

State Of North Dakota

In District Court

County Of \_\_\_\_\_

\_\_\_\_\_ Judicial District

The State Of North Dakota, )  
Plaintiff, )  
vs )  
)  
\_\_\_\_\_)  
Defendant. )

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

**Confidential Information Form**

**Full Information**

**Redacted Information**

**Defendant:**

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

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

Social Security #: \_\_\_\_\_

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

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

**Other Person:**

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
<b>Victim Information:</b>		
Name:	_____	Initials: _____
Date of Birth:	_____	Year of Birth: _____
Social Security :	_____	XXX-XX-_____
<hr/>		
(Address)	(City, State, Country, Zip Code)	
<hr/>		
(Phone Number)	(Email)	

**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)
<hr/>	
(Telephone Number)	(Email Address)