

NOTICE TO THE BAR

Re: Revised Case Information Statement (CIS) Forms — Compliance with New Rule 1:38-7(c)(1) — Certification of Redaction of Confidential Personal Identifiers

Amended Rule 1:38, "Public Access to Court Records and Administrative Records," becomes effective on September 1, 2009. New Rule 1:38-7(c)(1) requires that "In every trial Division of the Superior Court where a Case Information Statement is required, parties shall certify in the Case Information Statement that all confidential personal identifiers have been redacted and that subsequent papers submitted to the court will not contain confidential personal identifiers in accordance with the provisions of this rule." Please note, however, that, pursuant to new Rule 1:38-3(d)(1), Family Part case information statements and their attachments are confidential and shall be excluded from public access. Therefore, redacting personal identifiers from the Family Part case information statement and its attachments is not necessary.

In accordance with the above-quoted section of the rule, the Supreme Court has approved specific language certifying to the redaction of personal identifiers, which language has been added to the Civil, Foreclosure and Family CIS forms. Effective September 1, 2009, these revised versions of the respective case information statements, all of which were promulgated as part of the July 16, 2009 omnibus rule amendment order, must be used rather than any prior versions. Pursuant to Rule 1:5-6(c)(1), Civil Part and Foreclosure staff are authorized to return to the filer, stamped "Received but Not Filed," any first pleading that is not accompanied by the amended CIS form.

Copies of the Civil CIS (Rules Appendix X11-B1), the Foreclosure CIS (Rules Appendix XII-B2), and the Family Part CIS (Rules Appendix V), all as amended by the July 16, 2009 order so as to include the Court-approved certification language, accompany this notice.

/s/ Glenn A. Grant

Glenn A. Grant, J.A.D.
Acting Administrative Director of the Court

Dated: August 14, 2009

Appendix V

FAMILY PART CASE INFORMATION STATEMENT

This form and attachments are confidential pursuant to Rules 1:38-3(d)(1) and 5:5-2(f)

Attorney(s):
Office Address
Tel. No./Fax No.
Attorney(s) for:

Plaintiff,

Defendant.

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 Other Party _____
Date of Marriage _____
Date of Separation _____
Date of Complaint _____
Does an agreement exist between parties relative to any issue? Yes No. If Yes, ATTACH a copy (if written) or a summary (if oral).

ISSUES IN DISPUTE:

Cause of Action _____
Custody _____
Parenting Time _____
Alimony _____
Child Support _____
Equitable Distribution _____
Counsel Fees _____
Other issues [be specific] _____

1. Name and Addresses of Parties:

Your Name _____
Street Address _____ City _____ State/Zip _____
Other Party's Name _____
Street Address _____ City _____ State/Zip _____

2. Name, Address, Birthdate and Person with whom children reside:

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. Information about Employment (Provide Name & Address of Business, if Self-employed)

Name of Employer/Business _____ Address _____

Name of Employer/Business _____ Address _____

2. Do you have Insurance obtained through Employment/Business? Yes No. Type of Insurance:

Medical Yes No; Dental Yes No; Prescription Drug Yes No; Life Yes No; Disability Yes No
Other (explain) _____

Is Insurance available through Employment/Business? Yes No Explain: _____

3. ATTACH affidavit of Insurance Coverage as required by Court Rule 5:4-2 (f) (See Part G)

4. Additional Identification:

Confidential Litigant Information Sheet: Filed Yes No

5. ATTACH a list of all prior/pending family actions involving support, custody or Domestic Violence, with the Docket Number, County, State and the disposition reached. Attach copies of all existing Orders in effect.

PART C. - INCOME INFORMATION:

Complete this section for self and (if known) for spouse.

