

## 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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SUPERIOR COURT OF NEW JERSEY  
CHANCERY DIVISION, FAMILY PART  
COUNTY

Plaintiff  
vs.  
Defendant

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**

	<b>Yours</b>	<b>Joint</b>	<b>Other Party</b>	
1. Gross earned income last calendar (year) (2012)				
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**

	<b>Yours</b>	<b>Other Party (if known)</b>	
1. Average Gross weekly Income (based on last 3 pay periods - <u>ATTACH</u> pay stubs)			
Commissions and bonuses, etc., are: <input checked="" type="checkbox"/> included <input type="checkbox"/> not included* <input type="checkbox"/> not paid to you			
<b><u>ATTACH</u></b> details of basis thereof, including, but not limited to, percentage overrides, timing of payments, etc.			
<b><u>ATTACH</u></b> 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:  
Number of Weeks 0.00

To:

**1. GROSS EARNED INCOME:**

**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.	<input type="checkbox"/>
b. Life Insurance	b.	<input type="checkbox"/>
c. Union Dues	c.	<input type="checkbox"/>
d. 401(k) Plans	d.	<input type="checkbox"/>
e. Pension/Retirement Plans	e.	<input type="checkbox"/>
f. Other Plans – specify	f.	<input type="checkbox"/>
g. Charity	g.	<input type="checkbox"/>
h. Wage Execution	h.	<input type="checkbox"/>
i. Medical Reimbursement (flex fund)	i.	<input type="checkbox"/>
j. Other:	j.	<input type="checkbox"/>

**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)

<u>Source</u>	<u>How often paid</u>	<u>Year to date amount</u>
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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**

Joint Life Style  
Family, including  
(0) children

Current Life Style  
Yours and  
(0) children

<b><u>If Tenant:</u></b>			
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
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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.

<b>Schedule A: Shelter</b>	<b>\$0</b>	<b>\$0</b>
<b>Schedule B: Transportation</b>	<b>\$0</b>	<b>\$0</b>
<b>Schedule C: Personal</b>	<b>\$0</b>	<b>\$0</b>
<b>Grand Totals</b>	<b><u>\$0</u></b>	<b><u>\$0</u></b>

**PART E – BALANCE SHEET OF ALL FAMILY ASSETS AND LIABILITIES**

**STATEMENT OF ASSETS**

Description	Title to Property (P, D, J) <sup>1</sup>	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
<b>1. Real Property</b>				
<b>2. Bank Accts and CDs (identify institution and type of account(s))</b>				
<b>3. Vehicles</b>				
<b>4. Tangible Personal Property</b>				
<b>5. Stocks, Bonds and Securities (identify institution and type of account(s))</b>				
<b>6. Pension, Profit Sharing, Retirement Plan(s), 401(k)s, etc. (identify each institution or employer)</b>				
<b>7. IRAs</b>				
<b>8. Businesses, Partnerships, Professional Practices</b>				
<b>9. Life Insurance (cash surrender value)</b>				
<b>10. Loans Receivable</b>				
<b>11. Other (specify)</b>				

**TOTAL GROSS ASSETS: \$0**

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

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

<sup>1</sup> 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
<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>					

*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: \_\_\_\_\_