



New Jersey Judiciary
Confidential Litigant Information Sheet

Pursuant to N.J.S.A. 2A:17-56.60 and to assure accurate court records, both parties must complete and file this form when a dissolution (FM) complaint or a non-dissolution (FD) complaint is filed.

This form is confidential and will not be shared with the other party.

Section 1. This section must be completed. If something does not apply to you, enter "N/A." If you do not know the information, enter, "unknown."

If you have an existing case, provide the
Docket Number:

If you have an existing child support order, provide the
CS Number:

Do you have an active domestic violence restraining order with the other party in this case?

☐ Yes ☐ No

Plaintiff				Defendant			
Name (last, first, middle initial)				Name (last, first, middle initial)			
Social Security Number		Date of Birth		Social Security Number		Date of Birth	
Address: Street				Address: Street			
City		State	Zip	City		State	Zip
Plaintiff Phone Number				Defendant Phone Number			
Plaintiff Email Address				Defendant Email Address			
Race				Race			
Ethnicity				Ethnicity			
Gender				Gender			
Attorney Name				Attorney Name			
Attorney Address: Street				Attorney Address: Street			
City		State	Zip	City		State	Zip

The Judiciary will provide reasonable accommodations to enable individuals with disabilities to access and participate in court events. Please contact the [local ADA coordinator](#) to request an accommodation. Contact information is available at njcourts.gov.

The New Jersey Judiciary provides [court-interpreting services](#). If you need an interpreter, notify the court as soon as possible.

Plaintiff

☐ spoken language interpreter required
language: _____

Defendant

☐ spoken language interpreter required
language: _____

Section 2. This section must be completed if the case involves alimony, spousal or child support, custody, parenting time (visitation) or paternity. If something does not apply to you, enter "N/A." If you do not know the information, enter, "unknown."

Plaintiff				Defendant			
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 Issued		Driver's License Number		State Issued	
Height	Weight	Eyes	Hair	Height	Weight	Eyes	Hair
Auto License Plate Number		State		Auto License Plate Number		State	
Make	Model	Year		Make	Model	Year	

Children Information

1. Name (last, first, middle initial)	Date of Birth
Race: _____	_____
Ethnicity: _____	_____
Gender: _____	_____
2. _____	_____
Race: _____	_____
Ethnicity: _____	_____
Gender: _____	_____
3. _____	_____
Race: _____	_____
Ethnicity: _____	_____
Gender: _____	_____
4. _____	_____
Race: _____	_____
Ethnicity: _____	_____
Gender: _____	_____

Provide the information below if you have health insurance available for the children.

Health Care Provider:

Policy Number:

Group Number:

_____	_____	_____
_____	_____	_____
_____	_____	_____

Section 3. Your signature is required.

I certify that the foregoing information provided by me is accurate to the best of my knowledge. I am aware that if I willfully provide inaccurate information, I am subject to punishment.

Date

s/

Signature

Print Name