

## Instructions for Completing the Foreclosure Case Information Statement (FCIS)

Use this as a cover letter for a party's first pleading. Plaintiffs must complete the **entire** form. Defendants complete **Section A only, print their name(s), and sign and date** the form at the designed area at the bottom.

### Section A

1. Under *Caption*, enter the name of the case (the name(s) of the plaintiff(s) vs. the defendant(s)). For example: John Doe, Plaintiff vs. Mary Smith, Defendant.
2. Under the *County of Venue*, enter the county where the property is located.
3. Under *Docket Number*, enter the docket number of your case, if known.
4. Under *Name(s) of Filing Party(ies)* enter your name and party type (plaintiff or defendant). For example: John Doe, Plaintiff or Mary Smith, Defendant.
5. Under *Document Type*, enter the type of paper are you filing. Select the appropriate checkbox for your filing:  Complaint,  Answer,  Other
6. Under *Attorney Name*, list the name of your attorney (if applicable). If you are not represented by an attorney, enter your name.
7. Under *Firm Name*, enter your attorney's firm name. If you are not represented by an attorney, leave this space blank.
8. Under *Mailing Address*, enter the mailing address of your attorney (if applicable). If you are not represented by an attorney, enter your address.
9. Under *Daytime Phone Number*, enter a telephone number (including area code) where you can be reached during the day.

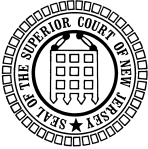
### Section B (If you are the Plaintiff complete Section B. Otherwise skip to the signature section)

1. In the *Foreclosure Case Type Number* section, select the response that best describes your case.
2. In the next section select the appropriate response (yes or no) to each of the three questions. If you select "yes" for "Related Pending Case" list any and all docket numbers.
3. In the *Full Physical Street Address of Property* section, enter the **complete** physical address for the property being foreclosed on, including apartment number.
4. Enter the municipality code for the property being foreclosed on. (The Municipality Codes can be found at [http://www.njcourts.gov/forms/11343\\_municodes.pdf](http://www.njcourts.gov/forms/11343_municodes.pdf))
5. Enter the municipal block and lot numbers.

### Signature Section (To be completed by all parties)

1. Under *Attorney/Self Represented Signature*, either your attorney or you (if appearing *Pro Se*) must sign. If the document is being filed on behalf of more than one self-represented litigant, than all parties must sign and date the form.
2. Under *Print Attorney/Self Represented Name*, please print either your attorney's name or the names of **all** self-represented litigants for whom the document is being filed.
3. Date the form.
4. **Note:** when you fill out this form, you are certifying that the statements made on the form are true. If you willfully make false statements, you may be subject to punishment.

Appendix XII-B2

 <p><b>FORECLOSURE CASE INFORMATION STATEMENT (FCIS)</b></p> <p><b>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.</b></p>	<p><b>FOR USE BY CLERK’S OFFICE ONLY</b></p> <p>PAYMENT TYPE: <input type="checkbox"/> CK <input type="checkbox"/> CG <input type="checkbox"/> CA <input type="checkbox"/> MO</p> <p>RECEIPT NO. _____</p> <p>AMOUNT: _____</p> <p>OVERPAYMENT: _____</p> <p>BATCH NUMBER: _____</p> <p>BATCH DATE: _____</p>
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**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**

<p>FORECLOSURE CASE TYPE NUMBER</p> <p><input type="checkbox"/> 088 IN PERSONAM TAX FORECLOSURE</p> <p><input type="checkbox"/> 089 IN REM TAX FORECLOSURE</p> <p><input type="checkbox"/> 0RF RESIDENTIAL MORTGAGE FORECLOSURE</p> <p><input type="checkbox"/> 0CF COMMERCIAL MORTGAGE FORECLOSURE</p> <p><input type="checkbox"/> 0CD CONDOMINIUM OR HOMEOWNER’S ASSOCIATION LIEN FORECLOSURE</p> <p><input type="checkbox"/> 091 STRICT FORECLOSURE</p> <p><input type="checkbox"/> 0FP OPTIONAL FORECLOSURE PROCEDURE (NO SALE)</p> <p><input type="checkbox"/> 0TS TIME SHARE FORECLOSURE</p>	<p>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</p> <p>PURCHASE MONEY MORTGAGE <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>RELATED PENDING CASE <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, LIST DOCKET NUMBERS:</p>
<p>FULL PHYSICAL STREET ADDRESS OF PROPERTY:</p> <p>ZIP CODE _____ COUNTY: _____</p>	<p>MUNICIPALITY CODE (*) _____</p> <p>MUNICIPAL BLOCK: _____</p> <p>(LOTS) _____</p>

**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

\*The Municipality Codes can be found at [http://www.njcourts.gov/forms/11343\\_municodes.pdf](http://www.njcourts.gov/forms/11343_municodes.pdf)