

CONFIDENTIAL

State of Minnesota

District Court

County

Judicial District:	_____
Court File Number:	_____
Case Type:	Juvenile

In the Matter of the Welfare of the Child(ren) of:

**Confidential Information Form
(Form 11.4)**

 Parent(s) Legal Custodian(s)

Minn. R. Juv. Prot. P. 8.04, subd. 5

This form is not accessible to the public or case participants except by court order. This form is accessible to parents/legal custodians except when any of the following applies (select all that apply):

- Disclosing section 1 information about the child's location will endanger the child
- Section 3 contains contact information that would endanger a person if disclosed
- Section 4 contains HIV information
- Section 5 contains information that a court has ordered be inaccessible

NOTE TO FILERS: Complete only the portion of this form that are necessary for the confidential information you are submitting to the court.

1. Name, address, home, or location of any shelter care facility or foster care placement in which a child is placed under a court order.

Reference in Document	Name of Shelter/Foster Care Facility or Parent	Shelter/Foster Care Address	Child in Shelter/Foster Care
Shelter Facility or Foster Parent 1			
Shelter Facility or Foster Parent 2			
Shelter Facility or Foster Parent 3			

2. Information that identifies a child as a victim or perpetrator of an alleged or adjudicated sexual assault.

Reference in document	Child's First and Last Name	Child's Date of Birth (mm/dd/yyyy)	Child's Gender	Child's Race
Child 1				
Child 2				
Child 3				
Child 4				

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3. Names, addresses, e-mail addresses, or telephone numbers that would endanger a person if disclosed in a public court filing.

Person's First and Last Name, and reference in public document (e.g. Person 1) if name is confidential	Address	E-mail Address	Telephone Number

4. Information about HIV testing, HIV test results, or HIV status.

5. Other information that is confidential by court order.

Filed by:

Name: _____

Signed: _____

Attorney Reg. #: (if attorney) _____

Firm/Agency Name: _____

Address: _____

City/State/Zip Code: _____

E-mail address: _____

Date: _____