

NOTICE TO THE BAR

Re: Revised Case Information Statement (CIS) Forms — Compliance with New Rule 1:38-7(c)(1) — Certification of Redaction of Confidential Personal Identifiers

Amended Rule 1:38, "Public Access to Court Records and Administrative Records," becomes effective on September 1, 2009. New Rule 1:38-7(c)(1) requires that "In every trial Division of the Superior Court where a Case Information Statement is required, parties shall certify in the Case Information Statement that all confidential personal identifiers have been redacted and that subsequent papers submitted to the court will not contain confidential personal identifiers in accordance with the provisions of this rule." Please note, however, that, pursuant to new Rule 1:38-3(d)(1), Family Part case information statements and their attachments are confidential and shall be excluded from public access. Therefore, redacting personal identifiers from the Family Part case information statement and its attachments is not necessary.

In accordance with the above-quoted section of the rule, the Supreme Court has approved specific language certifying to the redaction of personal identifiers, which language has been added to the Civil, Foreclosure and Family CIS forms. Effective September 1, 2009, these revised versions of the respective case information statements, all of which were promulgated as part of the July 16, 2009 omnibus rule amendment order, must be used rather than any prior versions. Pursuant to Rule 1:5-6(c)(1), Civil Part and Foreclosure staff are authorized to return to the filer, stamped "Received but Not Filed," any first pleading that is not accompanied by the amended CIS form.

Copies of the Civil CIS (Rules Appendix X11-B1), the Foreclosure CIS (Rules Appendix XII-B2), and the Family Part CIS (Rules Appendix V), all as amended by the July 16, 2009 order so as to include the Court-approved certification language, accompany this notice.

/s/ Glenn A. Grant

Glenn A. Grant, J.A.D.
Acting Administrative Director of the Court

Dated: August 14, 2009

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
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 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 _____
Does an agreement exist between parties relative to any issue? Yes No. If Yes, ATTACH a copy (if written) or a summary (if oral).

ISSUES IN DISPUTE:

Cause of Action _____
Custody _____
Parenting Time _____
Alimony _____
Child Support _____
Equitable Distribution _____
Counsel Fees _____
Other issues [be specific] _____

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"/> Other	\$ _____	\$ _____
3. Net average weekly income (1 - 2)	\$ _____	\$ _____

3. YOUR CURRENT YEAR-TO-DATE EARNED INCOME

1. GROSS EARNED INCOME: \$ _____	Provide Dates: From: _____ To: _____
2. TAX DEDUCTIONS: (Number of Dependents: _____)	Number of Weeks _____
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 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 who 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:

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		
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	\$ _____	\$ _____
Other Charges (Itemize).....	\$ _____	\$ _____
Tenant or Homeowner:	\$ _____	\$ _____
Telephone	\$ _____	\$ _____
Mobile/Cellular Telephone	\$ _____	\$ _____
Service Contracts on Equipment.....	\$ _____	\$ _____
Cable TV.....	\$ _____	\$ _____
Plumber/Electrician	\$ _____	\$ _____
Equipment & Furnishings	\$ _____	\$ _____
Internet Charges.....	\$ _____	\$ _____
Other (itemize).....	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____

SCHEDULE B: TRANSPORTATION

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

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

Description	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

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. 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, 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 herein is willfully false, I am subject to punishment.

