

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. CI** \_\_\_\_\_  
(case number assigned by Clerk of Court)

**vs.**

**CONFIDENTIAL  
PARTY INFORMATION**

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

**Defendant.**

**Plaintiff  
Name** \_\_\_\_\_

(plaintiff's first, middle and last names)

**Address** \_\_\_\_\_ **Phone number** \_\_\_\_\_  
(street, city, state, and ZIP code) (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** \_\_\_\_\_ **Phone number** \_\_\_\_\_  
(street, city, state, and ZIP code) (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)

**Person providing  
information:** \_\_\_\_\_  
(your first, middle and last names)

**Date:** \_\_\_\_\_