

Attorney(s):  
Office Address & Tel. No.:  
Attorney(s) for

SUPERIOR COURT OF NEW JERSEY  
CHANCERY DIVISION, FAMILY PART  
COUNTY

Plaintiff,

DOCKET NO.

vs.

CASE INFORMATION STATEMENT  
OF \_\_\_\_\_

Defendant.

**NOTICE:** This Statement must be fully completed, filed and served, with all required attachments, in accordance with Court Rule 5:5-2 based upon the information available. In those cases where the Case Information Statement is required, it shall be filed within 20 days after the filing of the Answer or Appearance. Failure to file a Case Information Statement may result in the dismissal of a party's pleadings.

PART A - CASE INFORMATION:

Date of Statement \_\_\_\_\_  
Date of Divorce (post-Judgment matters) \_\_\_\_\_  
Date(s) of Prior Statement(s) \_\_\_\_\_  
Your Birthdate \_\_\_\_\_  
Birthdate of Spouse \_\_\_\_\_  
Date of Marriage \_\_\_\_\_  
Date of Separation \_\_\_\_\_  
Date of Complaint \_\_\_\_\_

ISSUES IN DISPUTE:

Cause of Action \_\_\_\_\_  
Custody \_\_\_\_\_  
Alimony \_\_\_\_\_  
Child Support \_\_\_\_\_  
Equitable Distribution \_\_\_\_\_  
Counsel Fees \_\_\_\_\_  
Other \_\_\_\_\_

Does an agreement exist between parties relevant to any issue? [ ] Yes [ ] No. If yes, **ATTACH** a copy (if written) or a summary (if oral).

1. Name and Address of Parties:

Your Name \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_  
Other Party's Name \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

2. Name, Address, & Birthdate of all Child(ren); Person with whom Child(ren) Resides:

a. Child(ren) From This Relationship

Child's Full Name	Address	Birthdate	Person's Name
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b. Child(ren) From Other Relationships

Child's Full Name	Address	Birthdate	Person's Name
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**PART B - MISCELLANEOUS INFORMATION:**

1. Name and Address of Your Employer (Provide Name and Address of Business if Self-Employed)

Name of Employer \_\_\_\_\_ Address \_\_\_\_\_  
Name of Employer \_\_\_\_\_ Address \_\_\_\_\_

2. Health Insurance and Life Insurance Information: **ATTACH** Affidavit of Insurance Coverage as required by Court Rule 5:4-2(f) (See Part G)

3. Additional Identification: Social Security Number \_\_\_\_\_  
State Driver's License Number \_\_\_\_\_ Eye Color \_\_\_\_\_

4. **ATTACH** sheet listing all prior/pending family actions involving support, custody, or Domestic Violence, listing Docket Number, County, State and the disposition reached.

**PART C - INCOME INFORMATION:** Complete this section for yourself and (if known) for spouse. **ATTACH** to this form a corporate benefits statement as well as a statement of all fringe benefits of employment.

1. **LAST YEAR'S INCOME**

	Yours	Joint	Spouse or Former Spouse
1. Gross earned income last calendar year (____) (specify year)	_____	_____	_____
2. Unearned income (same year)	_____	_____	_____
3. Total Income Taxes paid on above income (incl. Fed., State, F.I.C.A. and S.U.I.). If Joint Return, use middle line	_____	_____	_____
4. Net income (1 + 2 - 3)	_____	_____	_____

**ATTACH** a full and complete copy of last year's Federal and State Income Tax Returns. If none has been filed, **ATTACH** W-2 statements, 1099's, Schedule C's, etc. to show total income plus a copy of the most recently filed Tax Returns. Check if attached: Fed. Tax Return [ ] State Tax Return [ ] W-2 [ ] Other [ ]

