

Attorney(s):
Law Firm:
Address:

Telephone No.:
Fax No.:
Attorney(s) for:

	Plaintiff(s)
vs.	
	Defendant(s)

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 Spouse _____
Date of Marriage _____
Date of Separation _____
Date of Complaint _____

ISSUES IN DISPUTE:

Cause of Action _____
Custody _____
Alimony _____
Child Support _____
Equitable Distribution _____
Counsel Fees _____
Other _____

Does an agreement exist between parties relevant 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 of all Child(ren); Person with whom Child(ren) Resides:

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. Name and Address of Your Employer (Provide Name and Address of Business if Self-Employed)

Name of Employer _____ Address _____

Name of Employer _____ Address _____

2. Health Insurance and Life Insurance Information: **ATTACH** Affidavit of Insurance Coverage as required by Court Rule 5:4-2(f) (See Part G)

3. Additional Identification: Social Security #: _____

State Driver's License Number _____ Eye Color _____

4. **ATTACH** sheet listing all prior/pending family actions involving support, custody, or Domestic Violence, listing Docket Number, County, State, and the disposition reached.

PART C - INCOME INFORMATION: Complete this section for yourself and (if known) for spouse. **ATTACH** to this form a corporate benefits statement as well as a statement of all fringe benefits of employment.

1. LAST YEAR'S INCOME

	Yours	Joint	Spouse or Former Spouse
1. Gross earned income last calendar year () (specify year) _____	_____	_____	_____
2. Unearned income (same year) _____	_____	_____	_____
3. Total Income Taxes paid on above income (inc. Fed., State, F.I.C.A. and S.U.I.). If Joint Return, use middle line _____	_____	_____	_____
4. Net Income (1+2 - 3) _____	_____	_____	_____

ATTACH a full and complete copy of last year's Federal and State Income Tax Returns. If none has been filed, **ATTACH** W-2 statements, 1099's, Schedule C's, etc. to show total income plus a copy of the most recently filed Tax Returns. Check if attached: Fed. Tax Return State Tax Return W-2 Other

2. PRESENT EARNED INCOME

	Yours	Spouse (if known)
1. Average Gross monthly income (based on last 3 pay periods computed at 4.3 weeks per month -- ATTACH pay stubs) Commissions and bonuses, etc. are () included* () not included* () 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 month: check all types of withholdings () Federal () State () F.I.C.A. () S.U.I. () Other	\$ _____	_____
3. Net Average Income (1- 2)	\$ _____	_____



3. YOUR YEAR-TO-DATE EARNED INCOME

Provide Dates: From _____ To _____

number of weeks for
which income has been
received _____

1. GROSS EARNED INCOME \$ _____

2. TAX DEDUCTIONS: (Number of dependents _____)

- 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 actually made g. \$ _____
 - h. Other (specify) h. \$ _____
- TOTAL \$ _____

3. GROSS INCOME NET OF TAXES \$ _____

4. OTHER DEDUCTIONS

if mandatory, check box

- a. Hospitalization/Medical Insurance a. \$ _____
 - b. Life Insurance b. \$ _____
 - c. Pension/Profit Sharing Plan c. \$ _____
 - d. Savings/Bond Plan d. \$ _____
 - e. Wage Execution e. \$ _____
 - f. Retirement Fund Payments f. \$ _____
 - g. Medical Reimbursement (flex fund) g. \$ _____
 - h. Other (specify) h. \$ _____
- TOTAL \$ _____

5. NET YEAR-TO-DATE EARNED INCOME \$ _____

NET AVERAGE EARNED INCOME PER MONTH \$ _____



Source	How Often Paid	Year to Date Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL YEAR-TO-DATE GROSS UNEARNED INCOME \$ _____

5. HISTORY OF ADDITIONAL COMPENSATION

1. Have you received a bonus(es) during the current calendar year? If so, state the date(s) of receipt and set forth the gross and net amounts received.
2. Did you receive a bonus(es) during the immediate past calendar year? If so, state the date(s) of receipt and set forth the gross and net amounts received.
3. Have you received any other supplemental compensation during either the current or immediate past calendar year? If so, state the date(s) of receipt and set forth the gross and net amounts received. Also describe the nature of any supplemental compensation received.

