



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	<input type="checkbox"/> Hispanic, Latino/a, or Spanish <input type="checkbox"/> Not Hispanic or Latino/a	<input type="checkbox"/> Hispanic, Latino/a, or Spanish <input type="checkbox"/> Not Hispanic or Latino/a
Race <i>Select one or more</i>	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White

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?	<input type="checkbox"/> YES <input type="checkbox"/> 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: <input type="checkbox"/> Spanish <input type="checkbox"/> Amharic <input type="checkbox"/> ASL <input type="checkbox"/> Other: _____ <input type="checkbox"/> No interpreter needed.	Interpreter needed for: <input type="checkbox"/> Spanish <input type="checkbox"/> Amharic <input type="checkbox"/> ASL <input type="checkbox"/> Other: _____ <input type="checkbox"/> No interpreter needed.
ADA or Other Accommodation Needed?	<input type="checkbox"/> Assisted Listening Device <input type="checkbox"/> Braille <input type="checkbox"/> Communication Access Real-time Translation <input type="checkbox"/> Court Comfort Dog <input type="checkbox"/> Literacy Assistance <input type="checkbox"/> Service Animal <input type="checkbox"/> Visually Impaired-Large Print <input type="checkbox"/> Wheelchair <input type="checkbox"/> Other: _____	<input type="checkbox"/> Assisted Listening Device <input type="checkbox"/> Braille <input type="checkbox"/> Communication Access Real-time Translation <input type="checkbox"/> Court Comfort Dog <input type="checkbox"/> Literacy Assistance <input type="checkbox"/> Service Animal <input type="checkbox"/> Visually Impaired-Large Print <input type="checkbox"/> Wheelchair <input type="checkbox"/> Other: _____

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DOMESTIC VIOLENCE CASES only

Please indicate if any of the information below is **CONFIDENTIAL** 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 respondent in this case? <input type="checkbox"/> Yes <input type="checkbox"/> No When is the best time to serve the other party (<i>when are they there</i>)? _____ (am/pm) List any other address to serve Respondent (<i>other than one previously listed</i>) _____ What is the best time to reach you (<i>when are you able to pick up a call</i>)? _____ (am/pm)	

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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?	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the attorney's name? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the attorney's name? _____

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Are you afraid of the party that you are filing against?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you fear for your safety?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you have children, do you fear for their safety?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or your children been hurt, harmed or threatened to be hurt or harmed by the other party?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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