

**FORM 11.1 CONFIDENTIAL INFORMATION FORM**  
(Gen. R. Prac. 11.02)

State of Minnesota \_\_\_\_\_ District Court

County of \_\_\_\_\_ Judicial District

Case Type: \_\_\_\_\_

Case No. \_\_\_\_\_

\_\_\_\_\_  
Plaintiff/Petitioner

and

**CONFIDENTIAL INFORMATION FORM**  
(Provided in Accordance With Rule 11 of  
the Minnesota General Rules of Practice)

\_\_\_\_\_  
Defendant/Respondent

**The information on this form is confidential and shall not be placed in a publicly accessible portion of a file.**

	NAME	SOCIAL SECURITY NUMBER EMPLOYER IDENTIFICATION NUMBER AND FINANCIAL ACCOUNT NUMBERS
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)

Signed: \_\_\_\_\_  
Attorney Reg. #: \_\_\_\_\_  
Firm: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date: \_\_\_\_\_