IN THE CIRCUIT COURT OF THE STATE OF OREGON FOR THE COUNTY OF ____

| | | Case No: |
|--|--|--|
| | Petitioner and | NOTICE OF FILING OF CONFIDENTIAL INFORMATION FORM (CIF) |
| and | Respondent | |
| | | Amended CIF |
| I filed requir | cried children 18, 19, or 20 years old (per ORS 107). Confidential Information Forms with the coured by Uniform Trial Court Rule (UTCR) 2.13 | ort about the following parties to this case as O (Use first, middle, last names below): |
| 1) | My Name: Petitioner ☐ Respondent ☐ Other: | |
| Containing (check all that apply): Social Security Number (SSN) Date of Birth (DOB) children's SSN children's DOB employer's name, address, and phone number driver license number former legal names | | |
| 2) Name: Petitioner | | |
| | Containing (check all that apply): ☐ SSN ☐ DOB ☐ children's SSN ☐ children number ☐ driver license number ☐ former leg | al names employer's name, address, and phone |
| 3) | 3) Name: Petitioner | |
| | Containing (check all that apply): ☐ SSN ☐ DOB ☐ children's SSN ☐ children number ☐ driver license number ☐ former leg | a's DOB ☐ employer's name, address, and phone al names |
| 4) | 4) Name: Petitioner Respondent Other: | |
| Containing (check all that apply): ☐ SSN ☐ DOB ☐ children's SSN ☐ children's DOB ☐ employer's namnumber ☐ driver license number ☐ former legal names | | |
| Date | Signati | ure |
| | J. Company of the com | |
| | Name | (printed) |
| Contac | et Address City, St | ate, ZIP Contact Phone |