



**Rule 17.20—Form 12: Protected Information Disclosure**

You are responsible for ensuring that protected information is not included on documents or exhibits you file with the court. Protected information includes personal or confidential information that should not be available to the public. The clerk of court will not review filings to determine whether you have made required omissions or redactions.

*Use this form to identify the full version of any protected information redacted in other documents you have filed. If you do not understand how to use this form, or if you should use this form, talk to an attorney.*

**In the Iowa District Court for \_\_\_\_\_ County**  
*County where case is filed*

**Plaintiff or Petitioner**

*Full name: first, middle, last*

**vs.**

**Defendant or Respondent**

*Full name: first, middle, last*

Case no. \_\_\_\_\_

**Protected Information Disclosure**

If you need assistance to participate in court due to a disability, call the disability coordinator (information at [www.iowacourts.gov/for-the-public/ada/](http://www.iowacourts.gov/for-the-public/ada/)). Persons who are hearing or speech impaired may call Relay Iowa TTY (1-800-735-2942). Disability coordinators cannot provide legal advice.

**When protected information, as listed in Iowa Court Rule 16.602, is required by law to be included or is material to the case and must be included in nonconfidential documents, a party must include the protected information on this form.**

For an explanation of a filer’s responsibility and the procedures to use for protecting personal information, refer to the Iowa Court Rules in Chapter 16, Iowa Rules of Electronic Procedure, Division VI, Personal Privacy Protection. Rule 16.602 provides the list of protected information. Rule 16.604 provides a list of information that may also be redacted.

**1. Plaintiff or Petitioner** *The person who filed this case.*

*Provide the complete version of protected information and the redacted version included in documents you file.*

Name \_\_\_\_\_  
*First Middle Last*

<b>Protected information type</b>	<b>Complete information</b> (See Rules 16.602 and 16.604)	<b>Redacted information</b> (See Rule 16.605)
A. Social security number	- - XXX-XX-XXXX	<i>Last four digits only</i>
B. Date of birth	/ / mm/dd/yyyy	<i>Year only</i>
C. Individual taxpayer identification numbers	- - XXX-XX-XXXX	<i>Last four digits only</i>
D. Personal identification numbers (if no social security number)	<i>Full number</i>	<i>Partial only</i>

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E. Other unique identifying numbers	Full number	Partial only
F. Additional protected information	Full information	Partial information
G. Additional protected information	Full information	Partial information
H. Additional protected information	Full information	Partial information
I. Additional protected information	Full information	Partial information

Check this box if you are attaching a separate sheet listing additional information for Petitioner.

**2. Defendant or Respondent** *The other party the case is filed against.*

Provide the complete version of protected information and the redacted version included in documents you file. If Plaintiff or Petitioner is filling out this form, provide as much information about Defendant or Respondent as you can.

Name \_\_\_\_\_  
                     First  Middle  Last

Protected information type	Complete information (See Rules 16.602 and 16.604)	Redacted information (See Rule 16.605)
A. Social security number	- - XXX-XX-XXXX	Last four digits only
B. Date of birth	/ / mm/dd/yyyy	Year only
C. Individual taxpayer identification numbers	- - XXX-XX-XXXX	Last four digits only
D. Personal identification numbers (if no social security number)	Full number	Partial only
E. Other unique identifying numbers	Full number	Partial only
F. Additional protected information	Full information	Partial information
G. Additional protected information	Full information	Partial information
H. Additional protected information	Full information	Partial information
I. Additional protected information	Full information	Partial information

Check this box if you are attaching a separate sheet listing additional information for Respondent.

### 3. Other Persons or Parties

Provide the complete version of protected information and the redacted version included in documents you file.  
Provide as much information about other persons or parties as you can.

Name \_\_\_\_\_  
*First Middle Last*

Protected information type	Complete information (See Rules 16.602 and 16.604)	Redacted information (See Rule 16.605)
A. Social security number	- - XXX-XX-XXXX	Last four digits only
B. Date of birth	/ / mm/dd/yyyy	Year only
C. Individual taxpayer identification numbers	- - XXX-XX-XXXX	Last four digits only
D. Personal identification numbers (if no social security number)	Full number	Partial only
E. Other unique identifying numbers	Full number	Partial only
F. <i>Additional protected information</i>	Full information	Partial information
G. <i>Additional protected information</i>	Full information	Partial information
H. <i>Additional protected information</i>	Full information	Partial information
I. <i>Additional protected information</i>	Full information	Partial information

Check this box if you are attaching a separate sheet listing additional information for other parties.

### 4. Children

Provide the complete version of protected information and the redacted version included in documents you file.

A. Protected information type	Complete information (See Rules 16.602 and 16.604)	Redacted information (See Rule 16.605)
(1) Child's full name	First, middle, last name	Child's initials
(2) Social security number	- - XXX-XX-XXXX	Last four digits only
(3) Date of birth	/ / mm/dd/yyyy	Year only

<b>B. Protected information type</b>	<b>Complete information</b> (See Rules 16.602 and 16.604)	<b>Redacted information</b> (See Rule 16.605)
(1) Child's full name	<i>First, middle, last name</i>	<i>Child's initials</i>
(2) Social security number	- - XXX-XX-XXXX	<i>Last four digits only</i>
(3) Date of birth	/ / <i>mm/dd/yyyy</i>	<i>Year only</i>

<b>C. Protected information type</b>	<b>Complete information</b> (See Rules 16.602 and 16.604)	<b>Redacted information</b> (See Rule 16.605)
(1) Child's full name	<i>First, middle, last name</i>	<i>Child's initials</i>
(2) Social security number	- - XXX-XX-XXXX	<i>Last four digits only</i>
(3) Date of birth	/ / <i>mm/dd/yyyy</i>	<i>Year only</i>

<b>D. Protected information type</b>	<b>Complete information</b> (See Rules 16.602 and 16.604)	<b>Redacted information</b> (See Rule 16.605)
(1) Child's full name	<i>First, middle, last name</i>	<i>Child's initials</i>
(2) Social security number	- - XXX-XX-XXXX	<i>Last four digits only</i>
(3) Date of birth	/ / <i>mm/dd/yyyy</i>	<i>Year only</i>

<b>E. Protected information type</b>	<b>Complete information</b> (See Rules 16.602 and 16.604)	<b>Redacted information</b> (See Rule 16.605)
(1) Child's full name	<i>First, middle, last name</i>	<i>Child's initials</i>
(2) Social security number	- - XXX-XX-XXXX	<i>Last four digits only</i>
(3) Date of birth	/ / <i>mm/dd/yyyy</i>	<i>Year only</i>

Check this box if you are attaching a separate sheet listing additional children.

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**5. Information provided by:**

\_\_\_\_\_/s/\_\_\_\_\_  
*Print full name* *Signature*

\_\_\_\_\_  
*Law firm, if applicable*

\_\_\_\_\_  
*Mailing address* *City* *State* *ZIP code*

(\_\_\_\_\_)\_\_\_\_\_  
*Phone number*

\_\_\_\_\_  
*Email address* *Additional email address, if applicable*

\_\_\_\_\_, 20\_\_\_\_\_  
*Date signed: Month Day Year*