated Confidential Form.

	Plaintiff/Petitioner	Defendant/Respondent
Police Department Identification Number (PDID)		
Social Security Number or Taxpayer Identification Number		
Date of Death (if applicable)		
Are you a participant of the Address Confidentiality Program managed by the Office of Victim Services and Justice Grants?	☐YES ☐ NO **Please attach a copy of your Authorization Card to this form. If submitting the confidential form electronically, please attach your Authorization Card via email.**	
Interpreter Needed?	Interpreter needed for: ☐ Spanish ☐ Amharic ☐ ASL ☐ Other: _____ ☐ No interpreter needed.	Interpreter needed for: ☐ Spanish ☐ Amharic ☐ ASL ☐ Other: _____ ☐ No interpreter needed.
ADA or Other Accommodation Needed?	☐ Assisted Listening Device ☐ Braille ☐ Communication Access Real-time Translation ☐ Court Comfort Dog ☐ Literacy Assistance ☐ Service Animal ☐ Visually Impaired-Large Print ☐ Wheelchair ☐ Other: _____	☐ Assisted Listening Device ☐ Braille ☐ Communication Access Real-time Translation ☐ Court Comfort Dog ☐ Literacy Assistance ☐ Service Animal ☐ Visually Impaired-Large Print ☐ Wheelchair ☐ Other: _____

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DOMESTIC VIOLENCE CASES only

Please indicate if any of the information below is **<u>CONFIDENTIAL</u>** from the defendant/respondent.

	Plaintiff/Petitioner	Defendant/Respondent
Address If your address is confidential from respondent, please give a substitute/safe address where the court can reach you		
Demographics	Race:_____ Sex:_____ Height:_____ Weight:_____ Eye Color:_____ Hair Color: _____	Race:_____ Sex:_____ Height:_____ Weight:_____ Eye Color:_____ Hair Color: _____
Driver's License Number (Optional)		
Place of Employment and Address (If applicable)		
Additional Questions	Did the police arrest the responent in this case? ☐ Yes ☐No When is the best time to serve the other party (*when are they there*)?_____ (am/pm) List any other address to serve Respondent (*other than one previously listed*) _____ What is the best time to reach you (*when are you able to pick up a call*)?_____(am/pm)	

FAMILY COURT CASES only

	Plaintiff/Petitioner	**Defendant/Respondent**
Driver's License Number		
Child's Name	Name(s) of Child(ren): _____ _____ _____ _____	Name(s) of Child(ren): _____ _____ _____ _____
Other's Name and Relationship	Name: _____ Relationship:_____	Name: _____ Relationship:_____
Type of case you are filing		
List other cases you have in this Court	Case Type: _____ Case Number: _____	Case Type: _____ Case Number: _____
List cases you have in another Court	Case Type: _____ Case Number: _____	Case Type: _____ Case Number: _____
Do you have an attorney?	☐Yes ☐No If "Yes," what is the attorney's name?_____	☐Yes ☐No If "Yes," what is the attorney's name?_____

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Are you afraid of the party that you are filing against?	☐Yes ☐No	☐Yes ☐No
Do you fear for your safety?	☐Yes ☐No	☐Yes ☐No
If you have children, do you fear for their safety?	☐Yes ☐No	☐Yes ☐No
Have you or your children been hurt, harmed or threatened to be hurt or harmed by the other party?	☐Yes ☐No	☐Yes ☐No