FAMILY PART CASE INFORMATION STATEMENT

This form and attachments are confidential pursuant to Rules 1:38-3(d)(1) and 5:5-2(f)

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Attorney(s) for Plaintiff

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

INSTRUCTIONS:

The Case Information Statement is a document which is filed with the Court setting forth the financial details of your case. The required information includes your income, your spouse's/partner's income, a budget of your joint life style expenses, a budget of your current life style expenses including the expenses of your children, if applicable, an itemization of the amounts which you may be paying in support for your spouse/partner or children if you are contributing to their support, a summary of the value of all assets referenced on page 8 –**It is extremely important that the Case Information Statement be as accurate as possible because you are required to certify that the contents of the form are true.** It helps establish your lifestyle which is an important component of alimony/spousal support and child support.

The monthly expenses must be reviewed and should be based on actual expenditures such as those shown from checkbook registers, bank statements or credit card statements from the past 24 months. The asset values should be taken, if possible, from actual appraisals or account statements. If the values are estimates, it should be clearly noted that they are estimates.

According to the Court Rules, you **must** update the Case Information Statement as your circumstances change. For example, if you move out of your residence and acquire your own apartment, you should file an Amended Case Information Statement showing your new rental and other living expenses.

It is also very important that you **attach** copies of relevant documents as required by the Case Information Statement, including your most recent **tax returns with W-2 forms, 1099s and your three (3) most recent paystubs**.

If a request has been made for college or post-secondary school contribution, you must also attach all relevant information pertaining to that request, including but not limited to documentation of all costs and reimbursements or assistance for which contribution is sought, such as invoices or receipts for tuition, board and books; proof of enrollment; and proof of all financial aid, scholarships, grants and student loans obtained.

PART A – CASE INFORMATION:

Date of Statement
Date of Divorce, Dissolution of Civil Union or Termination of Domestic Partnership (post-Judgment matters)
Date(s) of Prior Statement(s)
Your Birthdate
Birthdate of Other Party
Date of Marriage, or entry into Civil Union or Domestic Partnership
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 Address 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 other party.

1. LAST YEAR'S INCOME

	Yours	Joint	Other Party	
1. Gross earned income last calendar (year) (2014)				
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 - 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 CURRENT YEAR-TO-DATE EARNED INCOME

Provide Dates: From: To:

1. **GROSS EARNED INCOME:** Number of Weeks 0.00

2. **TAX DEDUCTIONS:** (Number of dependents: 0)

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 $0

3. **GROSS INCOME NET OF TAXES:** $0

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 $0

5. **NET YEAR-TO-DATE EARNED INCOME** **$0**

NET AVERAGE EARNED INCOME PER MONTH **$0**

NET AVERAGE EARNED INCOME PER WEEK **$0**

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 $0

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? If yes, provide the date and the gross/net amount. ☐ Yes ☐ No

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

5. Does your employer pay for or provide you with an automobile (lease or purchase), automobile expenses, gas, repairs, lodging and other. If yes, explain. ☐ Yes ☐ No

6. Did you receive bonuses, commissions, or other compensation, including distributions, taxable or non-taxable, in addition to your regular salary during the current or immediate past 2 calendar years? If yes, explain and state the date(s) of receipt and set forth the gross and net amounts received: ☐ Yes ☐ No

7. Do you receive cash or distributions not otherwise listed? If yes, explain. ☐ Yes ☐ No

8. Have you received income from overtime work during either the current or immediate past calendar year? If yes, explain. ☐ Yes ☐ No

9. 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? If yes, explain. ☐ Yes ☐ No

10. Have you received any other supplemental compensation during either the current or immediate past calendar year?
    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. ☐ Yes ☐ No

11. Have you received income from unemployment, disability and/or social security during either the current or immediate past calendar year? If yes, state the date(s) of receipt and set forth the gross and net amounts received. ☐ Yes ☐ No

12. List the names of the dependents you claim:

13. Are you paying or receiving any alimony? If yes, how much and from or to whom? ☐ Yes ☐ No

14. Are you paying or receiving any child support? If yes, list names of the children, the amount paid or received for each child and to whom paid or from whom received. ☐ Yes ☐ No

15. Is there a wage execution in connection with support? If yes, explain. ☐ Yes ☐ No

16. Does a Safe Deposit Box exist and if so, at which bank? ☐ Yes ☐ No

17. 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? If yes, explain the basis and state the date(s) of receipt and set forth the gross and net amounts received. ☐ Yes ☐ No

