

**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:

	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 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 \_\_\_\_\_  
Does an agreement exist between parties relative to any issue?  
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 \_\_\_\_\_  
Anticipated College/Post-Secondary Education Expenses \_\_\_\_\_  
Other issues (be specific) \_\_\_\_\_  
 Yes  No.

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 other party. If W-2 wage earner, gross earned income refers to Medicare wages.

**1. Last Year's Income**

	Yours	Joint	Other Party
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**

1. Average gross weekly income (based on last 3 pay periods – <b>ATTACH</b> pay stubs) Commissions and bonuses, etc., are: <input type="checkbox"/> included <input type="checkbox"/> not included* <input type="checkbox"/> not paid to you. * <b>ATTACH</b> details of basis thereof, including, but not limited to, percentage overrides, timing of payments, etc. <b>ATTACH</b> copies of last three statements of such bonuses, commissions, etc.	\$ _____	\$ _____ (if known)
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 Earned Income**

Provide Dates: From \_\_\_\_\_ To \_\_\_\_\_

1. GROSS EARNED INCOME: \$ _____	Number of Weeks _____
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	g. \$ _____
h. _____	h. \$ _____
i. _____	i. \$ _____
<b>TOTAL</b>	<b>\$ _____</b>

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. 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, state the date(s) of receipt and set forth the gross and net amounts received.  
\_\_\_\_\_
12. List the names 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 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 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  
\_\_\_\_\_
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 life style. Do not repeat those income deductions listed in Part C – 3.

	Joint Life Style Family, including _____ children	Current Life Style Yours and _____ children
<b>SCHEDULE A: SHELTER</b>		
<b>If Tenant:</b>		
Rent .....	\$ _____	\$ _____
Heat (if not furnished) .....	\$ _____	\$ _____
Electric & Gas (if not furnished) .....	\$ _____	\$ _____
Renter’s Insurance .....	\$ _____	\$ _____
Parking (at Apartment) .....	\$ _____	\$ _____
Other charges (Itemize) .....	\$ _____	\$ _____
<b>If Homeowner:</b>		
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) .....	\$ _____	\$ _____
<b>Tenant or Homeowner:</b>		
Telephone .....	\$ _____	\$ _____
Mobile/Cellular Telephone .....	\$ _____	\$ _____
Service Contracts on Equipment .....	\$ _____	\$ _____
Cable TV .....	\$ _____	\$ _____
Plumber/Electrician .....	\$ _____	\$ _____
Equipment & Furnishings .....	\$ _____	\$ _____
Internet Charges .....	\$ _____	\$ _____
Home Security System .....	\$ _____	\$ _____
Other (itemize) .....	\$ _____	\$ _____
<b>TOTAL</b>	\$ _____	\$ _____
<b>SCHEDULE B: TRANSPORTATION</b>		
Auto Payment .....	\$ _____	\$ _____
Auto Insurance (number of vehicles: _____) .....	\$ _____	\$ _____
Registration, License .....	\$ _____	\$ _____
Maintenance .....	\$ _____	\$ _____
Fuel and Oil .....	\$ _____	\$ _____
Commuting Expenses .....	\$ _____	\$ _____
Other Charges (Itemize) .....	\$ _____	\$ _____
<b>TOTAL</b>	\$ _____	\$ _____

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	\$ _____	\$ _____
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 .....		\$ _____	\$ _____
Schedule B: Transportation .....		\$ _____	\$ _____
Schedule C: Personal .....		\$ _____	\$ _____
		\$ _____	\$ _____
Grand Totals .....		\$ _____	\$ _____

**Part E - Balance Sheet of All Family Assets and Liabilities**

Description	Title to Property (P, D, J) <sup>1</sup>	Statement of Assets		Date of Evaluation Mo./Day/ Yr.
		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	
1. Real Property				
2. Bank Accounts, CD'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)				
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:	\$ _____

<sup>1</sup> P = Plaintiff; D = Defendant; 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.

## 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 or civil union partner 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.
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 can be found on the Judiciary website.

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: \_\_\_\_\_