

**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:</b> <input type="checkbox"/> Plaintiff or <input type="checkbox"/> Defendant? (check one)		<b>Social Security Number</b>	<b>Date of Birth</b>	<b>Place of Birth</b>	<b>Driver's License Number</b> (state of issuance)	
<b>Active Domestic Violence Order in this case?</b> <input type="checkbox"/> Yes or <input type="checkbox"/> No (check 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)						
Health Care Provider _____		Policy # _____	Group # _____			
Dental Care Provider _____		Policy # _____	Group # _____			
Prescription Drug Provider _____		Policy # _____	Group # _____			
<b>Children Information</b>						
<b>Name</b> (last, first, middle initial)		<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>Race</b>	<b>Height</b>	<b>Weight</b>	<b>Eyes</b>	<b>Hair</b>	
<b>Auto License Plate #</b> (State of issuance)	<b>Car</b> (model, make, year)					
<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> _____			