$\begin{array}{c} \textbf{Confidential Litigant Information Sheet (R. 5:4-2(g))} \\ \textbf{To Assure Accuracy of Court Records} \end{array}$

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: Plaintiff or Defendant?	(circle	Social Security Nun	nber	Date of Bi	rth	Place of Bi	irth	Dri	iver's License Number (state of issuance)	
Active Domestic Violence Order i case? Yes or no (circle one)	in this									
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 (a	vailable throu	igh parent filling out this	form)							
Health Care Provider Policy # _				Group #						
Dental Care Provider			Policy#							
				ry#Group#						
Children Information	on									
Name (last, first, middle initial)		Date of Birth	Date of Birth Race			Social Security Number		Place of Birth		
1.						V				
2.										
3.										
4.										
5. 6.										
b.										
	_				,					
Sex Race			Height		Wei	ght	Eyes		Hair	
Auto License Plate # Car (State of issuance) (model, make, year)		Mother's maiden name and address								
I certify that the foregoing wilfully false, I am subject			true. I a	m aware t	hat if	f any of the for	egoing s	stateme	nts made by me are	
Date				Signature						

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

Revised: 9/2007, CN: 10486-English