CONFIDENTIAL INFORMATION FORM (Required by SDCL 15-15A-9)

_____ Case No. _____
Plaintiff/Petitioner

_____
Defendant/Respondent

The information on this form is protected and shall not be placed in a publicly accessible portion of the court record. The filing documents will be placed in the public part of the court record devoid of this information.

NAME	**SOCIAL SECURITY NUMBER, EMPLOYER IDENTIFICATION NUMBER, TAXPAYER IDENTIFICATION NUMBER, AND FINANCIAL ACCOUNT NUMBERS**
Plaintiff/Petitioner	
1.	
Defendant/Respondent	
1.	

Others Parties (including minor children)

1.
2.
3.
4.
5.
6.
7.
8.

Information supplied by: _____

Signed: _____

Firm:	
Address:	
Date:	

Documents to be recorded in the Register of Actions by caption as confidential.