

Case Information Statement Questionnaire

Fill in the following information to the best of your ability. If you have a question about anything contained in this form, contact your attorney's office.

PART A - CASE INFORMATION

Your E-mail Address	
Your Attorney's Name	
Attorney's Address	
City	
State/Province	
Zip/Postal Code	
Work Phone	

Court Information

Plaintiff	
Defendant	
County	
Docket Number	

Please provide the following information about Yourself:

Name	
Street Address	
City	
State/Province	
Zip/Postal Code	
Work Phone	
Home Phone	
E-mail	

Please provide the following information about the other party:

Spouse's Name	
Street Address	
City	
State/Province	
Zip/Postal Code	
Work Phone	
Home Phone	
E-mail	

What are the issues involved in this case (Select any that apply):

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

Enter the date of this Statement:	
Enter the date of Divorce:	
Enter the date of Prior CIS (if any):	
Enter your Birth date:	
Enter Spouse's Birth date:	
Enter the date of Marriage:	
Enter the date of Separation:	
Enter the date of Complaint:	

Children from this Marriage:

Please identify Child #1:

Name (First Last)	
Date of Birth:	
Child's Guardian	
Street Address	
City	
State/Province	
Zip/Postal Code	

Please identify Child #2:

Name (First Last)	
Date of Birth:	
Child's Guardian	
Street Address	
City	
State/Province	
Zip/Postal Code	

Children from this Marriage (continued):

Please identify Child #3:

Name (First Last)	
Date of Birth:	
Child's Guardian	
Street Address	
City	
State/Province	
Zip/Postal Code	

Please identify Child #4:

Name (First Last)	
Date of Birth:	
Child's Guardian	
Street Address	
City	
State/Province	
Zip/Postal Code	

Please identify Child #5:

Name (First Last)	
Date of Birth:	
Child's Guardian	
Street Address	
City	
State/Province	
Zip/Postal Code	

Please identify Child #6:

Name (First Last)	
Date of Birth:	
Child's Guardian	
Street Address	
City	
State/Province	
Zip/Postal Code	

Children from Other Relationships for either party:

Please identify Child #1:

Name (First Last)	
Date of Birth:	
Child's Guardian	
Street Address	
City	
State/Province	
Zip/Postal Code	

Please identify Child #2:

Name (First Last)	
Date of Birth:	
Child's Guardian	
Street Address	
City	
State/Province	
Zip/Postal Code	

Please identify Child #3:

Name (First Last)	
Date of Birth:	
Child's Guardian	
Street Address	
City	
State/Province	
Zip/Postal Code	

PART B - MISCELLANEOUS INFORMATION

Please provide the following information about Your Employer

(Provide Name and Address of Business if Self-Employed):

Employer's Name	
Street Address	
City	
State/Province	
Zip/Postal Code	
*Country	
*Work Phone	

Please provide Additional Identifying Information:

Social Security Number	
State Driver's License Number	
Eye Color	

PART C - INCOME INFORMATION

Complete this section for yourself and (if known) for spouse:

LAST YEAR'S INCOME

	Yours	Joint	Spouse
Gross earned income last calendar year (specify year_____)			
Unearned income (same year)			
Total Income Taxes paid on above income (incl. Fed., State, F.I.C.A. and S.U.I.). If Joint Return, use middle line			

PRESENT EARNED INCOME

	Yours	Spouse (if known)
Average Gross monthly income (based on last 3 pay periods computed at 4.3 weeks per month) Commissions and bonuses, etc., are: <input type="checkbox"/> included <input type="checkbox"/> not included <input type="checkbox"/> not paid to you		
Deductions per month: check all types of withholdings <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> F.I.C.A. <input type="checkbox"/> S.U.I. <input type="checkbox"/> Other _____		

PART C - INCOME INFORMATION (continued)

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		
b. N.J. Income Taxes		
c. Other State Income Taxes		
d. FICA		
e. Medicare		
f. S.U.I./S.D.I.		
g. Estimated tax payments in excess of withholding actually made		
h. Other (specify)		
3. OTHER DEDUCTIONS		if mandatory, check box
a. Hospitalization/Medical Insurance		<input type="checkbox"/>
b. Life Insurance		<input type="checkbox"/>
c. Pension/Profit Sharing Plan		<input type="checkbox"/>
d. Savings/Bond Plan		<input type="checkbox"/>
e. Wage Execution		<input type="checkbox"/>
f. Retirement Fund Payments		<input type="checkbox"/>
g. Medical Reimbursement (flex fund)		<input type="checkbox"/>
h. Other (specify)		<input type="checkbox"/>

YOUR YEAR-TO-DATE GROSS UNEARNED INCOME

Source	How Often Paid	Year to Date Amount

HISTORY OF ADDITIONAL COMPENSATION

1. Have you received a bonus(es) during the current calendar year?

Yes No

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?

Yes No

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?

Yes No

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.

SCHEDULE A: SHELTER

If Tenant:	Yours and children residing with you How many? _____	Expenses paid for spouse and/or children not residing with you How many? _____
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 with mortgage payment)		
Homeowners Insurance (unless included with 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)		

SCHEDULE A: SHELTER (continued)

Tenant or Homeowner:	Yours and children residing with you	Expenses paid for spouse and/or children not residing with you
Telephone		
Mobile/Cellular Telephone		
Service Contracts on Equipment		
Cable TV		
Equipment and furnishings		
Internet Charges		
Other (Itemize)		

SCHEDULE B: TRANSPORTATION

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

SCHEDULE C: PERSONAL

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		

SCHEDULE C: PERSONAL (continued)

	Yours and children residing with you	Expenses paid for spouse and/or children not residing with you
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)		

*unreimbursed only

SCHEDULE C: PERSONAL (continued)

	Yours and children residing with you	Expenses paid for spouse and/or children not residing with you
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)		

Statement of Assets

Description	Who Owns it? *(H, W, J)	If this should be exempt from equitable distribution, Why?	Value (US\$)	Date of Evaluation
Real Property				
Bank Accounts				
Vehicles				
Tangible Personal Property				
Stocks and Bonds				

* H = Husband W = Wife J = Joint

Statement of Assets (continued)

Description	Who Owns it? *(H, W, J)	If this should be exempt from equitable distribution, Why?	Value (US\$)	Date of Evaluation
Pension, Profit sharing, Retirement Plans, IRAs, 401Ks, etc.				
Businesses, Partnerships, Professional Practices				
Life Insurance (Cash surrender value - not death benefit)				
Other (Specify)				

* H = Husband W = Wife J = Joint

Statement of Liabilities

Description	Who Pays it? *(H, W, J)	If this should be exempt from equitable distribution, Why?	Monthly Payment (US\$)	Total Owed	Date of Evaluation
Mortgages on Real Estate					
Other Long Term Debts					
Revolving Charges					
Other Short Term Debts					
Contingent Liabilities					

* H = Husband W = Wife J = Joint

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.

REQUIRED ATTACHMENTS

Affidavit of Insurance Coverage as required by Court Rule 5:4-2(f)

Child Support Guidelines Worksheets, as applicable, based upon available information

A full and complete copy of your last federal and state income tax returns with all schedules and attachments.

Your last calendar year's W-2 statement and 1099's.

Your three most recent pay stubs.

Bonus information including, but not limited to, percentage overrides, timing of payments, etc.; the last three statements of such bonuses, commissions, etc.

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.

Any agreements between the parties.

A statement of prior/pending cases.