2. **PRESENT EARNED INCOME**

	Yours	Spouse (if known)
1. Average Gross monthly income (based on last 3 pay periods computed at 4.3 weeks per month -- <b><u>ATTACH</u></b> pay stubs) Commissions and bonuses, etc., are ( ) included* ( ) not included* ( ) not paid to you * <b><u>ATTACH</u></b> details of basis thereof, including, but not limited to, percentage overrides, timing of payments, etc. <b><u>ATTACH</u></b> copies of last three statements of such bonuses, commissions, etc.	\$ _____	_____
2. Deductions per month: check all types of withholdings ( ) Federal ( ) State ( ) F.I.C.A. ( ) S.U.I. ( ) Other	\$ _____	_____
3. Net Average Income (1-2 )	\$ _____	_____

PART C -

3. YOUR YEAR-TO-DATE EARNED INCOME

Provide Dates: From \_\_\_\_\_ To \_\_\_\_\_  
number of weeks for  
which income has been  
received \_\_\_\_\_

1. GROSS EARNED INCOME \$ \_\_\_\_\_

2. TAX DEDUCTIONS: (Number of dependents \_\_\_\_\_)

- |    |  |            |
|----|--|------------|
| a. | Federal Income Taxes   | a.\$ _____ |
| b. | N.J. Income Taxes  | b.\$ _____ |
| c. | Other State Income Taxes   | c.\$ _____ |
| d. | FICA   | d.\$ _____ |
| e. | Medicare   | e.\$ _____ |
| f. | S.U.I./S.D.I.  | f.\$ _____ |
| g. | Estimated tax payments in excess of<br>withholding actually made | g.\$ _____ |
| h. | Other (specify)  | h.\$ _____ |

TOTAL \$ \_\_\_\_\_

3. GROSS INCOME NET OF TAXES \$ \_\_\_\_\_

4. OTHER DEDUCTIONS -

if mandatory, check box

- |    |                                   |            |    |
|----|-----------------------------------|------------|----|
| a. | Hospitalization/Medical Insurance | a.\$ _____ | // |
| b. | Life Insurance                    | b.\$ _____ | // |
| c. | Pension/Profit Sharing Plan       | c.\$ _____ | // |
| d. | Savings/Bond Plan                 | d.\$ _____ | // |
| e. | Wage Execution                    | e.\$ _____ | // |
| f. | Retirement Fund Payments          | f.\$ _____ | // |
| g. | Medical Reimbursement (flex fund) | g.\$ _____ | // |
| h. | Other (specify)                   | h.\$ _____ | // |

TOTAL \$ \_\_\_\_\_

5. NET YEAR-TO-DATE EARNED INCOME \$ \_\_\_\_\_

NET AVERAGE EARNED INCOME PER MONTH \$ \_\_\_\_\_

PART C -

4. YOUR YEAR-TO-DATE GROSS UNEARNED INCOME

Source	How Often Paid	Year to Date Amount
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TOTAL YEAR-TO-DATE GROSS UNEARNED INCOME \$ \_\_\_\_\_

5. HISTORY OF ADDITIONAL COMPENSATION

1. Have you received a bonus(es) during the current calendar year? If so, state the date(s) of receipt and set forth the gross and net amounts received.
2. Did you receive a bonus(es) during the immediate past calendar year? If so, state the date(s) of receipt and set forth the gross and net amounts received.
3. Have you received any other supplemental compensation during either the current or immediate past calendar year? If so, state the date(s) of receipt and set forth the gross and net amounts received. Also describe the nature of any supplemental compensation received.

**PART D - MONTHLY EXPENSES** (computed at 4.3 wks/mo.)

Should reflect standard of living established during marriage, but not repeat those income deductions listed on Part C.

