

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 \_\_\_\_\_.

\_\_\_\_\_, Defendant  
*Signature of Defendant*

\_\_\_\_\_  
*Typed or Printed Name of Defendant*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*City State Zip Code*

\_\_\_\_\_  
*Telephone Number*

\_\_\_\_\_  
*Email Address*