

FAMILY PART CASE INFORMATION STATEMENT

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)	SUPERIOR COURT OF NEW JERSEY
Plaintiff)	CHANCERY DIVISION, FAMILY PART
)	Burlington COUNTY
vs.)	
)	DOCKET NO.
Defendant)	CASE INFORMATION STATEMENT
)	OF

NOTICE: This Statement must be fully completed, filed and served, with all required attachments, in accordance with the 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:	ISSUES IN DISPUTE:
Date of Statement	<input type="checkbox"/> Cause of Action
Date of Divorce (post-Judgment matters)	<input type="checkbox"/> Custody
Date(s) of Prior Statement(s)	<input type="checkbox"/> Parenting Time
Your Birthdate	<input type="checkbox"/> Alimony
Birthdate of Other Party	<input type="checkbox"/> Child Support
Date of Marriage	<input type="checkbox"/> Equitable Distribution
Date of Separation	<input type="checkbox"/> Counsel Fees
Date of Complaint	<input type="checkbox"/> 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 Address of Parties:	
Your Name: Street Address: City, State Zip:	Other Party's Name: Street Address (if different): City, State Zip:

2. Name, Address, Birthdate and Person with whom Child(ren) Resides:

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 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
Gross earned income last calendar (year) ()	-	-	-
Unearned income (same year)	-	-	-
Total Income Taxes paid on income (Fed., State, F.I.C.A. and S.U.I.). If Joint Return, use middle column.	-	-	-
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: () Fed. 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 - 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 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 YEAR-TO-DATE INCOME

Provides Dates: From:

To:

1. GROSS EARNED INCOME:	-	Number of Weeks	.0
2. TAX DEDUCTIONS: (Number of dependents -)			
a. Federal Income Taxes.....	a.		-
b. N.J. Income Taxes.....	b.		-
c. Other State Income Taxes.....	c.		-
d. F.I.C.A.	d.		-
e. Medicare.....	e.		-
f. S.U.I./S.D.I.....	f.		-
g. Estimated tax payments in excess of withholding.....	g.		-
h. Other (specify).....	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/Profit Sharing Plan.....	e.	-	()
f. Other Plans - specify.....	f.	-	()
g. Charity.....	g.	-	()
h. Wage Execution.....	h.	-	()
i. Medical Reimbursement (flex fund).....	i.	-	()
j. Other (specify).....	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)

<u>Source</u>	<u>How Often Paid</u>	<u>Year to Date Amount</u>
		-
		-
		-
		-
		-

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.

SCHEDULE A: SHELTER

	Joint Marital Life Style Family, including (#) child(ren)	Current Life Style Yours and (#) child(ren)
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 (if not included w/mortgage payment).....	-	-
Homeowners Ins. (if not included w/mortgage payment).....	-	-
Other Mortgages or Home Equity Loans (Specify).....	-	-
.....	-	-
.....	-	-
.....	-	-
Heat (unless electric or gas)	-	-
Electric & Gas	-	-
Water and Sewer	-	-
Garbage Removal	-	-
Snow Removal	-	-
Lawn Care	-	-
Maintenance	-	-
Repairs	-	-
Other Charges (Itemize)	-	-
.....	-	-
.....	-	-
Tenant or Homeowner:		
Telephone	-	-
Mobile/Cellular Telephone	-	-
Service Contracts on Equipment	-	-
Cable TV	-	-
Plumber/Electrician	-	-
Equipment and furnishings	-	-
Internet Charges	-	-
Other (Itemize)	-	-
.....	-	-
.....	-	-
TOTAL	-	-

SCHEDULE B: TRANSPORTATION

Auto Payment	-	-
Auto Insurance (# of vehicles).....	-	-
Registration, License.....	-	-
Maintenance	-	-
Fuel and Oil	-	-
Commuting Expenses	-	-
Other Charges (Itemize)	-	-
.....	-	-
.....	-	-
TOTAL	-	-

PART E - BALANCE SHEET OF ALL FAMILY ASSETS AND LIABILITIES

STATEMENT OF ASSETS

Description	Title to Property (HWJ)	Date of purchase/acquisition. If you claim that asset is exempt, state reason and value of what is claimed to be exempt.	Value Put * after exempt	Date of Evaluation Mo/Day/Yr
1. Real Property				
2. Bank Accounts, CDs				
3. Vehicles				
4. Tangible Personal Property				
5. Stocks and Bonds				
6. Pensions, Profit-Sharing				
7. IRA				
8. Business, Partnerships				
9. Life Insurance				
10. Loans Receivable				
11. Other				
		TOTAL GROSS ASSETS	-	

TOTAL SUBJECT TO EQUITABLE DISTRIBUTION: -

TOTAL NOT SUBJECT TO EQUITABLE DISTRIBUTION: -

STATEMENT OF LIABILITIES

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

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 wilfully 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 and 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 parties.
- 11. An Appendix IX Child Support Guideline Worksheet, as applicable, based upon available information.