

## COMPLETING THE CONFIDENTIAL EMPLOYMENT AND HEALTH INSURANCE INFORMATION

Use this form to give the court confidential information about employment and health insurance. If the information changes before all child support and court costs are paid, you must complete a new form and file it with the clerk.

This form is required by [Neb. Rev. Stat. § 42-364.13](#). Both the plaintiff and the defendant are required to provide this information. If you do not provide this information, it will be punishable by contempt.

[Click here for more information.](#)

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Choose the county from the drop-down list.

Enter the name of the plaintiff.

Enter the name of the defendant.

Enter the name, address, and phone number for the plaintiff.

Enter the name, address, and phone number for the defendant.

If this is a new case, leave blank. The court clerk will assign a case number. If this is to update information, use the original case number.

Enter the name and address of the plaintiff's employer.

Enter health insurance policy information for the plaintiff.

Enter the name and address of the defendant's employer.

IN THE DISTRICT COURT OF \_\_\_\_\_ COUNTY, NEBRASKA  
Choose the court

\_\_\_\_\_, 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)

Continued on next page.

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Enter health insurance policy information for the defendant.

Continued from previous page.

**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: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

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

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

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

Sign and date the form. Enter your printed name, your address, telephone number, and your email address.