

CONFIDENTIAL EMPLOYMENT AND HEALTH INSURANCE INFORMATION

IN THE DISTRICT COURT OF _____ COUNTY, NEBRASKA

(county where original action was filed)

_____,
(name of person listed as plaintiff in original action)

Plaintiff,

Case No. _____

(case number assigned by Clerk of Court)

vs.

**CONFIDENTIAL
EMPLOYMENT AND HEALTH
INSURANCE INFORMATION**

_____,
(name of person listed as defendant in original action)

Defendant.

**Plaintiff
Name**

(plaintiff's first, middle and last names)

Address

(street, city, state, and ZIP code)

Phone number

(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 first, middle and last names)

Address

(street, city, state, and ZIP code)

Phone number

(area code and phone number)

Employer:

(name and address of defendant'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)

Signature of person providing information

Date

Name of person providing information

Street Address/P.O. Box

City/State/ZIP Code

Phone

E-mail Address