

Confidential Litigant Information Sheet

To Assure Accuracy of Court Records

To be filled out by plaintiff or defendant or attorney

Collection of the following information is pursuant to N.J.S.A. 2A:17-56.60 and R 5:7-4.

Confidentiality of this information must be maintained.

Docket #		CS			
.					
Your Name (last, first, middle initial): _____					
Are You: Plaintiff or Defendant?	Social Security Number	Date of Birth	Place of Birth	Driver's License Number (state of issuance)	
	- -				
Active Domestic Violence Order in this case? Yes or No					
Address			Telephone Number		
			()		
Employer Name and Address (or other income source)			Telephone Number		
			()		
Professional, Occupational, Recreational Licenses (Types and Numbers)			Attorney Name and Address		
Health Coverage for Children (available through parent filling out this form)					
<i>Health Care Provider</i> _____ <i>Policy #</i> _____ <i>Group #</i> _____					
<i>Dental Care Provider</i> _____ <i>Policy #</i> _____ <i>Group #</i> _____					
<i>Prescription Drug Provider</i> _____ <i>Policy #</i> _____ <i>Group#</i> _____					
Children Information					
Name (last, first, middle initial)	Date of Birth	Race	Sex	Social Security Number	Place of Birth
1					
2					
3					
4					
5					
6					
Sex	Race	Height	Weight	Eyes	Hair
Auto License Plate # (State of issuance)	Car (model, make, year)	Mother's maiden name and address			