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

_____
Plaintiff/Petitioner

Case No. _____

_____
Defendant/Respondent

The information on this form and any attached documents are 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.

Social security Number, Employer, Identification Number, Taxpayer Identification Number, Financial Account Numbers, and Medical Account Number:

_____

Other Parties (including minor children)

NAME	DATE OF BIRTH

The following other documents are attached hereto:_____

_____

Information supplied by: _____

Date: _____

Signed: _____

Firm: _____

Address:_____

_____