

STATE OF VERMONT

SUPERIOR COURT  
\_\_\_\_\_ Unit

FAMILY DIVISION  
Docket No. \_\_\_\_\_

Plaintiff

Defendant

Name	DOB	v.	Name	DOB
	/ /			/ /

**STATEMENT OF CONFIDENTIAL INFORMATION**

1. I am the:     Plaintiff     Defendant in the above action.

2. For purposes of identification, my social security number is:

\_\_\_\_\_

3. If known, the other party's social security number is:

\_\_\_\_\_

4. The social security numbers of the children involved in this case are:

Name of Child	Social Security #

**THIS INFORMATION WILL BE KEPT CONFIDENTIAL AND WILL ONLY BE RELEASED WITH YOUR CONSENT OR AS REQUIRED BY LAW TO THE OFFICE OF CHILD SUPPORT.**