

State of North Dakota

County Of _____

In District Court

Judicial District _____

vs

Plaintiff,)

Defendant.)

Case No. _____

Confidential Information Form
(Contested Parenting Responsibility)

Full Information

Plaintiff:

Name: _____

Date of Birth: _____

Social Security #: _____

Redacted Information

Year of Birth: _____

XXX-XX-_____

Defendant:

Name: _____

Date of Birth: _____

Year of Birth: _____

Social Security #: _____

XXX-XX-_____

Minor Child:

Name: _____

Initials: _____

Date of Birth: _____

Year of Birth: _____

Social Security #: _____

XXX-XX-_____

Minor Child:

Name: _____

Initials: _____

Date of Birth: _____

Year of Birth: _____

Social Security #: _____

XXX-XX-_____

Minor Child:

Name: _____

Initials: _____

Date of Birth: _____

Year of Birth: _____

Social Security #: _____

XXX-XX-_____

Dated _____.

_____, Defendant

Signature of Defendant

Typed or Printed Name of Defendant

Address

City *State* *Zip Code*

Telephone Number

Email Address