

**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**  
**Correction of Error in Assessment (CIS-C/E)**

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

**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 *Rule 8:11-(a)(2)*.

Check for Small Claims Division

Filing Fee Submitted \$	Check / other	Attorney Charge Account #
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**Part A. Fill in the following:**

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"/> Other _____	<input type="checkbox"/> Vacant Land		
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.	Type of error (check one)	
	<input type="checkbox"/> Typographical <input type="checkbox"/> Transposition <input type="checkbox"/> Other _____	
8.	Is any action pending before the Tax Court for above property for a prior year(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Year(s) _____	
9.	Is the Verified Affidavit complete and attached to complaint?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Do you or your client have any needs under the Americans with Disabilities Act? If yes, please identify any requirements or accommodations you may require.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Will an interpreter be needed? <input type="checkbox"/> Yes <input type="checkbox"/> No     If yes, for what language _____	
	<b>Please Note:</b> 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 <i>Rule 1:38-7(b)</i>	
	_____ Dated	_____ Signed
	Make Filing Fee checks payable to: <b>Treasurer, State of New Jersey</b>	
	<b>Mailing Address:</b> Tax Court Management Office, P.O. Box 972, Trenton, NJ 08625-0972	