

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, FINANCIAL ACCOUNT NUMBERS, and MEDICAL 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: _____