

STATE OF NORTH DAKOTA
COUNTY OF _____

IN DISTRICT COURT
_____ JUDICIAL DISTRICT

IN THE MATTER OF THE GUARDIANSHIP OF

_____,
AN ALLEGED CHILD BECOMING AN INCAPACITATED INDIVIDUAL

Case No. _____

CONFIDENTIAL INFORMATION FORM

*The information on this form is confidential and can't be placed
in a publically accessible portion of the file.*

ALLEGED CHILD BECOMING AN INCAPACITATED ADULT:

Full Name: _____ Initials: _____
Telephone Number: _____
Date of Birth: _____ Year of Birth: _____
Social Security Number: _____ XXX-XX- _____

FINANCIAL ACCOUNT NUMBERS *(related to the child, if known):*

Name of Account Holder or Financial Institution: _____

Account Number: _____ Last 4 Digits of Acct #: _____

Name of Account Holder or Financial Institution: _____

Account Number: _____ Last 4 Digits of Acct #: _____

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Account Number: _____ Last 4 Digits of Acct #: _____

Name of Account Holder or Financial Institution: _____

Account Number: _____ Last 4 Digits of Acct #: _____

Name of Account Holder or Financial Institution: _____

Account Number: _____ Last 4 Digits of Acct #: _____

FINANCIAL ACCOUNT NUMBERS *(continued)*:

Name of Account Holder or Financial Institution: _____

Account Number: _____ Last 4 Digits of Acct #: _____

Name of Account Holder or Financial Institution: _____

Account Number: _____ Last 4 Digits of Acct #: _____

Dated _____.

Petitioner's Signature

Petitioner's Printed Name

Address City, State, Zip Code

Telephone Number Email Address

(Use for Co-Petitioner. If no co-petitioner, write "No Co-Petitioner" on signature line.)

Dated _____.

Co-Petitioner's Signature

Co-Petitioner's Printed Name

Address City, State, Zip Code

Telephone Number Email Address