

STATE OF NORTH DAKOTA

IN DISTRICT COURT

COUNTY OF \_\_\_\_\_

\_\_\_\_\_ JUDICIAL DISTRICT

\_\_\_\_\_  
)  
)  
(Plaintiff) )

Case No. \_\_\_\_\_

PLAINTIFF, )

Vs )  
)  
\_\_\_\_\_  
(Defendant) )

CONFIDENTIAL INFORMATION FORM  
RULE 3.4 N.D.R.Ct. APPENDIX H

DEFENDANT. )

**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-\_\_\_\_\_

**FULL INFORMATION**

**REDACTED INFORMATION**

**MINOR CHILD:**

Name: \_\_\_\_\_

Initials: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Year of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_

XXX-XX-\_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_, Defendant  
*(Signature of Opposing Party)*

\_\_\_\_\_  
*(Opposing Party Printed Name)*

\_\_\_\_\_  
*(Address)* *(City, State, Zip Code)*

\_\_\_\_\_  
*(Telephone Number(s))*

\_\_\_\_\_  
*(Email Address(es))*