

## **INSTRUCTIONS FOR FILLING OUT 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**

- Enter name of the county where the original divorce, legal separation, paternity, or other child support action was filed.
- Enter the first, middle, and last names of the person who was listed as the plaintiff in the original action.
- Enter the first, middle, and last names of the person who was listed as the defendant in the original action
- 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.

### **BODY OF FORM**

- **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.
- **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.
- On the last line, enter the first, middle and last names of the person providing the information on this form and the date the information was provided.

### **FINAL SIGNATURE**

- On the first line, sign your first, middle and last names and enter the date you are signing.
- On the second line, print your first, middle, and last names, and in the next space to the right enter your mailing address.
- On the fourth line, enter the city, state, and ZIP code of your mailing address.
- On the fifth line, enter your telephone number, including the area code, and your e-mail address.