Yours and children  
(# \_\_) residing  
with you \_\_\_\_\_

Expenses paid for  
spouse and/or  
children (# \_\_)  
not residing with  
you \_\_\_\_\_

**SCHEDULE A: SHELTER**

If Tenant:

Rent	\$ _____	\$ _____
Heat (if not furnished)	_____	_____
Electric & Gas (if not furnished)	_____	_____
Renter's Insurance	_____	_____
Parking (at apartment)	_____	_____
Other Charges (Itemize)	_____	_____

If Homeowner:

Mortgage	\$ _____	\$ _____
Real Estate Taxes (unless included (w/mortgage payment)	_____	_____
Homeowners Insurance (unless included (w/mortgage payment)	_____	_____
Repairs and Maintenance	_____	_____
Heat (unless electric or gas)	_____	_____
Electric & Gas	_____	_____
Water and Sewer	_____	_____
Garbage Removal	_____	_____
Other Mortgages or Home Equity Loans (Specify)	_____	_____
Snow Removal	_____	_____
Lawn Care	_____	_____
Maintenance Charges (condo/co-op)	_____	_____
Other Charges (Itemize)	_____	_____

Tenant or Homeowner:

Telephone	\$ _____	\$ _____
Mobile/Cellular Telephone	_____	_____
Service Contracts on Equipment	_____	_____
Cable TV	_____	_____
Equipment and furnishings	_____	_____
Internet Charges	_____	_____
Other (Itemize)	_____	_____

TOTAL \$ \_\_\_\_\_ \$ \_\_\_\_\_

SHELTER COMBINED TOTAL \$ \_\_\_\_\_

**SCHEDULE B: TRANSPORTATION**

Auto Payment	\$ _____	\$ _____
Auto Insurance (number of vehicles __)	_____	_____
Registration, License, Maintenance	_____	_____
Fuel and Oil	_____	_____
Commuting Expenses	_____	_____
Other Charges (Itemize)	_____	_____

TOTAL \$ \_\_\_\_\_ \$ \_\_\_\_\_

TRANSPORTATION COMBINED TOTAL \$ \_\_\_\_\_

SCHEDULE C: PERSONAL

	Yours and children (#_) residing with you	Expenses paid for spouse and/or children (#_) not residing with you
Food at Home and household supplies	\$ _____	\$ _____
Prescription Drugs	_____	_____
Non-prescription drugs, cosmetics, toiletries and sundries	_____	_____
School Lunches	_____	_____
Restaurants	_____	_____
Clothing	_____	_____
Dry Cleaning, Commercial Laundry	_____	_____
Hair Care	_____	_____
Domestic Help	_____	_____
Medical (exclusive of psychiatric)*	_____	_____
Eye Care*	_____	_____
Psychiatric/psychological/counseling*	_____	_____
Dental (exclusive of orthodontic)*	_____	_____
Orthodontic*	_____	_____
Medical Insurance (hospitalization, etc.)*	_____	_____
Club Dues and Memberships	_____	_____
Sports and Hobbies	_____	_____
Camps	_____	_____
Vacations	_____	_____
Children's Private School Costs	_____	_____
Children's College Costs	_____	_____
Parent's Educational Costs	_____	_____
Children's Lessons (dancing, music, sports, etc.)	_____	_____
Babysitting	_____	_____
Day Care Expenses	_____	_____
Entertainment	_____	_____
Alcohol and Tobacco	_____	_____
Newspapers and Periodicals	_____	_____
Gifts	_____	_____
Contributions	_____	_____
Payments to Non-Child Dependents	_____	_____
Prior Existing Support Obligations (this family)	_____	_____
(other families - specify) _____	_____	_____
Tax Reserve	_____	_____
Life Insurance	_____	_____
Savings/investment	_____	_____
Debt Service (exclusive of mortgage)	_____	_____
Parenting Time Expenses	_____	_____
Pet/Veterinarian Expenses	_____	_____
Professional Expenses (other than this proceeding)	_____	_____
Other (specify) _____	_____	_____
	_____	_____
	_____	_____
TOTAL \$	\$ _____	\$ _____

PERSONAL COMBINED TOTAL \$ \_\_\_\_\_

SUMMARY OF MONTHLY EXPENSES (Computed at 4.3 wks/mo):

