

**State of Minnesota**

County \_\_\_\_\_

**District Court**

Judicial District: \_\_\_\_\_  
Court File Number: \_\_\_\_\_  
Case Type: Dissolution

**In Re the Marriage of:**

Petitioner

and

Respondent

**Confidential  
Information Form**

	Name	Social Security Number
Plaintiff/Petitioner	1.	
	2.	
	3.	
Defendant/Respondent	1.	
	2.	
	3.	
Other Party (e.g., minor children)	1.	
	2.	

Information supplied by:

(name of party submitting this form to the court)

Signed:

Attorney Reg. #:

Firm:

Address:

Date:

