

MAINE JUDICIAL BRANCH

\_\_\_\_\_  
Plaintiff/Petitioner DISTRICT COURT  
V. Location (Town): \_\_\_\_\_  
Docket No.: \_\_\_\_\_  
\_\_\_\_\_  
Defendant/Respondent

UNIFORM INTERSTATE FAMILY SUPPORT ACT (UIFSA)  
SOCIAL SECURITY NUMBER CONFIDENTIAL DISCLOSURE FORM  
19-A M.R.S. § 3151(1)(D)(1)

I, \_\_\_\_\_ (*name of filing party*), am seeking to register a foreign support order in the Maine District Court. As part of that registration, I understand I am required to provide the Social Security Number of the obligor (the person who owes support) to the Court, if known.

The obligor's Social Security Number is: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_.

Date (*mm/dd/yyyy*): \_\_\_\_\_



\_\_\_\_\_  
Signature of:  
 plaintiff/petitioner  defendant/respondent

**PLEASE NOTE:** This form is confidential and shall not be disclosed unless ordered by the Court.

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