

State of North Dakota

In District Court

County of \_\_\_\_\_

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

\_\_\_\_\_ )

\_\_\_\_\_ )

\_\_\_\_\_, )

**Petitioner** (*person asking for protection*) )

\_\_\_\_\_ )

**vs** )

\_\_\_\_\_ )

\_\_\_\_\_ )

**Respondent** )

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

(*leave blank*)

**Confidential Information Form**

**Full Information**

**Redacted Information**

**Petitioner:**

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-\_\_\_\_\_

**Minor Child:**

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

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

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

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*