

FAMILY PART CASE INFORMATION STATEMENT

Attorney(s):
Office Address
Tel. No./Fax No.
Attorney(s) for:

vs.	Plaintiff, Defendant.
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SUPERIOR COURT OF NEW JERSEY
CHANCERY DIVISION, FAMILY PART
COUNTY

DOCKET NO.
CASE INFORMATION STATEMENT
OF _____

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 Other Party _____
Date of Marriage _____
Date of Separation _____
Date of Complaint _____

ISSUES IN DISPUTE:

Cause of Action _____
Custody _____
Parenting Time _____
Alimony _____
Child Support _____
Equitable Distribution _____
Counsel Fees _____
Other issues [be specific] _____

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

1. Name and Addresses of Parties:

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

2. Name, Address, Birthdate and Person with whom children reside:

a. Child(ren) From This Relationship

Child's Full Name	Address	Birthdate	Person's Name
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

b. Child(ren) From Other Relationships

Child's Full Name	Address	Birthdate	Person's Name
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PART B - MISCELLANEOUS INFORMATION:

1. Information about Employment (Provide Name & Address of Business, if Self-employed)

Name of Employer/Business _____ Address _____

Name of Employer/Business _____ Address _____

2. Do you have Insurance obtained through Employment/Business? [] Yes [] No. Type of Insurance:

Medical [] Yes [] No; Dental [] Yes [] No; Prescription Drug [] Yes [] No; Life [] Yes [] No; Disability [] Yes [] No
Other (explain) _____

Is Insurance available through Employment/Business? [] Yes [] No Explain: _____

3. ATTACH Affidavit of Insurance Coverage as required by Court Rule 5:4-2 (f) (See Part G)

4. Additional Identification:

Confidential Litigant Information Sheet: Filed [] Yes [] No

5. ATTACH a list of all prior/pending family actions involving support, custody or Domestic Violence, with the Docket Number, County, State and the disposition reached. Attach copies of all existing Orders in effect.

PART C. - INCOME INFORMATION:

Complete this section for self and (if known) for spouse.

1. LAST YEAR'S INCOME

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

ATTACH to this form a corporate benefits statement as well as a statement of all fringe benefits of employment. (See Part G)

ATTACH a full and complete copy of last year's Federal and State Income Tax Returns. ATTACH W-2 statements, 1099's, Schedule C's, etc., to show total income plus a copy of the most recently filed Tax Returns. (See Part G)

Check if attached: Federal Tax Return [] State Tax Return [] W-2 [] Other []

2. PRESENT EARNED INCOME AND EXPENSES

	Yours	Other Party (if known)
1. Average gross weekly income (based on last 3 pay periods – <u>ATTACH</u> 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 week (check all types of withholdings): [] Federal [] State [] F.I.C.A. [] S.U.I. [] Other	\$ _____	\$ _____
3. Net average weekly income (1 - 2)	\$ _____	\$ _____

3. YOUR CURRENT YEAR-TO-DATE EARNED INCOME

1. GROSS EARNED INCOME: \$	Provide Dates: From _____	To _____
2. TAX DEDUCTIONS: (Number of Dependents:)	Number of Weeks _____	

- 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 g. \$ _____
 - h. h. \$ _____
 - i. i. \$ _____
- TOTAL \$ _____

3. GROSS INCOME NET OF TAXES \$ _____

4. OTHER DEDUCTIONS If mandatory, check box
- a. Hospitalization/Medical Insurance a. \$ _____
 - b. Life Insurance b. \$ _____
 - c. Union Dues c. \$ _____
 - d. 401(k) Plans d. \$ _____
 - e. Pension/Retirement Plans e. \$ _____
 - f. Other Plans—specify f. \$ _____
 - g. Charity g. \$ _____
 - h. Wage Execution h. \$ _____
 - i. Medical Reimbursement (flex fund) i. \$ _____
 - j. Other: j. \$ _____
- TOTAL \$ _____

5. NET YEAR-TO-DATE EARNED INCOME: \$ _____

NET AVERAGE EARNED INCOME PER MONTH: \$ _____

NET AVERAGE EARNED INCOME PER WEEK \$ _____

4. YOUR YEAR-TO-DATE GROSS UNEARNED INCOME FROM ALL SOURCES
(including, but not limited to, income from unemployment, disability and/or social security payments, interest, dividends, rental income and any other miscellaneous unearned income)

Source	How often paid	Year to date amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

TOTAL GROSS UNEARNED INCOME YEAR TO DATE \$ _____

5. ADDITIONAL INFORMATION:

1. How often are you paid? _____
2. What is your annual salary? \$ _____
3. Have you received any raises in the current year? []Yes []No. If yes, provide the date and the gross/net amount.

