

**Rule 7.11—Form 1: Protected Information Disclosure**

- If information is abbreviated on other rule 7.11 forms, use this form to include the protected information in full.

<b>In the Iowa District Court for _____ County</b>	
<b>In the Matter of the Guardianship of:</b>  _____ <i>Full name: first, middle, last</i>  <b>Protected Person.</b>	Probate no. _____  <p style="text-align: center;"><b>Protected Information Disclosure</b></p>

**When protected information, as defined in Iowa Court Rule 16.602, is required by law or is material to the case and is therefore included in nonconfidential documents on nonconfidential cases, a party must record 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 Iowa Court Rules: Chapter 16, Rules of Electronic Procedure, Division VI, Protection of Personal Privacy. Rule 16.602 provides the list of protected information. Rule 16.604 provides a list of information that may be redacted or partially provided.

**1. Protected Person.** *The person who is the subject of the guardianship.*

*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> <small>(See rules 16.602 and 16.604)</small>	<b>Redacted information</b> <small>(See rule 16.605)</small>
A. Social security number	- -	<i>Last four digits only</i>
B. Date of birth	/ / <i>mm/dd/yyyy</i>	<i>Year only</i>
C. Personal identification numbers (if no social security number)	<i>Full number</i>	<i>Partial only</i>
E. Other unique identifying numbers	<i>Full number</i>	<i>Partial only</i>
E. <i>Additional protected information</i>	<i>Full information</i>	<i>Partial information</i>
F. <i>Additional protected information</i>	<i>Full information</i>	<i>Partial information</i>
G. <i>Additional protected information</i>	<i>Full information</i>	<i>Partial information</i>
H. <i>Additional protected information</i>	<i>Full information</i>	<i>Partial information</i>

*Check this box if you are attaching a separate sheet listing additional information for Protected Person.*

***Continued on next page***

**2. Petitioner.** *The person filing the petition for appointment of a guardian.*

*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	- -	<i>Last four digits only</i>
B. Date of birth	/ / <i>mm/dd/yyyy</i>	<i>Year only</i>
C. Individual taxpayer identification numbers	- -	<i>Last four digits only</i>
D. Personal identification numbers (if no social security number)	<i>Full number</i>	<i>Partial only</i>
E. Other unique identifying numbers	<i>Full number</i>	<i>Partial only</i>
F. <i>Additional protected information</i>	<i>Full information</i>	<i>Partial information</i>
G. <i>Additional protected information</i>	<i>Full information</i>	<i>Partial information</i>
H. <i>Additional protected information</i>	<i>Full information</i>	<i>Partial information</i>
I. <i>Additional protected information</i>	<i>Full information</i>	<i>Partial information</i>

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

**3. Proposed Guardian or Guardian.** *The proposed, or current, guardian of the protected person.*

*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	- -	<i>Last four digits only</i>
B. Date of birth	/ / <i>mm/dd/yyyy</i>	<i>Year only</i>
C. Individual taxpayer identification numbers	- -	<i>Last four digits only</i>
D. Personal identification numbers (if no social security number)	<i>Full number</i>	<i>Partial only</i>
E. Other unique identifying numbers	<i>Full number</i>	<i>Partial only</i>

***Continued on next page***

F. <i>Additional protected information</i>	<i>Full information</i>	<i>Partial information</i>
G. <i>Additional protected information</i>	<i>Full information</i>	<i>Partial information</i>
H. <i>Additional protected information</i>	<i>Full information</i>	<i>Partial information</i>
I. <i>Additional protected information</i>	<i>Full information</i>	<i>Partial information</i>

Check this box if you are attaching a separate sheet listing additional information for Proposed Guardian or Guardian.

**4. Other Persons.** Any other person with information redacted in the documents you file.

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	- -	<i>Last four digits only</i>
B. Date of birth	/ / <i>mm/dd/yyyy</i>	<i>Year only</i>
C. Individual taxpayer identification numbers	- -	<i>Last four digits only</i>
D. Personal identification numbers (if no social security number)	<i>Full number</i>	<i>Partial only</i>
E. Other unique identifying numbers	<i>Full number</i>	<i>Partial only</i>
F. <i>Additional protected information</i>	<i>Full information</i>	<i>Partial information</i>
G. <i>Additional protected information</i>	<i>Full information</i>	<i>Partial information</i>
H. <i>Additional protected information</i>	<i>Full information</i>	<i>Partial information</i>
I. <i>Additional protected information</i>	<i>Full information</i>	<i>Partial information</i>

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

*Continued on next page*

**5. Information provided by:**

\_\_\_\_\_/s/\_\_\_\_\_  
*Printed name* *Signature*

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

\_\_\_\_\_  
*Mailing address*

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
*City* *State* *ZIP code*

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

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

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