

INSTRUCTIONS FOR COMPLETING THE CONFIDENTIAL EMPLOYMENT AND HEALTH INSURANCE INFORMATION

This form is required by Nebraska Statute § 42-364.13. Complete the following form and submit it to the clerk of the district court when you file a case. If the information changes before all child support and court costs are paid, you must provide the clerk with the updated information by filing this form again. Failure to provide or update your personal information while you are under a court order may be punishable by contempt. Both the plaintiff and the defendant are required to furnish the clerk of the district court all of the information required by this form.

HEADING

- a. Choose the county in the drop down box below the first blank. This is where the original divorce, legal separation, paternity, or other child support action was filed.
- b. Enter the name of the person who was listed as the plaintiff in the original action.
- c. Enter the name of the person who was listed as the defendant in the original action
- d. The clerk of the district court assigned a case number when the original action was filed. You must include that case number on any papers you file.

IN THE DISTRICT COURT OF _____ COUNTY, NEBRASKA

Choose the county ▾

_____, 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**

BODY OF FORM

e. Plaintiff

Under the section entitled plaintiff, enter the information requested, including the plaintiff's name, address, and telephone number, and the plaintiff's employer's name and address. If the plaintiff has health insurance available through an employer, provide information on the policy, including name of health insurance company, policy number, address where claims are to be submitted, and whether or not the insurance is available to minor children.

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)

f. **Defendant**

Under the section entitled defendant, enter the information requested, including the defendant's name, address, and telephone number, and the defendant's employer's name and address. If the defendant has health insurance available through an employer, provide information on the policy, including name of health insurance company, policy number, address where claims are to be submitted, and whether or not the 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)

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)

FINAL SIGNATURE

- g. Sign your name.
- h. Enter the date you are signing.
- i. Print your name.
- j. Enter your mailing address.
- k. Enter the city, state, and ZIP code of your mailing address.
- l. Enter your telephone number, including the area code.
- m. Enter your email address, if any.

g. **Signature:** _____ **h.** **Date:** _____

i. **Printed Name:** _____

Street Address/P.O. Box: _____ **j.**

City/State/ZIP Code: _____ **k.**

l. **Telephone Number:** _____ **m.**

***Email address:** _____