1. LAST YEAR'S INCOME

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

ATTACH to this form a corporate benefits statement as well as a statement of all fringe benefits of employment. (See Part G)

ATTACH a full and complete copy of last year's Federal and State Income Tax Returns. ATTACH W-2 statements, 1099's, Schedule C's, etc., to show total income plus a copy of the most recently filed Tax Returns. (See Part G)

Check if attached: Federal Tax Return State Tax Return W-2 Other

2. PRESENT EARNED INCOME AND EXPENSES

	Yours	Other Party (if known)
1. Average gross weekly income (based on last 3 pay periods – ATTACH pay stubs) Commissions and bonuses, etc., are: <input type="checkbox"/> included <input type="checkbox"/> not included* <input type="checkbox"/> 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 week (check all types of withholdings): <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> F.I.C.A <input type="checkbox"/> Other	\$ _____	\$ _____
3. Net average weekly income (1 - 2)	\$ _____	\$ _____

3. YOUR CURRENT YEAR-TO-DATE EARNED INCOME

1. GROSS EARNED INCOME: \$ _____	Provide Dates: From: _____ To: _____
2. TAX DEDUCTIONS: (Number of Dependents: _____)	Number of Weeks _____
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 g. \$ _____
- h. h. \$ _____
- i. i. \$ _____

TOTAL \$ _____

3. GROSS INCOME NET OF TAXES \$ _____

4. OTHER DEDUCTIONS

If mandatory, check box

- a. Hospitalization/Medical Insurance a. \$ _____
- b. Life Insurance b. \$ _____
- c. Union Dues c. \$ _____
- d. 401(k) Plans d. \$ _____
- e. Pension/Retirement Plans e. \$ _____
- f. Other Plans - specify f. \$ _____
- g. Charity g. \$ _____
- h. Wage Execution h. \$ _____
- i. Medical Reimbursement (flex fund) i. \$ _____
- j. Other j. \$ _____

TOTAL \$ _____

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

NET AVERAGE EARNED INCOME PER MONTH: \$ _____

NET AVERAGE EARNED INCOME PER WEEK \$ _____

4. YOUR YEAR-TO-DATE GROSS UNEARNED INCOME FROM ALL SOURCES
 [including, but not limited to, income from unemployment, disability and/or social security payments, interest, dividends, rental income and any other miscellaneous unearned income]

Source	How often paid	Year to date amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

TOTAL GROSS UNEARNED INCOME YEAR TO DATE \$ _____

5. ADDITIONAL INFORMATION:

1. How often are you paid? _____
2. What is your annual salary? \$ _____
3. Have you received any raises in the current year? Yes No. If yes, provide the date and the gross/net amount.

4. Do you receive bonuses, commissions, or other compensation, including distributions, taxable or non-taxable, in addition to your regular salary? Yes No. If yes, explain.

5. Did you receive bonuses, commissions, or other compensation, including distributions, taxable or non-taxable, in addition to your regular salary during the current or immediate past calendar year? Yes No. If yes, explain and state the date(s) of receipt and set forth the gross and net amounts received.

6. Do you receive cash or distributions not otherwise listed? Yes No. If yes, explain.

7. Have you received income from overtime work during either the current or immediate past calendar year? Yes No. If yes, explain.

8. Have you been awarded or granted stock options, restricted stock or any other non-cash compensation or entitlement during the current or immediate past calendar year? Yes No. If yes, explain.

9. Have you received any other supplemental compensation during either the current or immediate past calendar year? Yes No. If yes, state the date(s) of receipt and set forth the gross and net amounts received. Also describe the nature of any supplemental compensation received.

10. Have you received income from unemployment, disability and/or social security during either the current or immediate past calendar year? Yes No. If yes, state the date(s) of receipt and set forth the gross and net amounts received.

11. List the names of the dependents you claim. _____

12. Are you paying or receiving any alimony? Yes No. If yes, how much and to whom paid or from who received?

13. Are you paying or receiving any child support? Yes No. If yes, list names of the children, the amount paid or received for each child and to whom paid or from whom received.