18. Explanation of Income or Other Information:

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

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

SCHEDULE A: SHELTER

If Tenant:	Joint Life Style Family, including (0) children	Current Life Style Yours and (0) children	
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			
Condo, Co-op or Association Fees			
Other Charges (Itemize)			

Tenant or Homeowner:

Telephone			
Mobile/Cellular Telephone			
Service Contracts on Equipment			
Cable TV			
Plumber/Electrician			
Equipment and Furnishings			
Internet Charges			
Home Security System			
Other Charges (Itemize)			
TOTAL	**$0**	**$0**	

SCHEDULE B: TRANSPORTATION

Auto Payment			
Auto Insurance (number of vehicles: *0*)			
Registration, License			
Maintenance			
Fuel and Oil			
Commuting Expenses			
Other Charges (Itemize)			
TOTAL	**$0**	**$0**	

SCHEDULE C: PERSONAL	Joint Life Style Family, including (0) children	Current Life Style Yours and (0) children	
Food at Home & household supplies			
Prescription Drugs			
Non-prescription drugs, cosmetics, toiletries and 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.)			
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 (not listed elsewhere)			
Life Insurance			
Savings/Investment			
Debt Service (from liabilities section) (not listed elsewhere)	$0	$0	
Parenting Time Expenses			
Professional Expenses (other than this proceeding)			
Pet Care and Expenses			
Other (specify)			

*unreimbursed only

TOTAL	**$0**	**$0**

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

Schedule A: Shelter	**$0**	**$0**
Schedule B: Transportation	**$0**	**$0**
Schedule C: Personal	**$0**	**$0**
Grand Totals	**$0**	**$0**

PART E – BALANCE SHEET OF ALL FAMILY ASSETS AND LIABILITIES

STATEMENT OF ASSETS

Description	Title to Property (P, D, J)[1]	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 Accts and CDs (identify institution and type of account(s))						
3. Vehicles						
4. Tangible Personal Property						
5. Stocks, Bonds and Securities (identify institution and type of account(s))						
6. Pension, Profit Sharing, Retirement Plan(s), 401(k)s, etc. (identify each institution or employer)						
7. IRAs						
8. Businesses, Partnerships, Professional Practices						
9. Life Insurance (cash surrender value)						
10. Loans Receivable						
11. Other (specify)						

TOTAL GROSS ASSETS:	**$0**
TOTAL SUBJECT TO EQUITABLE DISTRIBUTION:	**$0**
TOTAL NOT SUBJECT TO EQUITABLE DISTRIBUTION:	**$0**

[1] P = Plaintiff; D = Defendant; J = Joint

STATEMENT OF LIABILITIES

Description		Name of Responsible Party (P, D, J)	If you contend liability should not be shared, 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							

*Items marked with * are either marked as exempt or marked as not to be included in monthly expenses (budget) Section.*

TOTAL GROSS LIABILITIES: **$0**
(excluding contingent liabilities)

NET WORTH: **$0**
(subject to equitable distribution)

TOTAL SUBJECT TO EQUITABLE DISTRIBUTION: **$0**

TOTAL NOT SUBJECT TO EQUITABLE DISTRIBUTION: **$0**

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 – 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)	No
2.	Your last calendar year's W-2 statements, 1099's, K-1 statements.	No
3.	Your three most recent pay stubs.	No
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)	No
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)	No
6.	Affidavit of Insurance Coverage as required by Court Rule 5:4-2(f) (Part B-3)	No
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)	No
8.	Attach details of each wage execution (Part C-5)	No
9.	Schedule of payments made for a spouse or civil union partner and/or children not reflected in Part D.	No
10.	Any agreements between the parties.	No
11.	An Appendix IX Child Support Guideline Worksheet, as applicable, based upon available information.	No
12.	If a request has been made for college or post-secondary school contribution, you must also attach all relevant information pertaining to that request, including but not limited to documentation of all costs and reimbursements or assistance for which contribution is sought, such as invoices or receipts for tuition, board and books; proof of enrollment; and proof of all financial aid, scholarships, grants and student loans obtained.	No

I certify that, other than in this form and its attachments, confidential personal identifiers have been redacted from documents now submitted to the court, and will be redacted from all documents submitted in the future in accordance with Rule 1:38-7(b).

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: ________________________________