

FORM 11.1 CONFIDENTIAL INFORMATION FORM
(Gen. R. Prac. 11.02)

STATE OF MINNESOTA

DISTRICT COURT

County of _____

_____ Judicial District

Court File Number: _____

Case Type: _____

Plaintiff/Petitioner

and

CONFIDENTIAL INFORMATION FORM
(Provided in Accordance With Rule 11 of
the Minnesota General Rules of Practice)

Defendant/Respondent

The information on this form is confidential and shall not be placed in a publicly accessible portion of a file.

	NAME	SOCIAL SECURITY NUMBER EMPLOYER IDENTIFICATION NUMBER AND FINANCIAL ACCOUNT NUMBERS
Plaintiff/Petitioner	1. _____	_____
	2. _____	_____
	3. _____	_____
Defendant/Respondent	1. _____	_____
	2. _____	_____
	3. _____	_____
Other Party (e.g., minor children)	1. _____	_____
	2. _____	_____

Information supplied by: _____
(print or type name of party submitting this form to the court)

Signed: _____
Attorney Reg. #: _____
Firm: _____
Address: _____
Date: _____