14. Is there a wage execution in connection with support? Yes No. If yes explain.

15. Has a dependent child of yours received income from social security, SSI or other government program during either the current or immediate past calendar year? Yes No. If yes, explain the basis and state the date(s) of receipt and set forth the gross and net amounts received.

16. Explanation of Income or Other Information:

PART D - - MONTHLY EXPENSES (computed at 4.3 wks/mo.)

Joint Marital Life Style should reflect standard of living established during marriage. Current expenses should reflect the current life style. Do not repeat those income deductions listed in Part C - 3.

	Joint Marital Life Style Family, including _____ children	Current Life Style Yours and _____ children
SCHEDULE A: SHELTER		
If Tenant	\$ _____	\$ _____
Rent.....	\$ _____	\$ _____
Heat (if not furnished).....	\$ _____	\$ _____
Electric & Gas (if not furnished).....	\$ _____	\$ _____
Renter's Insurance	\$ _____	\$ _____
Parking (at Apartment)	\$ _____	\$ _____
Other charges (Itemize).....	\$ _____	\$ _____
 If Homeowner	 \$ _____	 \$ _____
Mortgage	\$ _____	\$ _____
Real Estate Taxes (if not included w/mortgage payment).....	\$ _____	\$ _____
Homeowners Ins (if not included w/mortgage payment)	\$ _____	\$ _____
Other Mortgages or Home Equity Loans	\$ _____	\$ _____
Heat (unless Electric or Gas)	\$ _____	\$ _____
Electric & Gas.....	\$ _____	\$ _____
Water & Sewer	\$ _____	\$ _____
Garbage Removal	\$ _____	\$ _____
Snow Removal.....	\$ _____	\$ _____
Lawn Care.....	\$ _____	\$ _____
Maintenance.....	\$ _____	\$ _____
Repairs	\$ _____	\$ _____
Other Charges (Itemize).....	\$ _____	\$ _____
 Tenant or Homeowner:	 \$ _____	 \$ _____
Telephone	\$ _____	\$ _____
Mobile/Cellular Telephone	\$ _____	\$ _____
Service Contracts on Equipment.....	\$ _____	\$ _____
Cable TV.....	\$ _____	\$ _____
Plumber/Electrician	\$ _____	\$ _____
Equipment & Furnishings	\$ _____	\$ _____
Internet Charges.....	\$ _____	\$ _____
Other (itemize).....	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____

SCHEDULE B: TRANSPORTATION

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

SCHEDULE C: PERSONAL

	Joint Marital Life Style Family, including _____ children	Current Life Style Yours and _____ children
Food at Home & household supplies	\$ _____	\$ _____
Prescription Drugs	\$ _____	\$ _____
Non-prescription drugs, cosmetics, toiletries & sundries.....	\$ _____	\$ _____
School Lunch	\$ _____	\$ _____
Restaurants.....	\$ _____	\$ _____
Clothing	\$ _____	\$ _____
Dry Cleaning, Commercial Laundry	\$ _____	\$ _____
Hair Care.....	\$ _____	\$ _____
Domestic Help	\$ _____	\$ _____
Medical (exclusive of psychiatric)*	\$ _____	\$ _____
Eye Care*	\$ _____	\$ _____
Psychiatric/psychological/counseling*	\$ _____	\$ _____
Dental (exclusive of Orthodontic)*	\$ _____	\$ _____
Orthodontic*	\$ _____	\$ _____
Medical Insurance (hospital, etc.)*	\$ _____	\$ _____
Club Dues and Memberships	\$ _____	\$ _____
Sports and Hobbies	\$ _____	\$ _____
Camps.	\$ _____	\$ _____
Vacations	\$ _____	\$ _____
Children's Private School Costs.....	\$ _____	\$ _____
Parent's Educational Costs.....	\$ _____	\$ _____
Children's Lessons (dancing, music, sports, etc.)	\$ _____	\$ _____
Baby-sitting.....	\$ _____	\$ _____
Day-Care Expenses.....	\$ _____	\$ _____
Entertainment.....	\$ _____	\$ _____
Alcohol and Tobacco	\$ _____	\$ _____
Newspapers and Periodicals.....	\$ _____	\$ _____
Gifts	\$ _____	\$ _____
Contributions.	\$ _____	\$ _____
Payments to Non-Child Dependents	\$ _____	\$ _____
Prior Existing Support Obligations this family/other families (specify)	\$ _____	\$ _____
Tax Reserve (not listed elsewhere)	\$ _____	\$ _____
Life Insurance	\$ _____	\$ _____
Savings/Investment.....	\$ _____	\$ _____
Debt Service (from page 7) (not listed elsewhere).....	\$ _____	\$ _____
Parenting Time Expenses.....	\$ _____	\$ _____
Professional Expenses (other than this proceeding).....	\$ _____	\$ _____
Other (specify)	\$ _____	\$ _____

