

Instructions For Confidential Information Form

ND Legal Self Help Center Staff and Court employees can't help you fill out forms, or create documents for you. If you're unsure how to proceed, consult a lawyer.

ND Legal Self Help Forms aren't official forms. Judges and courts aren't required to accept them. There's no guarantee Center forms will be accepted. Use at your own risk.

Don't include this instruction sheet when you serve or file the completed form.

A confidential information form lists the full protected, or confidential, information that isn't allowed to appear in other documents filed with the court. This form is a part of the court record that isn't seen by the public.

Court case records are generally available to the public, and anyone can request to look in almost any court file. However, certain information is protected and required to remain confidential, even if the protected information is part of a public court case record.

[Rule 41 of the North Dakota Supreme Court Administrative Rules](#) governs public access to court case records.

[Rule 3.4 of the North Dakota Rules of Court](#) governs protected information in documents filed in North Dakota state district court cases.

Confidential Information includes:

- Social Security Numbers
- Taxpayer Identification Numbers
- Birthdates
- Minor child's name.
 - However, if the minor child is a party in the case, the minor child's full name **isn't** protected information. For example, in a case to change a minor child's name, the child's full name must appear.
- Financial account number
- Victim contact information in a criminal or delinquency case, **if the victim requests**.
 - Victim contact information means any information that would allow someone to make contact, such as names, addresses, phone numbers, email addresses, or places of employment.

You may need to refer to Protected, or Confidential, Information when you create your legal documents or fill out forms. When you create legal documents or fill out forms, write or type only:

- The last four (4) digits of the social security number and taxpayer identification number.
- The year of birth.
- The minor child's initials.
- The last four (4) digits of the financial-account number.
- "Victim contact information" to refer to victim contact information in a criminal or delinquency case.

Caption (Top of Form):

- ☐ Fill in the Caption exactly as it appears in the Plaintiff's Complaint/Petitioner's Petition.

Full Information:

- ☐ Fill in the full **confidential** information.

Redacted Information:

- ☐ Fill in the redacted information you use to refer to confidential information in the legal document(s) you created, or the form(s) you filled out.

Date and Signature:

- ☐ Date and sign this form
- ☐ Complete the lines following the signature line.

****Disclaimer: The North Dakota Legal Self Help Center provides resources to people who represent themselves in civil matters in the North Dakota state courts. The information provided by the Center isn't intended for legal advice but only a general guide to the civil court process. The Center can't guarantee that all judges and courts will accept forms available through the Legal Self Help Center. The Center isn't responsible for any consequences that may result from the information provided. The information can't replace the advice of competent legal counsel licensed in the state. Use at your own risk.****

State of North Dakota

In District Court

County of _____

_____ Judicial District

Plaintiff/Petitioner,
vs

Defendant/Respondent.

Case No. _____

Confidential Information Form

Full Information

Redacted Information

Plaintiff/Petitioner:

Name: _____

Date of Birth: _____

Social Security #: _____

Year of Birth: _____

XXX-XX-_____

Defendant/Respondent:

Name: _____

Date of Birth: _____

Social Security #: _____

Year of Birth: _____

XXX-XX-_____

Minor Child:

Name: _____

Date of Birth: _____

Social Security #: _____

Initials: _____

Year of Birth: _____

XXX-XX-_____

Minor Child:

Name: _____

Date of Birth: _____

Social Security #: _____

Initials: _____

Year of Birth: _____

XXX-XX-_____

Minor Child:

Name: _____

Date of Birth: _____

Social Security #: _____

Initials: _____

Year of Birth: _____

XXX-XX-_____

Full Information

Redacted Information

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: _____

Name of Account: _____

Account Number: _____

Last 4 Digits: _____

Taxpayer Id Number:

Name: _____

ID Number: _____

Last 4 Digits: _____

Dated _____

(Signature)

(Printed Name)

(Address)

(City, State, Zip Code)

(Telephone Number)

(Email)