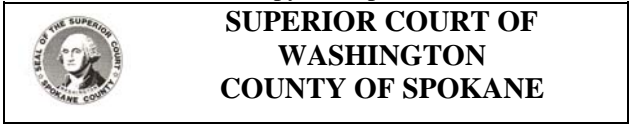


(Copy Receipt)

(Clerk's Date Stamp)



In the Guardianship of:

CASE NO. \_\_\_\_\_

\_\_\_\_\_  
Name of Minor

CONFIDENTIAL INFORMATION FORM  
(DATE OF BIRTH OF MINOR)

(CNRSE) Clerk's Action Required

Name of Minor

Date of Birth

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Submitted by:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name, WSBA/CPG#

**Notice: All parties and Guardianship Monitoring Program Volunteers will have access to these sealed documents.**