

**DIFFERENTIATED CASE MANAGEMENT PILOT PROGRAM
CASE INFORMATION STATEMENT (CIS-LP)**

To be attached to FACE of complaint (Type or Print)

Address of Attorney (List your address if you are not represented by an attorney):

Phone Number: _____

A. Please check ONE of the following case types and the filing fee:

- | | |
|--|--|
| <input type="checkbox"/> Direct Appeal | <input type="checkbox"/> Added or Omitted Assessment |
| <input type="checkbox"/> Appeal from County Tax Board Judgment | <input type="checkbox"/> Farmland Qualification |
| <input type="checkbox"/> Correction of Error | <input type="checkbox"/> Farmland Rollback |
| <input type="checkbox"/> Exemption | <input type="checkbox"/> Other |

In order to proceed in the Small Claims Division, the property at issue must be a class 2 property (1-4 family residence) _____ or a class 3A farm residence _____. (Check one)

Filing Fee submitted \$ _____ Check/other _____ Atty Charge Acct. # _____

B. Fill in the following for all cases:

1. Plaintiff: _____

Defendant: _____

2. County: _____ Block _____ Lot _____ Unit _____

3. Assessment year in contest: _____

4. Property Address: _____

5. Property Type: (check one)

- | | |
|---|--|
| <input type="checkbox"/> Industrial | <input type="checkbox"/> Multi-Unit Residential (over 4 Units) |
| <input type="checkbox"/> 1-4 Family Residence (class 2) | <input type="checkbox"/> Vacant Land |
| <input type="checkbox"/> Farm Residence (class 3A) | <input type="checkbox"/> Farmland _____ Other _____ |
| <input type="checkbox"/> Commercial | |
| <input type="checkbox"/> Vacant land used as part of a 1-4 family residence | |

6. Is plaintiff the: Owner _____ Tenant _____ Other _____?

7. Is an exemption claimed? Yes _____ No _____ Type: _____

• If more than one assessed property is included in the complaint, are they contiguous AND in common ownership? _____ Yes _____ No (Attach individual Case Information Statements for each separately assessed parcel. If multiple condominium units, attach the CONDOMINIUM/MULTIPLE ASSESSMENT SCHEDULE.)

C. Fill in the following for all Case Types except Farmland Rollback:

• The original assessment for the year set forth in No. 3 above:

Land	\$ _____
Improvements	_____
Exemption	_____
Total	0.00

• County Tax Board assessment for the year set forth in No. 3 above:

Land	\$ _____
Improvements	_____
Exemption	_____
Total	0.00

D. Fill in the following only for Farmland Rollback:

<i>Year</i>	<i>Non-Qualified Assessed Value</i>	<i>Qualified Assessed Value</i>	<i>Assessment Subject to Rollback</i>

E. Fill in the following only for an Added Assessment:

- Said property is the subject of an added assessment for the assessment year _____ as follows:

ORIGINAL ASSESSMENT:

COUNTY TAX BOARD JUDGMENT:

Improvements \$ _____
 Prorated Assmt. _____
 for _____ months

Improvements \$ _____
 Prorated Assmt. _____
 for _____ months

Fill in the following only for an Omitted or Omitted/Added Assessment:

- Said property is the subject of an _____ assessment for the assessment year _____ as follows:

ORIGINAL ASSESSMENT:

COUNTY TAX BOARD JUDGMENT:

Land \$ _____
 Improvements \$ _____
 Prorated Assmt. _____
 for _____ months

Land \$ _____
 Improvements \$ _____
 Prorated Assmt. _____
 for _____ months

- Do you or your client have any needs under the Americans with Disabilities Act?
 _____ Yes _____ No If yes, please identify any requirements or accommodations you may require under the Americans with Disabilities Act.

- Will an interpreter be needed? _____ Yes _____ No

If yes, for what language: _____

Please note that only an interpreter registered with the Administrative Office of the Courts may be used during a court proceeding.