

**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

| | | | |
|--|-------|--|---|
| Full name (first, middle, last): | | Date of birth (MM/DD/YYYY): | Sex: <input type="checkbox"/> M <input type="checkbox"/> F |
| Driver's license/Identicard (#, 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): | | | |

If your case is **only** about a protection order, the information below is **not** required. Skip to 2.

| | | |
|--|--------|-------------------|
| Home address (check one): <input type="checkbox"/> same as mailing address <input type="checkbox"/> listed below (street, city, state, zip): | | |
| Phone: | Email: | Social Sec. #: |
| Employer's name: | | Employer's phone: |
| Employer's address: | | |

2. **Other Party's Information (if any)** – This person is a (check one): Petitioner Respondent

| | | | |
|--|-------|--|---|
| Full name (first, middle, last): | | Date of birth (MM/DD/YYYY): | Sex: <input type="checkbox"/> M <input type="checkbox"/> F |
| Driver's license/Identicard (#, 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): | | | |

If your case is **only** about a protection order, the information below is **not** required. Skip to 3.

| | | |
|--|--------|-------------------|
| Home address (check one): <input type="checkbox"/> same as mailing address <input type="checkbox"/> listed below (street, city, state, zip): | | |
| Phone: | Email: | Social Sec. #: |
| Employer's name: | | Employer's phone: |
| Employer's address: | | |

3. **Other Children's Information (if any)** (You do not have to fill out the children's Social Security numbers if your case is only about a protection order.)

| Child's full name (first, middle, last) | Date of birth (MM/DD/YYYY) | Race | Sex | Soc. Sec. # | Current location: lives with |
|--|-------------------------------|------|--|-------------|--|
| 7. | | | <input type="checkbox"/> M <input type="checkbox"/> F | | <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> other: _____ |
| 8. | | | <input type="checkbox"/> M <input type="checkbox"/> F | | <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> other: _____ |