

FAMILY PART CASE INFORMATION STATEMENT

Attorney(s):
Office Address
Tel. No./Fax No.
Attorney(s) for:

| | |
|-----|------------------------------|
| vs. | Plaintiff, Defendant. |
|-----|------------------------------|

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 30 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 – ATTACH 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

Provide Dates: From _____ To _____

| | | |
|--|-----------------------|-------------------------|
| 1. GROSS EARNED INCOME: \$ | Number of Weeks _____ | |
| 2. TAX DEDUCTIONS: (Number of Dependents: _____) | | |
| 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 | \$ _____ |
| 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/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 | \$ _____ |
| 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]

| Source | How often paid | Year to date amount |
|--|----------------|---------------------|
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| 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 receiving any alimony and/or child support? []Yes []No. If yes, how much and from whom? _____

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 |
|---|--|--|
| SCHEDULE A: SHELTER | | |
| <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)..... | \$ _____ | \$ _____ |
| TOTAL \$ _____ | | |
| SHELTER COMBINED TOTAL \$ _____ | | |

| | | |
|---|----------|----------|
| SCHEDULE B: TRANSPORTATION | | |
| Auto Payment..... | \$ _____ | \$ _____ |
| Auto Insurance (number of vehicles:)..... | \$ _____ | \$ _____ |
| Registration, License..... | \$ _____ | \$ _____ |
| Maintenance | \$ _____ | \$ _____ |
| Fuel and Oil..... | \$ _____ | \$ _____ |
| Commuting Expenses..... | \$ _____ | \$ _____ |
| Other Charges (Itemize)..... | \$ _____ | \$ _____ |
| TOTAL \$ _____ | | |
| TRANSPORTATION COMBINED TOTAL \$ _____ | | |

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 | \$ _____ | \$ _____ |
| PERSONAL COMBINED 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> | Title to Property (H, W, J) | Date of purchase/acquisition. If 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, 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 |
|----------------------------------|-------------------------------------|---|-----------------|------------|-------|
| 1. Real Estate Mortgages | | | | | |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| 2. Other Long Term Debts | | | | | |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| 3. Revolving Charges | | | | | |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| 4. Other Short Term Debts | | | | | |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| 5. Contingent Liabilities | | | | | |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

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. _____