



**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? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|----------------|------------|--|

| Plaintiff | | | | | Defendant | | | | | | |
|--|----------------|---------------------------|--------|------|--|---------------------|---------------------------|--------|--------|------|------|
| Name (last, first, middle initial) | | | | | Name (last, first, middle initial) | | | | | | |
| Social Security Number | Date of Birth | Place of Birth | | | Social Security Number | Date of Birth | Place of Birth | | | | |
| Address: Street | | | | | Address: Street | | | | | | |
| City | | | State | Zip | City | | | 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 | City | | | State | Zip | | |
| Professional, Occupational, Recreational Licenses (include types and license numbers) | | | | | Professional, Occupational, Recreational Licenses (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 | Eyes | Hair |
| Auto: License Plate | State | Make | Model | Year | | Auto: License Plate | State | Make | Model | Year | |
| Attorney Name | | | | | Attorney Name | | | | | | |
| Attorney Address: Street | | | | | Attorney Address: Street | | | | | | |
| City | | | State | Zip | City | | | State | Zip | | |

Children Information

| Name (last, first, middle initial) | Date of Birth | Race | Sex | Social Security Number | Place of Birth |
|------------------------------------|---------------|-------|-------|------------------------|----------------|
| 1. _____ | _____ | _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ | _____ | _____ |
| 4. _____ | _____ | _____ | _____ | _____ | _____ |

Health Coverage for Children - available through parent filling out this form (Plaintiff / Defendant)

| | | |
|-----------------------------|----------------------|---------------------|
| Health Care Provider: _____ | Policy Number: _____ | Group Number: _____ |
| Health Care Provider: _____ | Policy Number: _____ | Group Number: _____ |
| Health Care Provider: _____ | Policy Number: _____ | Group 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 statements made by me are wilfully false, I am subject to punishment.

Date

Signature