

STATE OF NORTH DAKOTA

IN DISTRICT COURT

COUNTY OF _____

_____ JUDICIAL DISTRICT

_____))
 _____))
 (Plaintiff)))
 PLAINTIFF,))
 _____))
 Vs))
 _____))
 (Defendant)))
 DEFENDANT.))

Case No. _____

CONFIDENTIAL INFORMATION FORM
(Parties Agree to All Modifications)

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: _____

Dated this _____ day of _____, 20_____

_____, Plaintiff
(Signature of Plaintiff)

Dated this _____ day of _____, 20_____

_____, Defendant
(Signature of Defendant)