

STATE OF NORTH DAKOTA

IN DISTRICT COURT

COUNTY OF _____

_____ JUDICIAL DISTRICT

_____,)
)
 Plaintiff,)
)
 vs.)
)
 _____,)
)
 Defendant.)

Civil No: _____

**DOMESTIC RELATION CASE
AFFIDAVIT OF IDENTIFICATION**

STATE OF NORTH DAKOTA)
) ss
 COUNTY OF _____)

_____, being first duly sworn on oath, deposes and states that affiant is the attorney for the plaintiff in the above-entitled action and that to the best of affiant's knowledge, information, and belief, the following are the names, occupations, places of residence, and/or post office addresses of the plaintiff and defendant.

1. Plaintiff's full name: _____
 - (a) Place of residence: _____
 - (b) Occupation, name and address of employer: _____
 - (c) Date of birth: _____

2. Defendant's full name: _____
 - (a) Place of residence: _____
 - (b) Occupation, name and address of employer: _____
 - (c) Date of birth: _____

Dated this _____ day of _____, _____.

By _____

Name of Attorney

Address

Telephone:

ND License No. _____

ATTORNEYS FOR _____

Subscribed and sworn to before me this _____ day of _____, _____.

Notary Public

(SEAL)