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| State of Minnesota |  |  | **District Court** |
| County |  | Judicial District: |  |
|  |  | Court File Number: |  |
|  |  | Case Type: |  |

###### Plaintiff/Petitioner

vs **Confidential Information Form**

**(also known as Form 11.1)**

**Gen. R. Prac. 11.02**

Defendant/Respondent

**The information on this form is confidential and shall not be publicly accessible.**

A. **Social Security** **Numbers**:

|  |  |  |
| --- | --- | --- |
| **Name** | **Party or Role** | **Social Security Number** |
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B. **Account Numbers**:

| **Financial Institution Name** | **Account Number** |
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C. **Employer / Other Taxpayer Identification Numbers:**

|  |  |
| --- | --- |
| **Employer / Other Taxpayer** | **Employer / Other Taxpayer Identification Number** |
|  |  |
|  |  |
|  |  |

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

Signed:

Attorney Reg. #:

Firm:

Address:

E-mail address:

Date: