

Appendix V

Revised Family Part Case Information Statement (R. 5:5-2)

[Adopted July 5, 2000 to be effective September 5, 2000.]

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 -- ATTACH pay stubs) Commissions and bonuses, etc., are () included* () not included* () not paid to you * ATTACH details of basis thereof, including, but not limited to, percentage overrides, timing of payments, etc. ATTACH 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
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

STATEMENT OF LIABILITIES

<u>Description</u>	<u>Name of Responsible Party (H,W,J)</u>	<u>If you contend liability should not be considered in equitable distribution, state reason:</u>	<u>Monthly Payment</u>	<u>Total Owed</u>	<u>Date of Evaluation</u>
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.]