

**ADDITIONAL INCOME 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, state the date and the gross/net amount.


4. Do you receive bonuses, commissions, or other compensation, include distribution, taxable or non-taxable, in addition to your regular salary?

Yes  No

If yes, explain.


5. Do you receive bonuses, commissions, or other compensation, include distribution, 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 gross/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, explain and state the date(s) of receipt and gross/net amounts received. Also describe the nature of 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 gross/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, state the date(s) of receipt and gross/net amounts received.


**PART D - MONTHLY EXPENSES**

(Computed at 4.3 wks/mo.) Joint marital life style should reflect standard of living established during marriage, but not repeat those income deductions listed on Part C.

**SCHEDULE A: SHELTER**

If Tenant:	Joint marital life style How many children? ____	Yours and children residing with you How many children? ____
Rent		
Heat (if not furnished)		
Electric & Gas (if not furnished)		
Renter's Insurance		
Parking (at apartment)		
Other Charges (Itemize)		

If Homeowner:	Joint marital life style How many children? ____	Yours and children residing with you How many children? ____
Mortgage		
Real Estate Taxes (unless included with mortgage payment)		
Homeowners Insurance (unless included with mortgage payment)		
Other Mortgages or Home Equity Loans		
Heat (unless electric or gas)		
Electric & Gas		
Water and Sewer		
Garbage Removal		

Snow Removal		
Lawn Care		
Maintenance		
Repairs		
Other Charges (Itemize)		

Tenant or Homeowner:	Joint marital life style How many children? ____	Yours and children residing with you How many children? ____
Telephone		
Mobile/Cellular Telephone		
Service Contracts on Equipment		
Cable TV		
Plumber/Electrician		
Equipment and furnishings		
Internet Charges		
Other (Itemize)		

**SCHEDULE B: TRANSPORTATION**

Auto Payment		
Auto Insurance (number of vehicles ____)		
Registration, License		
Maintenance		
Fuel and Oil		
Commuting Expenses		
Other Charges (Itemize)		

**SCHEDULE C: PERSONAL**

Food at Home and 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 (hospitalization, etc.)*		
Club Dues and Memberships		
Sports and Hobbies		
Camps		
Vacations		
Children's Private School Costs		
Children's College 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 (exclusive of mortgage)		
Parenting Time Expenses		
Pet/Veterinarian Expenses		
Professional Expenses (other than this proceeding)		

Other (specify)		

\*unreimbursed only.

### Statement of Assets

Description	Who Owns it? (H, W, J)*	Date of purchase /acquisition	If this should be exempt from equitable distribution, state reason?	Value (\$)	Date of Evaluation
Real Property					
Bank Accounts					
Vehicles					
Tangible Personal Property					
Stocks and Bonds					
Pension, Profit sharing, Retirement Plans, IRAs, 401Ks, etc. (list each employer)					

Businesses, Partnerships, Professional Practices					
Life Insurance (Cash surrender value)					
Loan Receivable					
Other (Specify)					

\* H = Husband    W = Wife    J = Joint

**Statement of Liabilities**

Description	Responsible Party? (H, W, J)*	If this should be exempt from equitable distribution, state reason?	Monthly Payment	Total Owed	Date of Evaluation
Real Estate Mortgage					
Other Long Term Debts					
Revolving Charges					
Other Short Term Debts					
Contingent Liabilities					

\* H = Husband    W = Wife    J = Joint

**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.


**REQUIRED ATTACHMENTS**

1. A full and complete copy of your last federal and state income tax returns with all schedules and attachments.
2. Your last calendar year's W-2 statement and 1099's, K-1 Statement.
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.
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.
6. Affidavit of Insurance Coverage as required by Court Rule 5:4-2(f)
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.
8. Attach details of each wage execution.
9. Schedule of payments made for a spouse and/or children not reflected in Part D.
10. Any agreements between the parties.



New Jersey Judiciary

Confidential Litigant Information Sheet (R. 5:4-2(g))

To assure accuracy of court records - To be filled out by Plaintiff, or Defendant, or Attorney
Collection of the following information is pursuant to N.J.S.A. 2A:17-56.60 and R. 5:7-4.

Confidentiality of this information must be maintained

Please complete the entire form, leaving no blank spaces. If something does not apply to you, enter "N/A". This form is confidential and will not be shared with the other party.

Docket Number: CS Number: Do you have an active Domestic Violence Order with the other party in this case? [ ] Yes [ ] No

Plaintiff Defendant

Name (last, first, middle initial)

Social Security Number Date of Birth Place of Birth

Address: Street City State Zip

Plaintiff Telephone Number Employer Telephone Number Defendant Telephone Number Employer Telephone Number

Employer Name (or other income source)

Employer Address: Street City State Zip

Professional, Occupational, Recreational Licenses (include types and license numbers)

Driver's License Number State of issuance

Sex Race/Ethnicity Height Weight Eyes Hair

Auto License Plate State Make Model Year

Attorney Name

Attorney Address: Street City State Zip

Children Information

Table with 7 columns: Name (last, first, middle initial), Date of Birth, Race, Sex, Social Security Number, Place of Birth. Rows 1-4.

Health Coverage for Children - available through parent filling out this form ([ ] Plaintiff [ ] Defendant)

Health Care Provider Policy Number Group Number (repeated 3 times)

I certify that the foregoing statements made by me are true to the best of my knowledge. I am aware that if any of the foregoing statements made by me are wilfully false, I am subject to punishment.

Date Signature