

# Oneida Judiciary

## Tsi nu téshakotiya?tolétha?

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### Confidential Disclosure of Protected Information

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\_\_\_\_\_  
**Petitioner/Creditor**

v.

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

\_\_\_\_\_  
**Respondent/Debtor**

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In #1 enter the name of each person whose protected information is needed for this case and the information to be protected.

**GARNISHMENT CASES ONLY:**

Social Security Numbers are needed. If other information is not available leave blank from form.

In # 2 if it is not practical to redact a document, you may attach it to this form without redacting it.

Sign and print your name and date the document.

1. The following protected information is needed for this case or is required by law. It has been omitted or redacted from documents filed with the court.

A. Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Employee ID Number: \_\_\_\_\_

Enrollment ID Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Financial Account Numbers: \_\_\_\_\_

B. Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Employee ID Number: \_\_\_\_\_

Enrollment ID Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Financial Account Numbers: \_\_\_\_\_

See attached for additional parties

2. The following documents cannot be redacted and are attached:

\_\_\_\_\_  
\_\_\_\_\_



\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print or Type Name

\_\_\_\_\_  
Relationship to Case

\_\_\_\_\_  
Date

**CONFIDENTIAL COURT RECORD**