PART D - MONTHLY EXPENSES (computed at 4.3 wks/mo.)
Should reflect standard of living established during marriage, but not repeat those income deductions listed on Part C.

Yours and children (# _____) residing with you	Expenses paid for spouse and/or children (# _____) not residing with you
_____	_____

SCHEDULE A: SHELTER

If Tenant:

Rent	\$ _____	\$ _____
Heat (if not furnished)	_____	_____
Electric & Gas (if not furnished)	_____	_____
Renter's Insurance	_____	_____
Parking (at apartment)	_____	_____
Other Charges (itemized)	_____	_____

If Homeowner:

Mortgage	\$ _____	\$ _____
Real Estate Taxes (unless included with mortgage payment)	_____	_____
Homeowner's Insurance (unless included with mortgage payment)	_____	_____
Repairs and maintenance	_____	_____
Heat (unless electric or gas)	_____	_____
Electric & Gas	_____	_____
Water and Sewer	_____	_____
Garbage Removal	_____	_____
Other Mortgages or Home Equity Loans (Specify)	_____	_____
	_____	_____
	_____	_____
Snow Removal	_____	_____
Lawn Care	_____	_____
Maintenance Charges (condo/co-op)	_____	_____
Other charges (Itemize)	_____	_____
	_____	_____

Tenant or Homeowner:

Telephone	\$ _____	\$ _____
Mobile/Cellular Telephone	_____	_____
Service Contracts on Equipment	_____	_____
Cable TV	_____	_____
Equipment and furnishings	_____	_____
Internet Charges	_____	_____
Other (Itemize)	_____	_____

TOTAL	\$ _____	\$ _____
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SHELTER COMBINED TOTAL \$ _____

SCHEDULE B: TRANSPORTATION

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

TOTAL	# _____	\$ _____
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TRANSPORTATION COMBINED TOTAL \$ _____



STATEMENT OF ASSETS

Description	Title to Property (H,W,J)	If you contend asset is fully or partially exempt from equitable distribution, state reason:	Value (\$)	Date of Evaluation Mo/Day/Yr
1. Real Property				
_____	_____	_____	\$	_____
_____	_____	_____	\$	_____
_____	_____	_____	\$	_____
_____	_____	_____	\$	_____
_____	_____	_____	\$	_____
2. Bank Accounts, Certificates of Deposit				
_____	_____	_____	\$	_____
_____	_____	_____	\$	_____
_____	_____	_____	\$	_____
_____	_____	_____	\$	_____
3. Vehicles				
_____	_____	_____	\$	_____
_____	_____	_____	\$	_____
_____	_____	_____	\$	_____
4. Tangible Personal Property				
_____	_____	_____	\$	_____
_____	_____	_____	\$	_____
_____	_____	_____	\$	_____
_____	_____	_____	\$	_____
5. Stocks and Bonds				
_____	_____	_____	\$	_____
_____	_____	_____	\$	_____
_____	_____	_____	\$	_____
_____	_____	_____	\$	_____
6. Pension, Profit-Sharing, Retirement Plan(s), I.R.A.s, 401(k)s, etc.				
_____	_____	_____	\$	_____
_____	_____	_____	\$	_____
_____	_____	_____	\$	_____
_____	_____	_____	\$	_____
7. Businesses, Partnerships, Professional Practices				
_____	_____	_____	\$	_____
_____	_____	_____	\$	_____
_____	_____	_____	\$	_____
_____	_____	_____	\$	_____
8. Life Insurance (cash surrender value – not death benefit)				
_____	_____	_____	\$	_____
_____	_____	_____	\$	_____
_____	_____	_____	\$	_____
9. Other (specify)				
_____	_____	_____	\$	_____
_____	_____	_____	\$	_____
_____	_____	_____	\$	_____
TOTAL GROSS ASSETS			\$	_____



PART F - STATEMENT OF SPECIAL PROBLEMS (Provide a Brief Narrative Statement of Any Special Problems Involving This Case): As an 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 - ATTACH AFFIDAVIT OF INSURANCE COVERAGE AS REQUIRED BY COURT RULE 5:4-2(f).

