

STATE OF NORTH DAKOTA

IN DISTRICT COURT

COUNTY OF \_\_\_\_\_

\_\_\_\_\_ JUDICIAL DISTRICT

**IN THE MATTER OF THE CONSERVATORSHIP OF \_\_\_\_\_,  
A MINOR CHILD**

Case No. \_\_\_\_\_

**CONFIDENTIAL INFORMATION FORM (Child Under 18 Years Old)**

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

**FULL INFORMATION**

**REDACTED INFORMATION**

**MINOR CHILD:**

Full Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Year of Birth: \_\_\_\_\_

XXX-XX-\_\_\_\_\_

**CONSERVATOR:**

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Year of Birth: \_\_\_\_\_

XXX-XX-\_\_\_\_\_

**CO-CONSERVATOR:**

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Year of Birth: \_\_\_\_\_

XXX-XX-\_\_\_\_\_

**FINANCIAL ACCOUNT NUMBERS (related to the minor 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 #: \_\_\_\_\_

**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 Signature

\_\_\_\_\_  
Petitioner Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

*(Use for co-petitioner. If no co-petitioner, write "N/A" on signature line.)*

Dated \_\_\_\_\_.

\_\_\_\_\_  
Co-Petitioner Signature

\_\_\_\_\_  
Co-Petitioner Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_