DATED: _____

SIGNED: _____



PART G - REQUIRED ATTACHMENTS

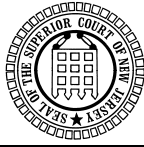
CHECK IF YOU HAVE ATTACHED THE FOLLOWING REQUIRED DOCUMENTS

- 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. _____

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

Appendix XII-B1

 <h2 style="margin: 0;">CIVIL CASE INFORMATION STATEMENT</h2> <p style="margin: 0;">(CIS)</p> <p style="margin: 0;">Use for initial Law Division Civil Part pleadings (not motions) under Rule 4:5-1</p> <p style="margin: 0;">Pleading will be rejected for filing, under Rule 1:5-6(c), if information above the black bar is not completed or if attorney's signature is not affixed.</p>		FOR USE BY CLERK'S OFFICE ONLY
		PAYMENT TYPE: <input type="checkbox"/> CK <input type="checkbox"/> CG <input type="checkbox"/> CA
		CHG/CK NO.
		AMOUNT:
		OVERPAYMENT:
		BATCH NUMBER:
ATTORNEY/PRO SE NAME	TELEPHONE NUMBER ()	COUNTY OF VENUE
FIRM NAME (If applicable)		DOCKET NUMBER (When available)
OFFICE ADDRESS		DOCUMENT TYPE
		JURY DEMAND <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME OF PARTY (e.g., John Doe, Plaintiff)	CAPTION	
CASE TYPE NUMBER (See reverse side for listing)	IS THIS A PROFESSIONAL MALPRACTICE CASE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YOU HAVE CHECKED "YES," SEE N.J.S.A. 2A:53A-27 AND APPLICABLE CASE LAW REGARDING YOUR OBLIGATION TO FILE AN AFFIDAVIT OF MERIT.	
RELATED CASES PENDING? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, LIST DOCKET NUMBERS	
DO YOU ANTICIPATE ADDING ANY PARTIES (arising out of same transaction or occurrence)? <input type="checkbox"/> YES <input type="checkbox"/> NO	NAME OF DEFENDANT'S PRIMARY INSURANCE COMPANY, IF KNOWN <input type="checkbox"/> NONE <input type="checkbox"/> UNKNOWN	
THE INFORMATION PROVIDED ON THIS FORM CANNOT BE INTRODUCED INTO EVIDENCE.		
CASE CHARACTERISTICS FOR PURPOSES OF DETERMINING IF CASE IS APPROPRIATE FOR MEDIATION		
DO PARTIES HAVE A CURRENT, PAST OR RECURRENT RELATIONSHIP? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, IS THAT RELATIONSHIP <input type="checkbox"/> EMPLOYER-EMPLOYEE <input type="checkbox"/> FRIEND/NEIGHBOR <input type="checkbox"/> OTHER (explain) <input type="checkbox"/> FAMILIAL <input type="checkbox"/> BUSINESS	
DOES THE STATUTE GOVERNING THIS CASE PROVIDE FOR PAYMENT OF FEES BY THE LOSING PARTY? <input type="checkbox"/> YES <input type="checkbox"/> NO		
USE THIS SPACE TO ALERT THE COURT TO ANY SPECIAL CASE CHARACTERISTICS THAT MAY WARRANT INDIVIDUAL MANAGEMENT OR ACCELERATED DISPOSITION:		
	DO YOU OR YOUR CLIENT NEED ANY DISABILITY ACCOMMODATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PLEASE IDENTIFY THE REQUESTED ACCOMMODATION:
WILL AN INTERPRETER BE NEEDED? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, FOR WHAT LANGUAGE:
I certify that 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).		
ATTORNEY SIGNATURE:		



CIVIL CASE INFORMATION STATEMENT (CIS)

Use for initial pleadings (not motions) under *Rule 4:5-1*

CASE TYPES (Choose one and enter number of case type in appropriate space on the reverse side.)

Track I — 150 days' discovery

- 151 NAME CHANGE
- 175 FORFEITURE
- 302 TENANCY
- 399 REAL PROPERTY (other than Tenancy, Contract, Condemnation, Complex Commercial or Construction)
- 502 BOOK ACCOUNT (debt collection matters only)
- 505 OTHER INSURANCE CLAIM (INCLUDING DECLARATORY JUDGMENT ACTIONS)
- 506 PIP COVERAGE
- 510 UM or UIM CLAIM
- 511 ACTION ON NEGOTIABLE INSTRUMENT
- 512 LEMON LAW
- 801 SUMMARY ACTION
- 802 OPEN PUBLIC RECORDS ACT (SUMMARY ACTION)
- 999 OTHER (Briefly describe nature of action)

Track II — 300 days' discovery

- 305 CONSTRUCTION
- 509 EMPLOYMENT (other than CEPA or LAD)
- 599 CONTRACT/COMMERCIAL TRANSACTION
- 603 AUTO NEGLIGENCE – PERSONAL INJURY
- 605 PERSONAL INJURY
- 610 AUTO NEGLIGENCE – PROPERTY DAMAGE
- 699 TORT – OTHER

Track III — 450 days' discovery

- 005 CIVIL RIGHTS
- 301 CONDEMNATION
- 602 ASSAULT AND BATTERY
- 604 MEDICAL MALPRACTICE
- 606 PRODUCT LIABILITY
- 607 PROFESSIONAL MALPRACTICE
- 608 TOXIC TORT
- 609 DEFAMATION
- 616 WHISTLEBLOWER / CONSCIENTIOUS EMPLOYEE PROTECTION ACT (CEPA) CASES
- 617 INVERSE CONDEMNATION
- 618 LAW AGAINST DISCRIMINATION (LAD) CASES
- 620 FALSE CLAIMS ACT

