

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: <input type="checkbox"/> Plaintiff or <input type="checkbox"/> Defendant?	Social Security Number	Date of Birth	Place of Birth	Driver's License Number (state of issuance)	
Active Domestic Violence Order in this case? <input type="checkbox"/> Yes or <input type="checkbox"/> 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)					
Health Care Provider _____		Policy # _____		Group # _____	
Dental Care Provider _____		Policy # _____		Group # _____	
Prescription Drug Provider _____		Policy # _____		Group# _____	
Children Information					
Name (last, first, middle initial)	Date of Birth	Race	Sex	Social Security Number	Place of Birth
1					
2					
3					
4					
5					
6					
Physical Information					
Sex	Race	Height	Weight	Eyes	Hair
Auto License Plate # (State of issuance)	Car (model, make, year)	Mother's maiden name and address			