

FORM 11.

CONFIDENTIAL INFORMATION FORM

See [Gen. R. Prac. 313.01](#).

STATE OF MINNESOTA  
COUNTY OF \_\_\_\_\_  
DISTRICT \_\_\_\_\_

DISTRICT COURT  
\_\_\_\_\_ JUDICIAL

In Re The Marriage Of:

\_\_\_\_\_ ,

Case No. \_\_\_\_\_

Petitioner,

and

CONFIDENTIAL INFORMATION FORM

\_\_\_\_\_ ,

Respondent.

	NAME	SOCIAL SECURITY NUMBER
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: \_\_\_\_\_

(Added effective March 1, 2001.)