PART H - ATTACH CHILD SUPPORT GUIDELINES WORKSHEETS, AS APPLICABLE, BASED UPON AVAILABLE INFORMATION.

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

DATED: _____ SIGNED: _____

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 _____
- 2. Your last calendar year's W-2 statements and 1099s _____
- 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. _____
- 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. _____
- 6. Any agreements between the parties _____
- 7. A statement of prior/pending cases. (Part B-4) _____



CHILD SUPPORT GUIDELINES - SOLE PARENTING WORKSHEET

Case Name:	County:
vs.	Docket No.:
<i>Plaintiff</i>	<i>Defendant</i>
Custodial Parent is the <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant	Number of Children:

<i>All amounts must be weekly</i>	Custodial	Non-Custodial	Combined
1. Gross Taxable Income	\$	\$	
1a. Mandatory Retirement Contributions (non-taxable)	-\$	-\$	
1b. Alimony Paid (Current and/or Past Relationships)	-\$	-\$	
1c. Alimony Received (Current and/or Past Relationships)	+\$	+\$	
2. Adjusted Gross Taxable Income ((L1-L1a-L1b) + L1c)	\$	\$	
2a. Federal, State and Local Income Tax Withholding	-\$	-\$	
2b. Prior Child Support Orders (Past Relationships)	-\$	-\$	
2c. Mandatory Union Dues	-\$	-\$	
2d. Other Dependent Deduction (from separate worksheet)	-\$	-\$	
3. Net Taxable Income (L2-L2a-L2b-L2c-L2d)	\$	\$	
4. Non-Taxable Income (source:)	+\$	+\$	
5. Net Income (L3 + L4)	\$	\$	\$
6. Percentage Share of Income (L5 Each Parent + L5 Combined)			100%
7. Basic Child Support Amount (from Appendix IX-F Schedules)			\$
8. Net Work-Related Child Care (from Appendix IX-E Worksheet)			+\$
9. Child's Share of Health Insurance Premium			+\$
10. Unreimbursed Health Care Expenses over \$250 per child per year			+\$
11. Other Extraordinary Expenses - Approved by the Court			+\$
12. Government Benefits for the Child			-\$
13. Total Child Support Amount ((L7+L8+L9+L10+L11)-L12)			\$
→ IF LINE 13 TOTAL SUPPORT AMOUNT IS ZERO, STOP - BENEFIT APPORTIONMENT IS SUBSTITUTED FOR SUPPORT ORDER ←			
14. Each Parent's Share of the Support Obligation (L6 x L13)	\$	\$	
15. Net Work-Related Child Care Paid		-\$	
16. Health Insurance Premium for the Child Paid		-\$	
17. Unreimbursed Health Care Expenses Paid (>\$250 / child / year)		-\$	
18. Other Extraordinary Expenses Paid		-\$	
19. Adjustment for Visitation Expenses (L7 x %time x 0.37). <i>Note: Not presumptive in some low income situations - see App. IX-A., ¶19.</i>		-\$	
20. Net Child Support Obligation (L14-L15-L16-L17-L18-L19)		\$	
→ IF NEITHER PARENT IS REQUESTING THE OTHER-DEPENDENT ADJUSTMENT, GO TO LINE 24. ←			
21. Child Support Order WITH Other-Dependent Deduction		\$	
22. Child Support Order WITHOUT Other-Dependent Deductions		\$	
23. Adjusted Child Support Order ((L21+L22) ÷ 2)		\$	

Continued on Page 2

SAMPLE