

NOTICE TO THE BAR

DOMESTIC VIOLENCE – REVISED CONFIDENTIAL VICTIM INFORMATION SHEET

This Notice is to inform the bar of the revisions to the Confidential Victim Information Sheet (“CVIS”) used in domestic violence matters. The plaintiff/victim completes the CVIS when she or he arrives at a Superior Court courthouse to file a domestic violence complaint. The information on the CVIS is used by staff to retrieve the parties’ case histories from the courts’ automated case management systems. Since the CVIS contains personal identifying information regarding the plaintiff/victim and any children, such as address, place of employment, social security number and more, it is a confidential court document and may not be provided to anyone, including the defendant.

Pazienza v. Camarata, 381 N.J. Super. 173 (App. Div. 2005), raised concerns with the version of the CVIS in use at that time, in particular its inclusion of plaintiff’s specific allegations in the narrative as well as answers to specific questions that may or may not have been included in the domestic violence complaint, that is, incident-related information that the defendant would be entitled to receive under due process. To address those concerns, the Supreme Court directed that the CVIS be revised so as to include only the identification information relating to the plaintiff and any children, and not to include any incident-related information. The Court further directed that the domestic violence complaint form be modified as well so as to ensure that completed complaints contain a complete description of the underlying domestic violence incident on which the complaint is based. The Court’s actions were intended to preserve the confidential nature of the CVIS, since any incident-related information that the defendant would be entitled to receive will be set forth in the complaint itself, and not in the CVIS. The revised CVIS, which the Administrative Director has promulgated to the vicinages, is included with this notice for the bar’s information.

Questions regarding this Notice or the CVIS may be directed to Assistant Director Harry T. Cassidy, Family Practice Division, Administrative Office of the Courts, at 609-984-4228.

/s/ Philip S. Carchman

Philip S. Carchman, P.J.A.D.
Acting Administrative Director of the Courts

Dated: August 13, 2008



New Jersey Judiciary
CONFIDENTIAL VICTIM INFORMATION SHEET
 (DO NOT GIVE TO DEFENDANT)

Date: _____

Your Information (Party Filing-Plaintiff)	Information of Person you're filing against (Defendant)
Name of Police Department where you reside:	Name of Police Department where defendant resides:
Name Any Prior Names	Name AKA
Street Address	Street Address
City	City
Zip	Zip
Phone (h) (cell)	Phone (h) (cell)
SS#	SS#
Birth Date	Birth Date
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Race	Race
Employment Information Employer	Employment Information Employer
Address	Address
Phone	Phone
Days Hours	Days Hours
Emergency Contact Name	Other place(s) defendant may be reached
Phone	

**CONFIDENTIAL VICTIM INFORMATION SHEET
(DO NOT GIVE TO DEFENDANT)**

<p>Relationship to Defendant</p> <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Never married <input type="checkbox"/> Currently living together <input type="checkbox"/> Previously lived together <input type="checkbox"/> Have child(ren) with defendant <input type="checkbox"/> Expecting child with the defendant <input type="checkbox"/> Have had a dating relationship <input type="checkbox"/> Family relationship (specify)	<p>Defendant Identifier's</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">Height</td> <td style="width:25%;"></td> <td style="width:25%;">Eye Color</td> <td style="width:25%;"></td> </tr> <tr> <td>Weight</td> <td></td> <td>Hair Color</td> <td></td> </tr> <tr> <td>Complexion</td> <td><input type="checkbox"/> Light</td> <td><input type="checkbox"/> Medium</td> <td><input type="checkbox"/> Dark</td> </tr> <tr> <td colspan="4">Scars, Tattoos, Glasses, Facial Hair, Body Piercing</td> </tr> <tr> <td colspan="4">Other</td> </tr> <tr> <td colspan="4">Defendant's vehicle</td> </tr> <tr> <td>Make</td> <td>Model</td> <td>Year</td> <td>Color</td> </tr> <tr> <td></td> <td></td> <td></td> <td>License plate #</td> </tr> </table>	Height		Eye Color		Weight		Hair Color		Complexion	<input type="checkbox"/> Light	<input type="checkbox"/> Medium	<input type="checkbox"/> Dark	Scars, Tattoos, Glasses, Facial Hair, Body Piercing				Other				Defendant's vehicle				Make	Model	Year	Color				License plate #
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<p>Do you and the defendant have children together?</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">Name</th> <th style="width:15%;">DOB</th> <th style="width:15%;">SS#</th> <th style="width:20%;">Resides with</th> </tr> </thead> <tbody> <tr><td>1. _____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>2. _____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>3. _____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>4. _____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>5. _____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>6. _____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>7. _____</td><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table>		Name	DOB	SS#	Resides with	1. _____	_____	_____	_____	2. _____	_____	_____	_____	3. _____	_____	_____	_____	4. _____	_____	_____	_____	5. _____	_____	_____	_____	6. _____	_____	_____	_____	7. _____	_____	_____	_____
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6. _____	_____	_____	_____																														
7. _____	_____	_____	_____																														
<p>Are there any custody/visitation/support orders pending or in effect?</p> <p>Where _____ Docket Number _____</p> <p>Child Support Case Number _____</p>																																	
<p>Are you currently asking the court for child support or medical coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>																																	
<p>Does either party require an interpreter or have other special needs? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Describe _____</p>																																	
<p>Does the defendant have a criminal history? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>																																	
<p>Do you have a lawyer for this matter? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Name _____ Phone _____</p>																																	

YOU WILL BE ASKED ABOUT THE INCIDENT WHICH BROUGHT YOU HERE TODAY. PLEASE BE PREPARED TO DISCUSS THE INCIDENT, PLUS ANY PRIOR HISTORY, IF APPLICABLE.