FORM 11. CONFIDENTIAL INFORMATION FORM
(Gen. R. Prac. 313.01)

State of Minnesota **District Court**

County	Judicial District:
	Court File Number:
	Case Type: Dissolution

In Re the Marriage of:

Name of Petitioner

And

Name of Respondent

Confidential Information Form (Provided Pursuant to Rule 313.01 of the Minnesota General Rules of Practice)

STATE OF MINNESOTA)
COUNTY OF)SS
(County where Affidavit signed)

		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
(print or type name of party submitting this form to the court)

Dated:

Signature

Name:

Attorney Lic. #:

Street Address:

City/State/Zip:

Telephone: ( )