

NOTICE: This is a public document, which means the document as submitted will be available to the public upon request. Therefore, do not enter personal identifiers on it, such as Social Security number, driver's license number, vehicle plate number, insurance policy number, active financial account number, or active credit card number.



Tax Court of New Jersey Case Information Statement (CIS-LP)

Instructions: To be attached to face of complaint (type or print)

Attorney Name (List your information if you are not represented by an attorney)

Attorney ID Number

Street

E-mail Address

City

State

Zip

Telephone Number

Part A. 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 |

Note: 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 or prior year's taxes were less than \$25,000. See Court *Rule* 8:11-(a)(2).

Check for Small Claims Division

Filing Fee Submitted
\$

Check/other

Attorney Charge Account Number

Part B. Fill in the following for all cases

- | | | | |
|---|---|---|------|
| 1. Plaintiff | | Defendant | |
| 2. County | Block | Lot | Unit |
| 3. Assessment year(s) in contest | | | |
| 4. Property Address | | | |
| 5. Property Type (check one) | | | |
| <input type="checkbox"/> 1-4 Family Residence (class 2) | <input type="checkbox"/> Business Personal Property | Percentage _____ | |
| <input type="checkbox"/> Casino | <input type="checkbox"/> Commercial | | |
| <input type="checkbox"/> Condominium | <input type="checkbox"/> Farm Residence (class 3A) | | |
| <input type="checkbox"/> Farmland | <input type="checkbox"/> Hotel | | |
| <input type="checkbox"/> Industrial | <input type="checkbox"/> Multi-Unit Residential (over 4 Units) | | |
| <input type="checkbox"/> Nursing Home | <input type="checkbox"/> Pipeline | | |
| <input type="checkbox"/> Senior Citizen/Veteran Deduction | <input type="checkbox"/> Tax Exempt | | |
| <input type="checkbox"/> Vacant Land | <input type="checkbox"/> Vacant land used as part of a 1-4 family residence | | |
| <input type="checkbox"/> Other _____ | | | |
| 6. Is plaintiff the | | | |
| <input type="checkbox"/> Owner | <input type="checkbox"/> Tenant | <input type="checkbox"/> Contract Purchaser | |
| <input type="checkbox"/> Court Appointed Rent Receiver | <input type="checkbox"/> Municipality | <input type="checkbox"/> 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.

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

Assessment for the year set forth in No. 3 above

Original Assessment

County Tax Board Assessment

Land \$ _____
Improvements \$ _____
Exemption \$ _____
Total \$ _____

Land \$ _____
Improvements \$ _____
Exemption \$ _____
Total \$ _____

Part D. Fill in the following only for Farmland Rollback

Year	Non-Qualified Assessed Value	Qualified Assessed Value	Assessment Subject to Rollback
	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____

Part E. Fill in the following:

Note: For *Direct Appeals* - The total assessment must be over \$750,000 to qualify. The Improvement total for Part E should be the Original Improvement* and the added, omitted or omitted/added assessment for 12 months, not the prorated assessment. See Court Rule 8:2(c.)

For Added Assessment ONLY

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

Original Assessment

County Tax Board Judgment

Improvements* \$ _____
Prorated Assessment \$ _____
for _____ months

Improvements \$ _____
Prorated Assessment \$ _____
for _____ months

For Omitted or Omitted/Added Assessment ONLY

Said property is the subject of an omitted or omitted/added assessment for the assessment year _____ as follows:

Original Assessment

County Tax Board Judgment

Land \$ _____
Improvements* \$ _____
Prorated Assessment \$ _____
for _____ months

Land \$ _____
Improvements \$ _____
Prorated Assessment \$ _____
for _____ months

Do you or your client have any needs under the Americans with Disabilities Act? Yes No

Yes

No

If yes, please identify any requirements or accommodations you may require.

Will an interpreter be needed? Yes No

Yes

No

If yes, for what language _____

Please Note: Only an interpreter registered with the Administrative Office of the Courts may be used during a court proceeding.

I certify that confidential personal identifiers have been removed from documents now submitted to the court, and will be removed from all documents submitted in the future in accordance with Rule 1:38-7(b)

Dated _____

Signed _____

Make Filing Fee checks payable to: **Treasurer, State of New Jersey**
Mailing Address: Tax Court Management Office, P.O. Box 972, Trenton, NJ 08625-0972