Appendix V
Family Part Case Information Statement

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

Attorney(s):
Office Address: 187 Washington Avenue, Suite 2F, Nutley, NJ 07110
Tel. No./Fax No.: (973) 562-0100 / (973) 556-1732
Attorney(s) for:

Plaintiff,	SUPERIOR COURT OF NEW JERSEY CHANCERY DIVISION, FAMILY PART _____________________ COUNTY
vs.	DOCKET NO. ______________________
Defendant.	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 ☐ ______

Anticipated College/Post-Secondary Education Expenses ☐ ______

Other issues (be specific)

Does an agreement exist between the parties relative to any issue? ☐ Yes ☐ No.

If Yes, **ATTACH** a copy (of written) or a summary (if oral). Upload Attachment

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

Name	Address	Dob	Reside with

b. Child(ren) From Other Relationship

Name	Address	Dob	Reside with

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.☐

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) Upload Attachment

4. Additional Information:

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. Upload Attachment

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 Income earned 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) Upload Attachment Here

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 Upload Attachment Here

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. Upload Attachment Here	$ ______	$ ______
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)	$ 0.00	$ 0.00

3. Your Current Year to Date Earned Income

Provide Dates: From ______ To ______

1. GROSS EARNED INCOME: $ ______ Number of Weeks 0

2. TAX DEDUCTIONS: (Number of Dependents: ___)

a.	Federal Income Taxes	a.	$ ______
b.	N.J. Income Taxes	b.	$ ______
c.	Other State Income Taxes	c.	$ ______
d.	F.I.C.A.	d.	$ ______
e.	Medicare	e.	$ ______
f.	S.U.I. / S.D.I.	f.	$ ______
g.	Estimated tax payments in excess of withholding	i.	$ ______
h.	______	h.	$ ______
i.	______	i.	$ ______
		TOTAL	$ 0.00

3. GROSS INCOME NET OF TAXES $ $ ______

If mandatory, check box

4. OTHER DEDUCTIONS:

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	$ 0.00	☐

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		$ 0.00

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

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

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

7. Do you receive cash or distributions not otherwise listed? ☐Yes ☐ No

If yes, explain. ______________________________

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

If yes, explain. ______________________________

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? ☐Yes ☐ No

If yes, explain. ______________________________

10. 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.

____

11. Have you received income from unemployment, disability and/or social security during either 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:

____

12. List the name of the dependents you claim: ______________________________

13. Are you paying or receiving any alimony? ☐Yes ☐ No

If yes, how much and from or to whom? ______________________________

14. Are you paying or receiving any child support? ☐Yes ☐ No

If yes, list the names of the children, the amount paid or received for each child and to whom paid or from whom received.

____

15. Is there a wage execution in connection with support? ☐Yes ☐ No

If yes, explain.______________________________

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 programs 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.

____

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 lifestyle. Do not repeat those income deductions listen in Part C - 3.

	Joint Life Style Family, including _____ children	Current Life Style Yours and _____ children
SCHEDULE A: SHELTER		
If Tenant:		
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	$	$
Heat (unless Electric or Gas)	$	$
Electric & Gas	$	$
Water & 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 & Furnishings	$	$
Internet Charges	$	$
Home Security System	$	$
Other (Itemize)	$	$
TOTAL	$ 0.00	$ 0.00
SCHEDULE B: TRANSPORTATION		
Auto Payment	$	$
Auto Insurance (number of vehicles:___)	$	$
Registration, License	$	$
Maintenance	$	$
Fuel and Oil	$	$
Commuting Expenses	$	$
Other Charges (Itemize)	$	$
TOTAL	$ 0.00	$ 0.00

SCHEDULE C: PERSONAL

	Joint 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.)	$	$
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 page 7) (not listed elsewhere)	$	$
Parenting Time Expenses	$	$
Professional Expenses (other than this proceeding)	$	$
Pet Care and Expenses	$	$
Other (specify)	$	$

***unreimbursed only**

TOTAL	$ 0.00	$ 0.00

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	$ 0.00	$ 0.00
Schedule B: Transportation	$ 0.00	$ 0.00
Schedule C: Personal	$ 0.00	$ 0.00
Grand Totals	$ 0.00	$ 0.00

Statement of Assets

Description	Title to Property (P, D, J)[1]	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, CS's (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)				
			☐	
			☐	
			☐	
			☐	
			☐	
			☐	

