

# 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.*

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

Note: Form adopted July 28, 2004 to be effective September 1, 2004; amended June 15, 2007 to be effective September 1, 2007.