

STATE OF NORTH DAKOTA

IN DISTRICT COURT

COUNTY OF _____

_____ JUDICIAL DISTRICT

_____)
 PLAINTIFF,)
 vs)
 _____)
 DEFENDANT.)

Case No. _____

CONFIDENTIAL INFORMATION FORM

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: _____
 Date of Birth: _____
 Social Security #: _____

Initials: _____
 Year of Birth: _____
 XXX-XX-_____

FULL INFORMATION

REDACTED INFORMATION

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: _____

Name of Account: _____

Account Number: _____

Last 4 Digits: _____

Name of Account: _____

Account Number: _____

Last 4 Digits: _____

Name of Account: _____

Account Number: _____

Last 4 Digits: _____

Dated _____.

_____, Plaintiff

Signature of Plaintiff

Typed or Printed Name of Plaintiff

Address

City

State

Zip Code

Telephone Number

Email Address