

**Attachment to
Confidential Information
(Additional Parties or Children)**
(AT)

County: _____

Case No.: _____

Clerk: Do not file in a public access file

Use this form if there are more parties or children in your case than you can list on the Confidential Information form.

1. Other Party's Information (if any) – This person is a (check one): Petitioner Respondent

Full name (first, middle, last):		Date of birth (MM/DD/YYYY):	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Driver's license/Identicard (#, state):	Race:	Relationship to children in this case:	
Mailing address (This address will not be kept private.) (street address or PO box, city, state zip):			

*If your case is **only** about a protection order, the information below is **not** required. Skip to **2**.*

Home address (check one): <input type="checkbox"/> same as mailing address <input type="checkbox"/> listed below (street, city, state, zip):		
Phone:	Email:	Social Sec. #:
Employer's name:		Employer's phone:
Employer's address:		

2. Other Party's Information (if any) – This person is a (check one): Petitioner Respondent

Full name (first, middle, last):		Date of birth (MM/DD/YYYY):	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Driver's license/Identicard (#, state):	Race:	Relationship to children in this case:	
Mailing address (This address will not be kept private.) (street address or PO box, city, state zip):			

*If your case is **only** about a protection order, the information below is **not** required. Skip to **3**.*

Home address (check one): <input type="checkbox"/> same as mailing address <input type="checkbox"/> listed below (street, city, state, zip):		
Phone:	Email:	Social Sec. #:
Employer's name:		Employer's phone:
Employer's address:		

3. Other Children's Information (if any) (You do not have to fill out the children's Social Security numbers if your case is only about a protection order.)

Child's full name (first, middle, last)	Date of birth (MM/DD/YYYY)	Race	Sex	Soc. Sec. #	Current location: lives with
7.			<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> other: _____
8.			<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> other: _____