

**SUPERIOR COURT OF THE STATE OF WASHINGTON FOR WHATCOM COUNTY**

In re:	<b>No.</b>  Sealed Cover Sheet for JIS Background Check (Permanent Parenting Plan)  <b>Clerk's Action Required:</b>
and	
Petitioner(s),   Respondent(s).	

**(JIS Background Check cannot be completed unless the information below is provided.)**

Permanent Parenting Plan to be entered on (Date) \_\_\_\_\_

Courtroom/Department: \_\_\_\_\_

Judge/Commissioner: \_\_\_\_\_

Attached is JIS Background Check for **the Petitioner, the Respondent, the minor child(ren), other minor child(ren), or adult persons in the minors household based on the following information provided by the Petitioner, the Respondent, or legal counsel.** Pursuant to WACSPR 94.08 (o), Background Checks in Child Custody or Parenting Plan Proceedings, effective 9/21/2007. Use additional forms, if necessary, for additional children or adults.

Submitted by: \_\_\_\_\_ Date \_\_\_\_\_

Received by: \_\_\_\_\_ Date \_\_\_\_\_

CHILD(REN) INFORMATION	
Child's FULL Name (Last, First MI):	Child's FULL Name (Last, First MI):
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(REN) INFORMATION	
Child's FULL Name (Last, First MI):	Child's FULL Name (Last, First MI):
Child's Date of Birth (MO/DAY/YEAR):	Child's Date of Birth (MO/DAY/YEAR):
Child's CURRENT Address:	Child's CURRENT Address:

PETITIONER'S INFORMATION			
1st Petitioner's FULL Name (Last, First MI):		2nd Petitioner's FULL Name (Last, First MI):	
Has the 1st Petitioner ever been known by another name? <u>Including hyphenated or maiden names.</u> If so, list name(s):		Has the 2nd Petitioner ever been known by another name? <u>Including hyphenated or maiden names.</u> If so, list name(s):	
1st Petitioner's Social Security Number (last four digits, only):		2nd Petitioner's Social Security Number (last four digits, only):	
1st Petitioner's Date of Birth (MO/DAY/YEAR):		2nd Petitioner's Date of Birth (MO/DAY/YEAR):	
COURT USE ONLY		COURT USE ONLY	
JIS/JABS Checked <input type="checkbox"/>	Checks attached <input type="checkbox"/>	JIS/JABS Checked <input type="checkbox"/>	Checks attached <input type="checkbox"/>
SCOMIS Checked <input type="checkbox"/>	No information <input type="checkbox"/>	SCOMIS Checked <input type="checkbox"/>	No information <input type="checkbox"/>

RESPONDENT'S INFORMATION			
1st Respondent's FULL Name (Last, First MI):		2nd Respondent's FULL Name (Last, First MI):	
Has the 1st Respondent ever been known by another name? <u>Including hyphenated or maiden names.</u> If so, list name(s):		Has the 2nd Respondent ever been known by another name? <u>Including hyphenated or maiden names.</u> If so, list name(s):	
1st Respondent's Social Security Number (last four digits, only)::		2nd Respondent's Social Security Number (last four digits, only)::	
1st Respondent's Date of Birth (MO/DAY/YEAR):		2nd Respondent's Date of Birth (MO/DAY/YEAR):	
COURT USE ONLY		COURT USE ONLY	
JIS/JABS Checked <input type="checkbox"/>	Checks attached <input type="checkbox"/>	JIS/JABS Checked <input type="checkbox"/>	Checks attached <input type="checkbox"/>
SCOMIS Checked <input type="checkbox"/>	No information <input type="checkbox"/>	SCOMIS Checked <input type="checkbox"/>	No information <input type="checkbox"/>

ALL OTHER MINORS OR ADULTS RESIDING WITH CHILD(REN)			
1st Other's FULL Name (Last, First MI):		2nd Other's FULL Name (Last, First MI):	
Has the 1st Other ever been known by another name? <u>Including hyphenated or maiden names.</u> If so, list name(s):		Has the 2nd Other ever been known by another name? <u>Including hyphenated or maiden names.</u> If so, list name(s):	
1st Other's Social Security Number (last four digits, only)::		2nd Other's Social Security Number (last four digits, only)::	
1st Other's Date of Birth (MO/DAY/YEAR):		2nd Other's Date of Birth (MO/DAY/YEAR):	
COURT USE ONLY		COURT USE ONLY	
JIS/JABS Checked <input type="checkbox"/>	Checks attached <input type="checkbox"/>	JIS/JABS Checked <input type="checkbox"/>	Checks attached <input type="checkbox"/>
SCOMIS Checked <input type="checkbox"/>	No information <input type="checkbox"/>	SCOMIS Checked <input type="checkbox"/>	No information <input type="checkbox"/>