



How to Complete the Civil Case Information Statement (CIS)

These instructions are intended to guide individuals who are either plaintiffs or defendants in civil cases and who are not represented by an attorney in completing the Civil Case Information Statement (Civil CIS) required by court rules. The Civil CIS must be included with each party's first pleading in the Civil part of the Law Division. That is, the plaintiff must file it with the complaint and the defendant must file it with the answer. If it is not included, the papers will be returned.

The CIS summarizes your case and alerts the court to any special needs you may have such as the need for an interpreter or the need for a quick trial date because one of your witnesses is expected to be unavailable. The numbers for the various case types are located on the back of the form. Enter the number which best describes your complaint. For example, if you are suing the defendant for a breach of contract, your case number would be 599.

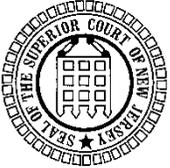
After you have completed the CIS, keep it with the other papers you are planning to file.

Note: These materials have been prepared by the New Jersey Administrative Office of the Courts for use by self-represented litigants. The guides, instructions, and forms will be periodically updated as necessary to reflect current New Jersey statutes and court rules. The most recent version of the [forms](#) will be available at the county courthouse or on the Judiciary's Internet site njcourts.gov. However, you are ultimately responsible for the content of your court papers.

Instructions for Parties Not Represented by an Attorney for Completing the Civil Case Information Statement (CIS)

Box#	Instruction
1.	Print your name.
2.	List a telephone number, including area code, where you can be reached during the day.
3.	Insert the name of the county where the complaint or answer is being filed.
4.	Leave the box blank.
5.	If you know the docket number of your case, insert it in the docket number box. If the CIS is being filed with a complaint, the court will assign the docket number before it returns the filed complaint.
6.	Enter an address where you wish to receive mail concerning this matter.
7.	Document type means the type of paper you are filing. If you are filing the complaint, print complaint; if you are filing an answer, print answer.
8.	Check the box marked “yes” if you have requested that the matter be heard by a jury. Otherwise, check “no.”
9.	Enter your name and indicate whether you are the plaintiff or defendant.
10.	The caption is the name of the case - the name of the plaintiff(s) v. the name of the defendant(s). For example: John Doe, Plaintiff v. Mary Smith, Defendant. Print the name of your case.
11.	The Case Type Number identifies the type of case. On the back of the CIS form is a list of case types. Sometimes it is difficult to pick the number of your case, but you must fill in this section in order for your case to proceed. Choose the one that best describes what your case is about and enter that number. For example, if you are the plaintiff or defendant in a dispute over fulfilling the terms of a contract, the case type is 599; if your case concerns a personal injury, the case type number is 605.
12.	Are you alleging claims of sexual abuse? If yes, check the box marked “yes.” Otherwise, check “no.”
13.	If you believe that your case is a professional malpractice case, check the box marked “yes” and see <i>N.J.S.A. 2A:53A-27</i> and applicable case law regarding your obligation to file an affidavit of merit.
14.	If you believe that you have any other cases involving the same adversary or arising from the same set of circumstances (related cases pending), check the box marked “yes.” Otherwise, check “no.”
15.	If you checked “yes” to the previous question, enter the docket number(s) of any related cases.
16.	If you believe you will be adding more parties to the case, check “yes.” Otherwise, check “no.”
17.	If you are the plaintiff and know the name of the defendant’s primary insurance company enter it in the box. Otherwise check “unknown.” If you are the defendant and you have

	insurance that might cover or partially cover the damages complained of, enter the name of your insurance company.
18.	<p>If you and your adversary knew each other before the event giving rise to the law suit occurred, check “yes.” Otherwise, check “no.”</p> <p>If the answer was “yes”, check the box next to the word(s) that best describe the relationship between the parties.</p>
19.	If you believe that the statute governing your case provides for payment of fees by the losing party, (for example, the Law Against Discrimination), check “yes.” Otherwise, check “no.”
20.	If you believe that your case has some unusual circumstance which would require special attention, indicate the problem in the space provided. For example, if there is a witness who is ill or who may be unavailable, you should let the court staff know.
21.	If you are requesting any accommodation for a disability, check “yes” and indicate what is needed. Otherwise, check “no.”
22.	If you are requesting an interpreter, check “yes” and indicate the language for which it is needed. Otherwise, check “no.”
23.	This box contains the statement by which you certify that you have removed any confidential personal identifiers from any document you have already submitted to the court and that you will continue to remove such identifiers in any future submission, unless such confidential personal identifiers are required by statute, court rule or court order. If you are filing a name change complaint, <i>N.J.S.A. 2A:52-1</i> (the applicable New Jersey statute) requires that the social security number be listed on your complaint. Once a name change judgment is entered, your social security number will be removed by the court before the judgment is published in the newspaper.
24.	The person whose name appears in Box 1 must sign the CIS in the space marked “Attorney Signature.”

