

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): LOMURRO, DAVISON, EASTMAN & MUNOZ, P.A.
Office Address: 100 WILLOW BROOK ROAD, BLDG. ONE, FREEHOLD, NJ 07728
Tel. No./Fax No: (732) 462-7170 / (732) 780-9723
Attorney(s) for

Plaintiff vs. 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 the 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.

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 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
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b. Child(ren) From Other Relationships

Child's Full Name	Address	Birthdate	Person's Name
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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) (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

	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 checked="" 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 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 Plan	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? 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 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 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, 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:

Joint Marital Life Style
Family, including
(0) children

Current Life Style
Yours and
(0) children

SCHEDULE C: PERSONAL

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.)			
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 8) (not listed elsewhere)		\$0	\$0
Parenting Time Expenses			
Professional Expenses (other than this proceeding)			
Other (specify)			

*unreimbursed only

TOTAL \$0 \$0

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

PART E – BALANCE SHEET OF ALL FAMILY ASSETS AND LIABILITIES

STATEMENT OF ASSETS

Description	Title to Property (H, W, J)	Date of purchase/acquisition. If you claim that asset is exempt, state reason and value of what is claimed to be exempt.	Value \$			Date of Evaluation Mo/Day/Yr
			Put * after exempt			
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: \$0
TOTAL SUBJECT TO EQUITABLE DISTRIBUTION: \$0
TOTAL NOT SUBJECT TO EQUITABLE DISTRIBUTION: \$0

STATEMENT OF LIABILITIES

Description	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	Contigent Liabilities					

*Items marked with * are not included in Debt service on Page 6.*

TOTAL GROSS LIABILITIES: **\$0**
(excluding contingent liabilities)

NET WORTH: **\$0**
(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, *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 wilfully 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) | No | <input type="checkbox"/> |
| 2. | Your last calendar year's W-2 statements and 1099's, K-1 statements | No | <input type="checkbox"/> |
| 3. | Your three most recent pay stubs. | No | <input type="checkbox"/> |
| 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 | <input type="checkbox"/> |
| 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 | <input type="checkbox"/> |
| 6. | Affidavit of Insurance Coverage as required by Court Rule 5:4-2(f) (Part B-3) | No | <input type="checkbox"/> |
| 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 | <input type="checkbox"/> |
| 8. | Attach details of each wage execution (Part C-5) | No | <input type="checkbox"/> |
| 9. | Schedule of payments made for a spouse and/or children not reflected in Part D. | No | <input type="checkbox"/> |
| 10. | Any agreements between parties. | No | <input type="checkbox"/> |
| 11. | An Appendix IX Child Support Guideline Worksheet, as applicable, based upon available information. | No | <input type="checkbox"/> |

[Note: Revised Family CIS adopted July 28, 2004 to be effective September 1, 2004; amended July 16, 2009 to be effective September 1, 2009.]

CIS Attachment - Endnotes
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