

STATE OF NORTH DAKOTA

IN DISTRICT COURT

COUNTY OF _____

_____ JUDICIAL DISTRICT

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

Case No. _____
 CONFIDENTIAL INFORMATION FORM
 (No Written Agreement)

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/Defendant
(Signature of Opposing Party) (Choose one)

(Opposing Party Printed Name)

(Address) (City, State, Zip Code) (Telephone Number)