

THE STATE OF NEW HAMPSHIRE  
JUDICIAL BRANCH  
<http://www.courts.state.nh.us>

Court Name: \_\_\_\_\_  
Case Name: \_\_\_\_\_  
Case Number: \_\_\_\_\_  
(if known)

CONFIDENTIAL INFORMATION SHEET FOR  
ELECTRONICALLY FILED CASES

FOR USE WHEN: This Sheet is required to be filed with any document, or up to four (4) documents filed on the same date, from which confidential information has been omitted (left blank) pursuant to Rule 12(c) of the Supplemental Rule of the Circuit Court of New Hampshire for Electronic Filing. For further guidance, see Instructions for the Electronic Filing of Confidential Information.

Date: \_\_\_\_\_  
Name of person filing this Confidential Information Sheet: \_\_\_\_\_

Names of document(s) from which confidential information has been omitted:  
\_\_\_\_\_  
Name of Document Name of Document  
\_\_\_\_\_  
Name of Document Name of Document

**A. Date of Birth** – Dates of birth are required in some cases. Rule 12(c) requires you to include dates of birth of the parties on this sheet.

Name \_\_\_\_\_ Date of birth \_\_\_\_\_  
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Case Name: \_\_\_\_\_

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**B. Other Rule 12(c) Confidential Information** – Set forth any narrative/text including Rule 12(c) confidential information that has been omitted from the above named documents, clearly indicating the document name for each narrative/text provided.

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I state that on this date I am sending a copy of this document as required by the rules of the Circuit Court. I am electronically sending this document through the court’s electronic filing system to all attorneys and to all other parties who have entered electronic service contacts (email addresses) in this case. I am mailing or hand-delivering copies to all other interested parties.

Check here if you are attaching additional pages which include Rule 12(c) confidential information. Note: Upload any additional pages as part of this form and NOT as a separate document. Select Confidential Information Sheet for Electronically Filed Cases as the name of form to be uploaded.

\_\_\_\_\_  
Name of Filer

/s/ \_\_\_\_\_  
Signature of Filer Date

\_\_\_\_\_  
Law Firm, if applicable Bar ID # of attorney

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Address

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
City State Zip code