

**APPENDIX H. RULE 3.4 CONFIDENTIAL INFORMATION FORM**

STATE OF NORTH DAKOTA, )  
 County of \_\_\_\_\_ )  
 \_\_\_\_\_, )  
 Plaintiff )  
 vs. ) Case No. \_\_\_\_\_  
 \_\_\_\_\_, )  
 Defendant )

In District Court  
 \_\_\_\_\_ Judicial District

**CONFIDENTIAL INFORMATION FORM**  
 (Provided in Accordance with N.D.R.Ct. 3.4)

The information on this form is confidential and must not be placed in a publicly accessible portion of a file.

	NAME	SOCIAL SECURITY NUMBER, TAXPAYER IDENTIFICATION NUMBER, FINANCIAL ACCOUNT NUMBER, AND BIRTH DATE
Plaintiff	1. _____	_____
	2. _____	_____
	3. _____	_____
Defendant	1. _____	_____
	2. _____	_____
	3. _____	_____
Other party (e.g. minor children)	1. _____	_____
	2. _____	_____

Information supplied by:

\_\_\_\_\_  
 (print or type name of party submitting this form to the court)

Signed: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 State Board of Law Examiners ID #: \_\_\_\_\_  
 Date: \_\_\_\_\_