*unreimbursed only

TOTAL \$ _____ \$ _____

Please Note: If you are paying expenses for a spouse and/or children not reflected in this budget, attach a schedule of such payments.

Schedule A: Shelter	\$ _____	\$ _____
Schedule B: Transportation	\$ _____	\$ _____
Schedule C: Personal	\$ _____	\$ _____
Grand Totals	\$ _____	\$ _____

PART E - BALANCE SHEET OF ALL FAMILY ASSETS AND LIABILITIES

STATEMENT OF ASSETS

Description	Title to Property (H, W, J)	Date of purchase/acquisition. If claim that asset is exempt, state reason and value of what is claimed to be exempt	Value \$ Put * after exempt	Date of Evaluation Mo./Day/ Yr.
1. Real Property				
2. Bank Accounts, CD's				
3. Vehicles				
4. Tangible Personal Property				
5. Stocks and Bonds				
6. Pension, Profit Sharing, Retirement Plan(s) 401(k)s, etc. [list each employer]				
7. IRAs				
8. Businesses, Partnerships, Professional Practices				
9. Life Insurance (cash surrender value)				
10. Loans Receivable				
11. Other (specify)				
TOTAL GROSS ASSETS:			\$	
TOTAL SUBJECT TO EQUITABLE DISTRIBUTION:			\$	
TOTAL NOT SUBJECT TO EQUITABLE DISTRIBUTION:			\$	

PART F - STATEMENT OF SPECIAL PROBLEMS

Provide a brief narrative statement of any special problems involving this case: As 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.

I certify that, other than in this form and its attachments, 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).

I certify that the foregoing information contained herein is true. I am aware that if any of the foregoing information contained herein is willfully false, I am subject to punishment.

DATED: _____

SIGNED: _____



PART G - REQUIRED ATTACHMENTS

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. (Part C-1) _____
- 2. Your last calendar year's W-2 statements, 1099's, K-1 statements. _____
- 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. (Part C) _____
- 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. (Part C) _____
- 6. Affidavit of Insurance Coverage as required by Court Rule 5:4-2(f) (Part B-3) _____
- 7. List of all prior/pending family actions involving support, custody or Domestic Violence, with the Docket Number, County, State and the disposition reached. Attach copies of all existing Orders in effect. (Part B-5) _____
- 8. Attach details of each wage execution (Part C-5) _____
- 9. Schedule of payments made for a spouse and/or children not reflected in Part D. _____
- 10. Any agreements between the parties. _____
- 11. An Appendix IX Child Support Guideline Worksheet, as applicable, based upon available information. _____

[Note: Revised Family CIS adopted July 28, 2004 to be effective September 1, 2004; amended July xx, 2009 to be effective September 1, 2009.]

