

**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 (first, middle, last):		Date of birth (MM/DD/YYYY):	Sex:
Driver's license/Identicard (No., 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):			

Home address (check one): <input type="checkbox"/> same as mailing address <input type="checkbox"/> listed below (street, city, state, zip):		
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 (first, middle, last)	Date of birth (MM/DD/YYYY)	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: _____