Track IV — Active Case Management by Individual Judge / 450 days' discovery

- 156 ENVIRONMENTAL/ENVIRONMENTAL COVERAGE LITIGATION
- 303 MT. LAUREL
- 508 COMPLEX COMMERCIAL
- 513 COMPLEX CONSTRUCTION
- 514 INSURANCE FRAUD
- 701 ACTIONS IN LIEU OF PREROGATIVE WRITS

Centrally Managed Litigation (Track IV)

- 280 Zelnorm
- 285 Stryker Trident Hip Implants

Mass Tort (Track IV)

- | | |
|---------------------------------------|--|
| 248 CIBA GEIGY | 279 GADOLINIUM |
| 266 HORMONE REPLACEMENT THERAPY (HRT) | 281 BRISTOL-MYERS SQUIBB ENVIRONMENTAL |
| 271 ACCUTANE | 282 FOSAMAX |
| 272 BEXTRA/CELEBREX | 283 DIGITEK |
| 274 RISPERDAL/SEROQUEL/ZYPREXA | 284 NUVARING |
| 275 ORTHO EVRA | 286 LEVAQUIN |
| 277 MAHWAH TOXIC DUMP SITE | 601 ASBESTOS |
| 278 ZOMETA/AREDIA | 619 VIOXX |


If you believe this case requires a track other than that provided above, please indicate the reason on Side 1, in the space under "Case Characteristics."

Please check off each applicable category:

Verbal Threshold

Putative Class Action

Title 59

 <h2 style="text-align: center;">FORECLOSURE CASE INFORMATION STATEMENT (FCIS)</h2> <p style="text-align: center;">Use for initial Chancery Division — General Equity foreclosure pleadings (not motions) under Rule 4:5-1. Pleading will be rejected for filing, under Rule 1:5-6(c), if information is not furnished or if attorney's signature is not affixed.</p>		FOR USE BY CLERK'S OFFICE ONLY
		PAYMENT TYPE: <input type="checkbox"/> CK <input type="checkbox"/> CG <input type="checkbox"/> CA <input type="checkbox"/> MO
		RECEIPT NO:
		AMOUNT:
		OVERPAYMENT:
		BATCH NUMBER:
		BATCH DATE:
SECTION A: TO BE COMPLETED BY ALL PARTIES		
CAPTION	COUNTY OF VENUE	
	DOCKET NUMBER (When available)	
NAME(S) OF FILING PARTY(IES)(e.g., John Doe, Plaintiff)	DOCUMENT TYPE <input type="checkbox"/> COMPLAINT <input type="checkbox"/> ANSWER <input type="checkbox"/> OTHER	
ATTORNEY NAME (IF APPLICABLE)	FIRM NAME (If applicable)	
MAILING ADDRESS	DAYTIME TELEPHONE NUMBER ()	
SECTION B: TO BE COMPLETED BY PLAINTIFF TO INITIAL COMPLAINT		
FORECLOSURE CASE TYPE NUMBER <input type="checkbox"/> 088 IN PERSONAM TAX FORECLOSURE <input type="checkbox"/> 089 IN REM TAX FORECLOSURE <input type="checkbox"/> 0RF RESIDENTIAL MORTGAGE FORECLOSURE <input type="checkbox"/> 0CF COMMERCIAL MORTGAGE FORECLOSURE) <input type="checkbox"/> 0CD CONDOMINIUM OR HOMEOWNER'S ASSOCIATION LIEN FORECLOSURE <input type="checkbox"/> 091 STRICT FORECLOSURE <input type="checkbox"/> 0FP OPTIONAL FORECLOSURE PROCEDURE (NO SALE)	IS THIS A HIGH RISK MORTGAGE PURSUANT TO P.L.2009,c.84 AND P.L.2008,c.127 <input type="checkbox"/> YES <input type="checkbox"/> NO PURCHASE MONEY MORTGAGE <input type="checkbox"/> YES <input type="checkbox"/> NO RELATED PENDING CASE <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, LIST DOCKET NUMBERS:	
FULL PHYSICAL STREET ADDRESS OF PROPERTY:	MUNICIPALITY CODE(*)	
ZIP CODE:	COUNTY:	MUNICIPAL BLOCK: (LOTS):
ALL FILING PARTIES MUST SIGN AND PRINT NAMES(S) AND DATE THE FORM BELOW		
I certify that 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).		
ATTORNEY/SELF REPRESENTED SIGNATURE	PRINT ATTORNEY/SELF REPRESENTED NAME	DATE

