

Confidential Information Form (INFO)

The information below is subject to limited disclosure. It may be disclosed to governmental agencies without notice to you; but will not be disclosed to other parties or the public unless allowed by law.

County:	Cause Number:	Do not file in a public access file.
Court Clerk: This is a Restricted Access Document		

Restoration of Rights to Possess Firearms

The following information about the Petitioner is required in all Restoration of Rights to Possess Firearms cases:

Petitioner Information

Name (Last, First, Middle)

Race	Sex	Birthdate
Driver's Lic. or Identocard (# and State)		Address:

Additional information: _____

_____.

I certify under penalty of perjury under the laws of the state of Washington that the above information is true and accurate. The information is unavailable because _____
_____.

Signed on _____ (Date) at _____ (City and State).

Petitioner/Attorney