

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.

Docket #		CS			
Your Name (last, first, middle initial):					
Are You: <input type="checkbox"/> Plaintiff or <input type="checkbox"/> Defendant? (check one)	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 (check one)					
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)				
I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are wilfully false, I am subject to punishment.					
_____			_____		
Date			Signature		