

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-_____

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_____

_____, Defendant
(Signature of Opposing Party)

(Opposing Party Printed Name)

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

(Telephone Number(s))

(Email Address(es))