

State of North Dakota

County of _____

Petitioner (person asking for protection) _____

vs _____

Respondent _____

In District Court

Judicial District

)
Case No. _____
(leave blank)

Confidential Information Form**Full Information****Petitioner:**

Name: _____

Date of Birth: _____

Social Security #: _____

Minor Child:

Name: _____

Date of Birth: _____

Social Security #: _____

Minor Child:

Name: _____

Date of Birth: _____

Social Security #: _____

Minor Child:

Name: _____

Date of Birth: _____

Social Security #: _____

Minor Child:

Name: _____

Date of Birth: _____

Social Security #: _____

Redacted Information

Year of Birth: _____

XXX-XX-_____

Initials: _____

Year of Birth: _____

XXX-XX-_____

Petitioner's Address & Telephone Number (if you checkmarked the first box in Paragraph 6):

Address: _____

Telephone #: _____

Employment Address (if you wrote "address withheld" in Paragraph 14, otherwise write "N/A"):

Address: _____

School Address (if you wrote "address withheld" in Paragraph 14, otherwise write "N/A"):

Address: _____

Day Care Address (if you wrote "address withheld" in Paragraph 14, otherwise write "N/A"):

Address: _____

Other Address (if you wrote "address withheld" in Paragraph 14, otherwise write "N/A"):

Address: _____

Respondent:

Name: _____

Date of Birth: _____ Year of Birth: _____

Social Security #: _____ XXX-XX-_____

Dated _____. _____.

_____, Petitioner

Signature of Petitioner

Typed or Printed Name of Petitioner

Address _____ City _____ State _____ Zip Code _____

Telephone Number _____ Email Address _____