

**CONFIDENTIAL EMPLOYMENT
AND HEALTH INSURANCE
INFORMATION**

(county where original action was filed)

_____,
(name of person listed as plaintiff in original action)

Case No. _____
(case number assigned by clerk of court)

Plaintiff,
vs.

_____,
(name of person listed as defendant in original action)

**CONFIDENTIAL EMPLOYMENT AND
HEALTH INSURANCE INFORMATION**

Plaintiff
Name _____
(plaintiff's first, middle and last names)

Address _____ **Phone number** _____
(street, city, state, and ZIP code) (area code and phone number)

Employer: _____
(name and address of plaintiff's employer)

Health insurance policy information (if provided through employer)

(include name of company, policy number, address to submit claims, and whether insurance is available to minor children)

Defendant
Name _____
(defendant's first, middle and last names)

Address _____ **Phone number** _____
(street, city, state, and ZIP code) (area code and phone number)

Employer: _____
(name and address of defendant's employer)

Health insurance policy information (if provided through employer)

(include name of company, policy number, address to submit claims, and whether insurance is available to minor children)

Signature of person providing information Date _____

Name of person providing information Street Address/P.O. Box _____

City/State/ZIP Code

Phone Email Address _____