

INSTRUCTIONS FOR COMPLETING THE SOCIAL SECURITY NUMBERS, GENDER AND BIRTH DATE(S) FORM

This form is required by the Nebraska Supreme Court. You should file this document when you file your case for divorce, legal separation, paternity, or child support. The information is confidential and shall not be made part of the case file. This information will be used by the Child Support Division of the Nebraska Department of Health and Human Services, but will not be used for other purposes unless the court orders it.

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 first, middle, and last names of the person who was listed as the plaintiff in the original action.
- c. **IF** this form is being submitted with a petition and affidavit for a protection order that is on behalf of an individual that cannot file for themselves or has additional petitioner(s)/minor child(ren) listed, enter their names the same way that they are listed on the petition.
- d. Enter the first, middle, and last names of the person who was listed as the defendant in the original action
- e. 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.

a. IN THE DISTRICT COURT OF _____ COUNTY, NEBRASKA
Choose the county (county where original action was filed)

THIS DOCUMENT IS CONFIDENTIAL AND SHALL NOT BE MADE PART OF THE CASE FILE OR PROVIDED TO THE PUBLIC

b. _____
(name of person listed as plaintiff/petitioner in original action)
Plaintiff/Petitioner,
e. Case No. CI _____
(case number assigned by Clerk of Court)

If you are filing for a protection order, fill in the next two lines the same way that they are listed on the petition

c. _____
o/b/o OR Additional Petitioner/Minor Child(ren),

Additional Petitioner/Minor Child(ren),

d. **vs.** _____
(name of person listed as defendant/respondent in original action)
Defendant/Respondent.

BODY OF FORM

- f. Enter the information requested by the heading of each column for the plaintiff, defendant, and all additional petitioner(s)/minor child(ren).

	Names	Social Security Number	Gender	Date of Birth
f.	Plaintiff /Petitioner:	_____	_____	_____
	Defendant/Respondent:	_____	_____	_____
	Additional Petitioner(s)/Minor Children:	_____	_____	_____