STATE OF NORTH D	AKOTA	IN DISTRICT COURT
COUNTY OF		JUDICIAL DISTRICT
)) PETITIONER,)	Case No.
Vs)	CONFIDENTIAL INFORMATION FORM
		nd must not be placed in a publically accessible d for every protected party.*
	FULL INFORMATION	REDACTED INFORMATION
PETITIONER & PRO	TECTED PERSON:	
Name:		
Date of Birth:	(Month/Day/Year)	Year of Birth:
RESPONDENT:		
Name:		
AT LEAST ONE of th	ne following MUST be entere	ed for the Respondent:
Date of Birth:	(Month/Day/Year)	Year of Birth:
Social Security #:		SSN Last 4 Digits:
Driver's License:		
	(Driver's License Number)	
	(State, Expiration Date)	
License Plate #:		
	(License Plate Number)	
	(State, Expiration Date)	

FULL INFORMATION REDACTED INFORMATION PROTECTED PERSON (ADULT): Name: Date of Birth: Year of Birth: (Month/Day/Year) PROTECTED PERSON (MINOR CHILD): Initials: _____ Name: Date of Birth: Year of Birth: _____ (Month/Day/Year) PROTECTED PERSON (MINOR CHILD): Name: Initials: _____ Year of Birth: _____ Date of Birth: (Month/Day/Year) PROTECTED PERSON (MINOR CHILD): Initials: _____ Name: Date of Birth: Year of Birth: _____ (Month/Day/Year) PROTECTED PERSON (MINOR CHILD): Name: Initials: Date of Birth: ______ Year of Birth: ______ (Month/Day/Year) (Add additional protected persons on a separate sheet of paper. Don't write on back of form.) Dated ____ (Petitioner's Signature) (Petitioner's Printed Name) (Petitioner's Address) (City, State, Zip Code) (Petitioner's Telephone Number & Email Address)