	<h2 style="margin: 0;">Civil Case Information Statement</h2> <h3 style="margin: 0;">(CIS)</h3> <p style="margin: 0;">Use for initial Law Division Civil Part pleadings (not motions) under <i>Rule 4:5-1</i> Pleading will be rejected for filing, under <i>Rule 1:5-6(c)</i>, if information above the black bar is not completed or attorney's signature is not affixed</p>		For Use by Clerk's Office Only
			Payment type: <input type="checkbox"/> ck <input type="checkbox"/> cg <input type="checkbox"/> ca
			Chg/Ck Number:
			Amount:
			Overpayment:
		Batch Number:	
Attorney/Pro Se Name		Telephone Number	County of Venue
Firm Name (if applicable)		Docket Number (when available)	
Office Address		Document Type	
		Jury Demand <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Party (e.g., John Doe, Plaintiff)		Caption	
Case Type Number (See reverse side for listing)	Are sexual abuse claims alleged? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this a professional malpractice case? <input type="checkbox"/> Yes <input type="checkbox"/> No If you have checked "Yes," see <i>N.J.S.A. 2A:53A-27</i> and applicable case law regarding your obligation to file an affidavit of merit.	
Related Cases Pending? <input type="checkbox"/> Yes <input type="checkbox"/> No		If "Yes," list docket numbers	
Do you anticipate adding any parties (arising out of same transaction or occurrence)? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of defendant's primary insurance company (if known) <input type="checkbox"/> None <input type="checkbox"/> Unknown	
The Information Provided on This Form Cannot be Introduced into Evidence.			
Case Characteristics for Purposes of Determining if Case is Appropriate for Mediation			
Do parties have a current, past or recurrent relationship? <input type="checkbox"/> Yes <input type="checkbox"/> No		If "Yes," is that relationship: <input type="checkbox"/> Employer/Employee <input type="checkbox"/> Friend/Neighbor <input type="checkbox"/> Other (explain) <input type="checkbox"/> Familial <input type="checkbox"/> Business	
Does the statute governing this case provide for payment of fees by the losing party? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Use this space to alert the court to any special case characteristics that may warrant individual management or accelerated disposition			
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">  Do you or your client need any disability accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No </div> <div style="width: 50%;">If yes, please identify the requested accommodation:</div> </div>			
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Will an interpreter be needed? <input type="checkbox"/> Yes <input type="checkbox"/> No</div> <div style="width: 50%;">If yes, for what language?</div> </div>			
I certify that 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 <i>Rule 1:38-7(b)</i>.			
Attorney Signature:			



Civil Case Information Statement (CIS)

Use for initial pleadings (not motions) under *Rule 4:5-1*

CASE TYPES (Choose one and enter number of case type in appropriate space on the reverse side.)

Track I - 150 days discovery

151 Name Change	506 PIP Coverage
175 Forfeiture	510 UM or UIM Claim (coverage issues only)
302 Tenancy	511 Action on Negotiable Instrument
399 Real Property (other than Tenancy, Contract, Condemnation, Complex Commercial or Construction)	512 Lemon Law
502 Book Account (debt collection matters only)	801 Summary Action
505 Other Insurance Claim (including declaratory judgment actions)	802 Open Public Records Act (summary action)
	999 Other (briefly describe nature of action)

Track II - 300 days discovery

305 Construction	603Y Auto Negligence – Personal Injury (verbal threshold)
509 Employment (other than Conscientious Employees Protection Act (CEPA) or Law Against Discrimination (LAD))	605 Personal Injury
599 Contract/Commercial Transaction	610 Auto Negligence – Property Damage
603N Auto Negligence – Personal Injury (non-verbal threshold)	621 UM or UIM Claim (includes bodily injury)
	699 Tort – Other

Track III - 450 days discovery

005 Civil Rights	608 Toxic Tort
301 Condemnation	609 Defamation
602 Assault and Battery	616 Whistleblower / Conscientious Employee Protection Act (CEPA) Cases
604 Medical Malpractice	617 Inverse Condemnation
606 Product Liability	618 Law Against Discrimination (LAD) Cases
607 Professional Malpractice	

Track IV - Active Case Management by Individual Judge / 450 days discovery

156 Environmental/Environmental Coverage Litigation	514 Insurance Fraud
303 Mt. Laurel	620 False Claims Act
508 Complex Commercial	701 Actions in Lieu of Prerogative Writs
513 Complex Construction	

Multicounty Litigation (Track IV)

271 Accutane/Isotretinoin	601 Asbestos
274 Risperdal/Seroquel/Zyprexa	623 Propecia
281 Bristol-Myers Squibb Environmental	624 Stryker LFIT CoCr V40 Femoral Heads
282 Fosamax	625 Firefighter Hearing Loss Litigation
285 Stryker Trident Hip Implants	626 Abilify
286 Levaquin	627 Physiomesh Flexible Composite Mesh
289 Reglan	628 Taxotere/Docetaxel
291 Pelvic Mesh/Gynecare	629 Zostavax
292 Pelvic Mesh/Bard	630 Proceed Mesh/Patch
293 DePuy ASR Hip Implant Litigation	631 Proton-Pump Inhibitors
295 AlloDerm Regenerative Tissue Matrix	632 HealthPlus Surgery Center
296 Stryker Rejuvenate/ABG II Modular Hip Stem Components	633 Prolene Hernia System Mesh
297 Mirena Contraceptive Device	
299 Olmesartan Medoxomil Medications/Benicar	
300 Talc-Based Body Powders	

If you believe this case requires a track other than that provided above, please indicate the reason on Side 1, in the space under "Case Characteristics."

Please check off each applicable category Putative Class Action Title 59 Consumer Fraud