

State of North Dakota

In District Court

County of _____

_____ Judicial District

_____)
 Plaintiff,)
 vs)
 _____)
 Defendant.)

Case No. _____

Confidential Information Form
(Contested Parenting Responsibility)

Full Information

Redacted Information

Plaintiff:

Name: _____

Date of Birth: _____

Social Security #: _____

Year of Birth: _____

XXX-XX-_____

Defendant:

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: _____ Initials: _____
Date of Birth: _____ Year of Birth: _____
Social Security #: _____ XXX-XX-_____

Dated _____.

_____, Plaintiff
Signature of Plaintiff

Typed or Printed Name of Plaintiff

Address

City State Zip Code

Telephone Number

Email Address