Rule 8.37—Form 1: Protected Information Disclosure

(if no social security number)

E. Other unique identifying numbers

Additional protected information

Additional protected information

F.

G.

• If information is abbreviated on other rule &	8.37 forms, use this form to incl	ude protected information in full.	
In the Iowa District Court for _	Cou	nty (Juvenile Division)	
In the Matter of the Guardianship o	f: Juvenile no	— Juvenile no. — Protected Information Disclosure	
Initials of Protected Minor	Protected		
Protected Minor.			
When protected information, as defined is material to the case and is therefore nonconfidential cases, a party must refer an explanation of a filer's responsibility a refer to lowa Court Rules: Chapter 16, Rules	e included in nonconfidecord the protected info nd the procedures to use for of Electronic Procedure, D	ential documents on ormation on this form. or protecting personal information, ivision VI, Protection of Personal	
Privacy. Rule 16.602 provides the list of protected may be redacted or partially provided. 1. Protected Minor. The minor who is the	e subject of the guardianship.	·	
Provide the complete version of protected info	rmation and the redacted version	on included in documents you file.	
First	Middle	Last	
Protected information type	Complete information (See rules 16.602 and 16.604)	Redacted information (See rule 16.605)	
A. Protected Minor's full name	Full name	Initials only	
B. Social security number		Last four digits only	
C. Date of birth	/ / mm/dd/yyyy	Year only	
D. Personal identification numbers			

Continued on next page

Full number

Full number

Full information

Full information

Partial only

Partial only

Partial information

Partial information

A. S B. I C. I	Social security number Date of birth Individual taxpayer identification numbers	Complete information (See rules 16.602 and 16.604) / mm/dd/yyyy	Redacted information (See rule 16.605) Last four digits only Year only
B. I	Date of birth Individual taxpayer	, ,	
C.	Individual taxpayer	, ,	
D.			
			Last four digits only
	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
Н.	Additional protected information	Full information	Partial information
l.	Additional protected information	Full information	Partial information
	Check this box if you are attaching a		
Provide ti	he complete version of protected info		, , ,
Provide ti Name _	nal Parent. The other parent, if the complete version of protected infor First		ncluded in documents you fi

Continued on next page

C. Individual taxpayer identification numbers		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 Additional Parent.		

4. Proposed Guardian or Guardian. *The proposed, or current, guardian of the protected minor.*

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

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		Last four digits only
B. Date of birth	/ mm/dd/yyyy	Year only
C. Individual taxpayer identification numbers		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 Proposed Guardian or Guardian.

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5. Information provided by:

	/s/	
Printed name	Signature	
Law firm, if applicable		
Mailing address		
City	State	ZIP code
()	_	
Email address	Additional email address, if applicable	
Month Day Year Date signed	_	