4. Do you receive bonuses, commissions, or other compensation, including distributions, taxable or non-taxable, in addition to your regular salary? []Yes []No. If yes, explain: _____

5. Did you receive a bonuses, commissions, or other compensation, including distributions, taxable or non-taxable, in addition to your regular salary during the current or immediate past calendar year? [] Yes [] No If yes, explain and state the date(s) of receipt and set forth the gross and net amounts received: _____

6. Do you receive cash or distributions not otherwise listed? [] Yes [] No If yes, explain. _____

7. Have you received income from overtime work during either the current or immediate past calendar year? []Yes []No If yes, explain. _____
8. Have you been awarded or granted stock options, restricted stock or any other non-cash compensation or entitlement during the current or immediate past calendar year? []Yes []No If yes, explain. _____

9. Have you received any other supplemental compensation during either the current or immediate past calendar year? []Yes []No. If yes, state the date(s) of receipt and set forth the gross and net amounts received. Also describe the nature of any supplemental compensation received. _____

10. Have you received income from unemployment, disability and/or social security during either the current or immediate past calendar year? []Yes []No. If yes, state the date(s) of receipt and set forth the gross and net amounts received. _____
11. List the names of the dependents you claim: _____
12. Are you paying or receiving any alimony? []Yes []No. If yes, how much and to whom paid or from whom received? _____
13. Are you paying or receiving any child support? []Yes []No. If yes, list names of the children, the amount paid or received for each child and to whom paid or from whom received. _____

14. Is there a wage execution in connection with support? []Yes []No If yes explain. _____

15. Has a dependent child of yours received income from social security, SSI or other government program during either the current or immediate past calendar year? []Yes []No. If yes, explain the basis and state the date(s) of receipt and set forth the gross and net amounts received _____

16. Explanation of Income or Other Information:

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

Joint Marital Life Style should reflect standard of living established during marriage. Current expenses should reflect the current life style. Do not repeat those income deductions listed in Part C – 3.

	Joint Marital Life Style Family, including _____ children	Current Life Style Yours and _____ children
SCHEDULE A: SHELTER		
<u>If Tenant:</u>		
Rent.....	\$ _____	\$ _____
Heat (if not furnished).....	\$ _____	\$ _____
Electric & Gas (if not furnished).....	\$ _____	\$ _____
Renter’s Insurance.....	\$ _____	\$ _____
Parking (at Apartment).....	\$ _____	\$ _____
Other charges (Itemize).....	\$ _____	\$ _____
 <u>If Homeowner:</u>		
Mortgage	\$ _____	\$ _____
Real Estate Taxes (if not included w/mortgage payment)...	\$ _____	\$ _____
Homeowners Ins (if not included w/mortgage payment)...	\$ _____	\$ _____
Other Mortgages or Home Equity Loans	\$ _____	\$ _____
Heat (unless Electric or Gas).....	\$ _____	\$ _____
Electric & Gas.....	\$ _____	\$ _____
Water & Sewer.....	\$ _____	\$ _____
Garbage Removal.....	\$ _____	\$ _____
Snow Removal.....	\$ _____	\$ _____
Lawn Care.....	\$ _____	\$ _____
Maintenance.....	\$ _____	\$ _____
Repairs.....	\$ _____	\$ _____
Other Charges (Itemize).....	\$ _____	\$ _____
 <u>Tenant or Homeowner:</u>		
Telephone.....	\$ _____	\$ _____
Mobile/Cellular Telephone.....	\$ _____	\$ _____
Service Contracts on Equipment.....	\$ _____	\$ _____
Cable TV.....	\$ _____	\$ _____
Plumber/Electrician.....	\$ _____	\$ _____
Equipment & Furnishings.....	\$ _____	\$ _____
Internet Charges.....	\$ _____	\$ _____
Other (itemize).....	\$ _____	\$ _____
 TOTAL		
	\$ _____	\$ _____

