

Confidential Information: Social Security Number Form for §598.22b and 602.6111(2)

In the Iowa District Court for _____ County
County

Plaintiff(s) / Petitioner(s)

Full name: first, middle, last

vs.

Defendant(s) / Respondent(s)

Full name: first, middle, last

Civil no. _____

Leave blank – Clerk of court will fill in

**Confidential Information:
Social Security Number Form
for §598.22b and 602.6111(2)**

Note: This form is for the submission of information required by Iowa Code sections 598.22B and 602.6111(2).

Parties are encouraged, but not required, to complete and sign a joint form.

1. Plaintiff or Petitioner

Full name: Last

First

Middle

Mailing address

City

State

ZIP code

Social Security Number

Driver's license number

Date of birth: mm/dd/yyyy

(_____)_____
Phone number

Employer

(_____)_____
Employer's phone number

Employer's address

City

State

ZIP code

2. Defendant or Respondent

Full name: Last

First

Middle

Mailing address

City

State

ZIP code

Social Security Number

Driver's license number

Date of birth: mm/dd/yyyy

(_____)_____
Phone number

Employer

(_____)_____
Employer's phone number

Employer's address

City

State

ZIP code

