

\_\_\_\_\_, Case No. \_\_\_\_\_  
(name of person listed as plaintiff in original action) **Plaintiff**, (case number assigned by clerk of court)

vs.

\_\_\_\_\_,  
(name of person listed as defendant in original action) **Defendant**.

**CONFIDENTIAL  
EMPLOYMENT AND  
HEALTH INSURANCE  
INFORMATION**

**Plaintiff**

**Name** \_\_\_\_\_  
(plaintiff's name)

**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 name)

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

**Employer:** \_\_\_\_\_  
(name and address of defendant's employer)

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**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)

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Street Address/P.O. Box: \_\_\_\_\_

City/State/ZIP Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email address: \_\_\_\_\_