

Health Care Provider:

Health Care Provider:

Date

statements made by me are wilfully false, I am subject to punishment.

## **New Jersey Judiciary** Confidential Litigant Information Sheet (R. 5:4-2(g))

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

Please complete the entire form, leaving no blank spaces. If something does not apply to you, enter "N/A". This form is confidential and will not be shared with the other party. Docket Number: CS Number: Do you have an active Domestic Violence Order with the other party in this case? l l Yes **Plaintiff** Defendant Name (last, first, middle initial) Name (last, first, middle initial) Social Security Number Date of Birth Social Security Number Date of Birth Address: Street Address: Street City City State Zip State Zip Plaintiff Telephone Number **Employer Telephone Number** Defendant Telephone Number **Employer Telephone Number** Employer Name (or other income source) Employer Name (or other income source) Employer Address: Street Employer Address: Street City State Zip State Zip Professional, Occupational, Recreational Licenses Professional, Occupational, Recreational Licenses (include types and license numbers) (include types and license numbers) Driver's License Number State of Issuance Driver's License Number State of Issuance Sex Race/Ethnicity Height Weight Eyes Hair Sex Race/Ethnicity Height Weight Hair Auto: License Plate State Make Model Auto: License Plate State Make Model Year Attorney Name Attorney Name Attorney Address: Street Attorney Address: Street City State City State Zip Zip **Children Information** Name (last, first, middle initial) Date of Birth Race Sex Social Security Number Health Coverage for Children - available through parent filling out this form ( Plaintiff / Defendant) Health Care Provider: \_\_\_\_\_ Policy Number: \_\_\_\_\_ Group Number:

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Signature

Policy Number:

I certify that the foregoing statements made by me are true to the best of my knowledge. I am aware that if any of the foregoing

Policy Number:

Group Number: Group Number:\_\_