

IN DISTRICT COURT, _____ COUNTY, NORTH DAKOTA

_____, }
Plaintiff, }
 }
vs. }
 }
_____. }
Defendant. }

**CONFIDENTIAL INFORMATION
FORM**

Civil No. _____

FULL INFORMATION

**REDACTED
INFORMATION**

PLAINTIFF:

Name: _____
Date of Birth: _____
Social Security #: _____

Year of Birth: _____
XXX-XX-_____

DEFENDANT:

Name: _____
Date of Birth: _____
Social Security #: _____

Year of Birth: _____
XXX-XX-_____

FINANCIAL ACCOUNT NUMBERS:

Name of Account: _____
Account Number: _____

Last 4 digits: _____

Name of Account: _____
Account Number: _____

Last 4 digits: _____

Name of Account: _____
Account Number: _____

Last 4 digits: _____

Dated this _____ day of _____, 20____

_____, Plaintiff
(Signature of Plaintiff)

_____, Defendant
(Signature of Defendant)