

## 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: <input type="checkbox"/> included <input type="checkbox"/> not included* <input type="checkbox"/> 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): <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	\$ _____	\$ _____
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 _____



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
<b>SCHEDULE A: SHELTER</b>		
<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).....	\$ _____	\$ _____
 <b>TOTAL</b>		
	\$ _____	\$ _____

**SCHEDULE B: TRANSPORTATION**

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

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).....	\$ _____	\$ _____

\*unreimbursed only.....

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

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. \_\_\_\_\_