

**[Appendix XXIV]**  
**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: <b>Plaintiff or Defendant?</b> (circle one)	Social Security #	Date of Birth	Place of Birth	Driver's License # (state of issuance)	
Active Domestic Violence Order in this case? <b>Yes or No</b> (circle 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)					
Health Care Provider _____		Policy # _____		Group # _____	
Dental Care Provider _____		Policy # _____		Group # _____	
Prescription Drug Provider _____		Policy # _____		Group # _____	
<b>Children Information</b>					
Name (last, first, middle initial)	Date of Birth	Race	Sex	Social Security #	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)		Mother's maiden name and address		