

**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