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

7. IRAs

				☐	
				☐	
				☐	
				☐	
				☐	
				☐	

8. Businesses, Partnerships, Professional Practices

				☐	
				☐	
				☐	
				☐	
				☐	
				☐	

9. Life Insurance (cash surrender value)

				☐	
				☐	
				☐	
				☐	
				☐	
				☐	

10. Loans Receivable

				☐	
				☐	
				☐	
				☐	
				☐	
				☐	

11. Other (specify)

				☐	
				☐	
				☐	
				☐	
				☐	
				☐	

TOTAL GROSS ASSETS: $ 0.00

TOTAL SUBJECT TO EQUITABLE DISTRIBUTION: ________

TOTAL NOT SUBJECT TO EQUITABLE DISTRIBUTION: ________

Statement of Liabilities

Description	Name of Responsible Party (P, D, J)	If you contend liability should 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					

TOTAL GROSS LIABILITIES: $ 0.00
(excluding contingent liabilities)

NET WORTH: ______________
(subject to equitable distribution)

TOTAL SUBJECT TO EQUITABLE DISTRIBUTION: ______________
TOTAL NOT SUBJECT TO EQUITABLE DISTRIBUTION: ______________

Part F - - Statement of Special Problems

Provide a Brief Narrative Statement of Any Special Problems Involving This Case: As an 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) ☐ Upload Here
2. Your last calendar year's w-2 statements, 1099's, K-1 statements. ☐ Upload Here
3. Your three most recent pay stubs. ☐ Upload Here
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) ☐ Upload Here
5. Your most recent corporate benefit statement or a summary thereof showing the nature, amount and status or retirement plans, savings plans, income deferral plans, insurance benefits, etc. (Part C) ☐ Upload Here
6. Affidavit of Insurance Coverage as required by Court Rule 5:4-2(f) (Part B-3) ☐ Upload Here
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 Order in effect. (Part B-5) ☐ Upload Here
8. Attach details of each wage execution (Part C-5) ☐ Upload Here
9. Schedule of payments made for a spouse or civil union partner and/or children not reflected in Part D. ☐ Upload Here
10. Any agreements between the parties. ☐ Upload Here
11. An Appendix IX Child Support Guideline Worksheet, as applicable, based upon available information. ☐ Upload Here
12. If a request has been made for college or post-secondary school contribution, 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. A list of the information as promulgated by the Administrative Director of the Courts can be found on the Judiciary website. ☐ Upload Here

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: ____

Family Part Case Information Statement
Part G (#12) – Attachments
Documents Substantiating Request for College or Post-Secondary Education Expenses

College Preparatory Documentation:

a) A statement and proof of payment for any preparatory or tutorial course (e.g., SAT preparation);

Application Related Documentation:

b) Costs of transcripts from high school or prior college or university if transferring;

c) A statement from each college or university to which the child has applied regarding the application fee, along with a copy of the canceled check, credit card statement or other proof of payment of application fee(s);

Tuition Related Documentation:

d) Documentation of costs as prepared or published by the college or university (room, board, tuition registration fees, books, computer costs and laboratory materials);

e) Proof of all financial aid, scholarships, grants and student loans and copies of all applications for financial aid, scholarships, grants and student loans;

f) Proof of existence of any accounts or other resources which may be used to satisfy college expenses;

g) If the child has worked in the past, proof of past earnings in the form of W-2, tax return;

Enrollment Related Documentation:

h) Proof of enrollment including, but not limited to, course schedule;

i) The degree contemplated, including a description of degree-specific and general education requirements for degree completion and graduation;

j) Number of credits (taken and achieved);

Housing and Campus Living Documentation:

k) If off-campus housing, a comparison of on and off-campus costs (including a statement from the college or university of on-campus housing costs; a copy of proposed lease or other probative documentation of rentals in the area; cost of renter's insurance, if applicable; and anticipated utility costs if not included in the lease);

l) Cost of non-reoccurring initial setup of on or off-campus housing (such as furniture, linens, small appliances, television);

m) Transportation and/or storage costs, including but not limited to those costs associated with travel to and from school for holidays, school recesses, while on campus (e.g., possible automobile maintenance or payments, gasoline, parking, or alternate travel expenses);

n) Proof of cell phone costs, landline telephone (if applicable), and/or internet access;

o) Cost of supplies (including, but not limited to, computer, printer, paper, pens, markers, calculators);

p) Cost of sundries (e.g., cleaning and laundry supplies);

q) Cost of toiletries;

r) Cost of entertainment for college events and organizations;

s) The amount of reasonable spending money;

t) Marginal cost of insurance coverage for the child (e.g., automobile, health and personal property);

u) Expenses related to equipment, travel, lodging, fees and other expenses related to the child’s participation in sports or other extracurricular activities not covered by the university.