

## Confidential Information Declaration

### INSTRUCTIONS

If you want to submit documents to the Judge for the hearing, you must complete this form and send it with your documents. All documents submitted may be seen by the other parent, party to the case and/or their representative.

State law protects some information in your child support case from being released to the other parent, party to the case, and/or their representative. Information about your location may not be shared unless you agree to it. This information is called “whereabouts information.” It includes the location of your residence, work and you or your child’s school. This is to help prevent the potential for stalking, domestic violence or physical safety risks in certain cases or situations. Documents might also contain other sensitive information that you do not want to share with the other parent, party to the case, and/or their representative.

**Before filing any documents that have whereabouts or other sensitive information, you should remove or redact (black out) any information you do not want shared with the other parent, party to the case, and/or their representative. THIS INFORMATION IS PROTECTED BY STATE LAW. IT SHOULD BE REDACTED UNLESS IT IS NEEDED FOR THE CASE.** Some examples include:

- Personally Identifiable Information such as your social security number and bank account information.
- Any identifying information about school, day care providers, medical providers, or employers.
- Mailing and physical addresses (if different).
- Any medical conditions/information (physical or mental).
- Any reference to a state, city, or county that identifies your location.

**OAH WILL NOT REDACT ANY INFORMATION FOR YOU.**

### DECLARATION

**I give OAH permission to allow the other parties, including the other parent, to see all of the information contained in the documents I submit now, or at any time in the future in this case, waiving my right of confidentiality in RCW 26.23.120(7). Before submitting documents to OAH, I understand that it is my responsibility to redact (black out) all of the information I do not want to share with the other parties, including the other parent.**

I understand these documents may be seen by the other parent, party to the case, and/or their representative with no additional redaction. I redacted (blacked out) all the information I do not want the other parent, party to the case, and/or their representative to see. By submitting these documents to OAH, I allow OAH to release any un-redacted whereabouts information and other sensitive information that would ordinarily be protected under WAC 388-14A-2105 and WAC 388-14A-2107 and waive the confidentiality rights afforded to me under these regulations.

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Printed Name of Party/Parent

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Signature of Party/Parent

**Authorized representatives:**

I affirm that the party I represent has given me authorization to submit these documents on their behalf with or without redactions.

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Printed Name of Authorized Representative

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Signature of Representative

**FAILURE TO COMPLETE THIS FORM MAY RESULT IN YOUR DOCUMENTS BEING REJECTED BY OAH AND RETURNED TO YOU FOR FURTHER ACTION.**