

## 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.

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Docket Number:	CS Numl	CS Number:				ave an ac es [	tive Do	nestic Violence Or	rder with the	other pa	rty in thi	s case	?		
Plaintiff							Defendant								
Name (last, first, middle initial)							Name (last, first, middle initial)								
Social Security Number Date of Birth Place				ce of Birth				Social Security Number Date of Birth Place of Birth							
Address: Street								Address: Street							
City				State Zip			City				5	State Zip			
Plaintiff Telephone Number Employer T				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				5	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	F	leight	Weight	Ey	/es	Hair	Sex	Race/Ethnicity		Height	Weigh	t E	yes	Hair	
Auto: License Plate S	State Ma	ake	Mo	odel		Year	Auto	License Plate	State	Make	<u>'</u>	Model		Year	
Attorney Name							Attorney Name								
Attorney Address: Street							Attorney Address: Street								
City State Zip						City					State Zip				
					Ch	ildren	Inforn	nation							
Name (last, first, middle initial)  Date of the state of												Place of Birth			
3 4.								-		_					
			ildren - a					lling out this forr	—— — m (∐ Plair	ntiff / $\square$	Defen	dant)			
Health Care Provider:	•					• .		icy Number:	•			,	er:		
Health Care Provider:												up Number:			
Health Care Provider:							<del></del> -					up Number:			
I certify that the fore statements made by				ım sı		to puni	the bes	of my knowled		ware tha					

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