

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

Victim Information:

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

| | |
|-----------|----------------------------------|
| (Address) | (City, State, Country, Zip Code) |
|-----------|----------------------------------|

| | |
|----------------|---------|
| (Phone Number) | (Email) |
|----------------|---------|

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: _____ |

Taxpayer Id Number:

| | | |
|------------|-------|----------------------|
| Name: | _____ | |
| ID Number: | _____ | Last 4 Digits: _____ |

Dated _____.

(Signature)

(Printed Name)

| | |
|-----------|-------------------------|
| (Address) | (City, State, Zip Code) |
|-----------|-------------------------|

| | |
|--------------------|-----------------|
| (Telephone Number) | (Email Address) |
|--------------------|-----------------|