

STATE OF NORTH DAKOTA

IN DISTRICT COURT

COUNTY OF _____

_____ JUDICIAL DISTRICT

(Plaintiff)

PLAINTIFF,

Vs

(Defendant)

DEFENDANT.)

Case No. _____

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

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 Moving Party)

(Moving Party Printed Name)

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

(Telephone Number) *(Email Address)*