

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

(AT)

Clerk: Do not file in a public access file

County: _____

Case No.: _____

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
 Interpreter needed? Yes No. Language, if yes: _____

Full name (<i>first, middle, last</i>):		Date of birth (<i>MM/DD/YYYY</i>):	Sex:
Driver's license/Identicard (<i>No., state</i>):	Race:	Relationship to children in this case:	
Mailing address (<i>This address will not be kept private.</i>) (<i>street address or PO box, city, state zip</i>):			

Home address (<i>check one</i>): <input type="checkbox"/> same as mailing address <input type="checkbox"/> listed below (<i>street, city, state, zip</i>):		
Phone:	Email:	Social Sec. No:
Employer's name:		Employer's phone:
Employer's address:		

2. Other Children's Information (if any)

Child's full name (<i>first, middle, last</i>)	Date of birth (<i>MM/DD/YYYY</i>)	Race	Sex	Soc. Sec. No.	Current location: lives with
5.					<input type="checkbox"/> You <input type="checkbox"/> Other party: _____
6.					<input type="checkbox"/> You <input type="checkbox"/> Other party: _____
7.					<input type="checkbox"/> You <input type="checkbox"/> Other party: _____
8.					<input type="checkbox"/> You <input type="checkbox"/> Other party: _____
9.					<input type="checkbox"/> You <input type="checkbox"/> Other party: _____
10.					<input type="checkbox"/> You <input type="checkbox"/> Other party: _____