

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\_\_\_\_\_

\_\_\_\_\_,  Plaintiff /  Defendant  
(Signature of  Moving Party /  Opposing Party) (choose one)

\_\_\_\_\_  
( Moving Party /  Opposing Party Printed Name) (choose one)

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