	Yours & Children (#_) Residing With You	Expenses paid for spouse and/or Children (#_) Not Residing with you	Combined Total Expenses
Schedule A: Shelter	\$ _____	\$ _____	\$ _____
Schedule B: Transportation	_____	_____	_____
Schedule C: Personal	_____	_____	_____
Grand Totals	\$ _____	\$ _____	\$ _____

\*unreimbursed only

## PART E - BALANCE SHEET OF ALL FAMILY ASSETS AND LIABILITIES

## STATEMENT OF ASSETS

	Title to Property <u>(H,W,J)</u>	If you contend asset is fully or partially exempt from equitable distribution, state reason:	Value (\$) <u>          </u>	Date of Evaluation <u>Mo/Day/Yr</u>
Description				
1. Real Property			\$ \$ \$ \$ \$ <u>        </u>	     <u>       </u>
2. Bank Accounts, Certificates of Deposit			\$ \$ \$ \$ <u>        </u>	    <u>       </u>
3. Vehicles			\$ \$ \$ \$ <u>        </u>	    <u>       </u>
4. Tangible Personal Property			\$ \$ \$ \$ \$ <u>        </u>	     <u>       </u>
5. Stock and Bonds			\$ \$ \$ \$ \$ <u>        </u>	     <u>       </u>
6. Pension, Profit-Sharing, Retirement Plan(s), I.R.A.'s, 401k's, etc.			\$ \$ \$ \$ \$ <u>        </u>	     <u>       </u>
7. Businesses, Partnerships, Professional Practices			\$ \$ \$ \$ <u>        </u>	    <u>       </u>
8. Life Insurance (cash surrender value -- not death benefit)			\$ \$ \$ <u>        </u>	   <u>       </u>
9. Other (specify)			\$ \$ \$ <u>        </u>	   <u>       </u>
TOTAL GROSS ASSETS			\$	



STATEMENT OF LIABILITIES

	Name of Responsible Party (H,W,J)	If you contend liability should not be considered in equitable distribution, state reason:	Monthly Payment	Total Owed	Date of Evaluation
Description					
1. Mortgages on Real Estate					
2. Other Long Term Debts					
3. Revolving Charges					
4. Other Short Term Debts					
5. Contingent Liabilities					

TOTAL GROSS  
LIABILITIES:\$  
(Other than Contingent Liabilities)

NET WORTH: \$  
(Other than Contingent Liabilities)

PART F - STATEMENT OF SPECIAL PROBLEMS (Provide a Brief Narrative Statement of Any Special Problems Involving This Case): As example, state if the matter involves complex valuation problems (such as for a closely held business) or special medical problems of any family member, etc.

PART G - ATTACH AFFIDAVIT OF INSURANCE COVERAGE AS REQUIRED BY COURT RULE 5:4-2(f)

PART H - ATTACH CHILD SUPPORT GUIDELINES WORKSHEETS, AS APPLICABLE, BASED UPON AVAILABLE INFORMATION

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are wilfully false, I am subject to punishment.

DATED: \_\_\_\_\_

SIGNED: \_\_\_\_\_

CHECK IF YOU HAVE ATTACHED THE FOLLOWING REQUIRED DOCUMENTS:

1. A full and complete copy of your last federal and state income tax returns with all schedules and attachments. \_\_\_\_\_
2. Your last calendar year's W-2 statement and 1099's. \_\_\_\_\_
3. Your three most recent pay stubs. \_\_\_\_\_
4. Bonus information including, but not limited to, percentage overrides, timing of payments, etc.; the last three statements of such bonuses, commissions, etc. \_\_\_\_\_
5. Your most recent corporate benefit statement or a summary thereof, showing the nature, amount and status of retirement plans, savings plans, income deferral plans, insurance benefits, etc. \_\_\_\_\_
6. Any agreements between the parties. \_\_\_\_\_
7. A statement of prior/pending cases. (Part B-4). \_\_\_\_\_

[Note: Revised Family CIS adopted July 5, 2000 to be effective September 5, 2000.]