SCHEDULE B: TRANSPORTATION

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

SCHEDULE C: PERSONAL.....	Joint Marital Life Style Family, including _____ children	Current Life Style Yours and _____ children
Food at Home & household supplies.....	\$ _____	\$ _____
Prescription Drugs.....	\$ _____	\$ _____
Non-prescription drugs, cosmetics, toiletries & sundries.....	\$ _____	\$ _____
School Lunch.....	\$ _____	\$ _____
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 (hospital, etc.)*.....	\$ _____	\$ _____
Club Dues and Memberships.....	\$ _____	\$ _____
Sports and Hobbies.....	\$ _____	\$ _____
Camps.....	\$ _____	\$ _____
Vacations.....	\$ _____	\$ _____
Children's Private School Costs.....	\$ _____	\$ _____
Parent's Educational Costs.....	\$ _____	\$ _____
Children's Lessons (dancing, music, sports, etc.).....	\$ _____	\$ _____
Baby-sitting.....	\$ _____	\$ _____
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 (not listed elsewhere).....	\$ _____	\$ _____
Life Insurance.....	\$ _____	\$ _____
Savings/Investment.....	\$ _____	\$ _____
Debt Service (from page 7) (not listed elsewhere).....	\$ _____	\$ _____
Parenting Time Expenses.....	\$ _____	\$ _____
Professional Expenses (other than this proceeding).....	\$ _____	\$ _____
Other (specify).....	\$ _____	\$ _____
<u>*unreimbursed only</u>		
TOTAL	\$ _____	\$ _____

Please Note: If you are paying expenses for a spouse and/or children not reflected in this budget, attach a schedule of such payments.

Schedule A: Shelter.....	\$ _____	\$ _____
Schedule B: Transportation.....	\$ _____	\$ _____
Schedule C: Personal.....	\$ _____	\$ _____
Grand Totals.....	\$ _____	\$ _____

PART E - BALANCE SHEET OF ALL FAMILY ASSETS AND LIABILITIES

STATEMENT OF ASSETS

<u>Description</u>	<u>Title to Property (H, W, J)</u>	<u>Date of purchase/acquisition. If claim that asset is exempt, state reason and value of what is claimed to be exempt</u>	<u>Value \$ Put * after exempt</u>	<u>Date of Evaluation Mo./Day/ Yr.</u>
1. Real Property				
2. Bank Accounts, CD's				
3. Vehicles				
4. Tangible Personal Property				
5. Stocks and Bonds				
6. Pension, Profit Sharing, Retirement Plan(s) 401(k)s, etc. [list each employer]				
7. IRAs				
8. Businesses, Partnerships, Professional Practices				
9. Life Insurance (cash surrender value)				
10. Loans Receivable				
11. Other (specify)				

TOTAL GROSS ASSETS: \$ _____
 TOTAL SUBJECT TO EQUITABLE DISTRIBUTION: \$ _____
 TOTAL NOT SUBJECT TO EQUITABLE DISTRIBUTION: \$ _____

STATEMENT OF LIABILITIES

<u>Description</u>	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
1. Real Estate Mortgages					
2. Other Long Term Debts					
3. Revolving Charges					
4. Other Short Term Debts					
5. Contingent Liabilities					

TOTAL GROSS LIABILITIES: \$ _____
(excluding contingent liabilities)

NET WORTH: \$ _____
(subject to equitable distribution)

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.

I certify that the foregoing information contained herein is true. I am aware that if any of the foregoing information contained therein is willfully false, I am subject to punishment.

DATED:

SIGNED: _____

PART G - REQUIRED ATTACHMENTS

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. (Part C-1) _____
- 2. Your last calendar year's W-2 statements, 1099's, K-1 statements. _____
- 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. (Part C) _____
- 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. (Part C) _____
- 6. Affidavit of Insurance Coverage as required by Court Rule 5:4-2(f) (Part B-3) _____
- 7. List of all prior/pending family actions involving support, custody or Domestic Violence, with the Docket Number, County, State and the disposition reached. Attach copies of all existing Orders in effect. (Part B-5) _____
- 8. Attach details of each wage execution (Part C-5) _____
- 9. Schedule of payments made for a spouse and/or children not reflected in Part D. _____
- 10. Any agreements between the parties. _____
- 11. An Appendix IX Child Support Guideline Worksheet, as applicable, based upon available information. _____