Appendix XII-B1

 <h2 style="margin: 0;">CIVIL CASE INFORMATION STATEMENT</h2> <p style="margin: 0;">(CIS)</p> <p style="margin: 0;">Use for initial Law Division Civil Part pleadings (not motions) under Rule 4:5-1 Pleading will be rejected for filing, under Rule 1:5-6(c), if information above the black bar is not completed or if attorney's signature is not affixed.</p>		FOR USE BY CLERK'S OFFICE ONLY
		PAYMENT TYPE: <input type="checkbox"/> CK <input type="checkbox"/> CG <input type="checkbox"/> CA
		CHG/CK NO.
		AMOUNT:
		OVERPAYMENT:
		BATCH NUMBER:
ATTORNEY/PRO SE NAME	TELEPHONE NUMBER ()	COUNTY OF VENUE
FIRM NAME (If applicable)		DOCKET NUMBER (When available)
OFFICE ADDRESS		DOCUMENT TYPE
		JURY DEMAND <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME OF PARTY (e.g., John Doe, Plaintiff)	CAPTION	
CASE TYPE NUMBER (See reverse side for listing)	IS THIS A PROFESSIONAL MALPRACTICE CASE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YOU HAVE CHECKED "YES," SEE N.J.S.A. 2A:53A-27 AND APPLICABLE CASE LAW REGARDING YOUR OBLIGATION TO FILE AN AFFIDAVIT OF MERIT.	
RELATED CASES PENDING? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, LIST DOCKET NUMBERS	
DO YOU ANTICIPATE ADDING ANY PARTIES (arising out of same transaction or occurrence)? <input type="checkbox"/> YES <input type="checkbox"/> NO	NAME OF DEFENDANT'S PRIMARY INSURANCE COMPANY, IF KNOWN <input type="checkbox"/> NONE <input type="checkbox"/> UNKNOWN	
THE INFORMATION PROVIDED ON THIS FORM CANNOT BE INTRODUCED INTO EVIDENCE.		
CASE CHARACTERISTICS FOR PURPOSES OF DETERMINING IF CASE IS APPROPRIATE FOR MEDIATION		
DO PARTIES HAVE A CURRENT, PAST OR RECURRENT RELATIONSHIP? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, IS THAT RELATIONSHIP <input type="checkbox"/> EMPLOYER-EMPLOYEE <input type="checkbox"/> FRIEND/NEIGHBOR <input type="checkbox"/> OTHER (explain) <input type="checkbox"/> FAMILIAL <input type="checkbox"/> BUSINESS	
DOES THE STATUTE GOVERNING THIS CASE PROVIDE FOR PAYMENT OF FEES BY THE LOSING PARTY? <input type="checkbox"/> YES <input type="checkbox"/> NO		
USE THIS SPACE TO ALERT THE COURT TO ANY SPECIAL CASE CHARACTERISTICS THAT MAY WARRANT INDIVIDUAL MANAGEMENT OR ACCELERATED DISPOSITION:		
	DO YOU OR YOUR CLIENT NEED ANY DISABILITY ACCOMMODATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PLEASE IDENTIFY THE REQUESTED ACCOMMODATION:
WILL AN INTERPRETER BE NEEDED? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, FOR WHAT LANGUAGE:
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 SIGNATURE:		



**CIVIL CASE INFORMATION STATEMENT
(CIS)**

Use for initial pleadings (not motions) under *Rule 4:5-1*

CASE TYPES (Choose one and enter number of case type in appropriate space on the reverse side.)

Track I — 150 days' discovery

- 151 NAME CHANGE
- 175 FORFEITURE
- 302 TENANCY
- 399 REAL PROPERTY (other than Tenancy, Contract, Condemnation, Complex Commercial or Construction)
- 502 BOOK ACCOUNT (debt collection matters only)
- 505 OTHER INSURANCE CLAIM (INCLUDING DECLARATORY JUDGMENT ACTIONS)
- 506 PIP COVERAGE
- 510 UM or UIM CLAIM
- 511 ACTION ON NEGOTIABLE INSTRUMENT
- 512 LEMON LAW
- 801 SUMMARY ACTION
- 802 OPEN PUBLIC RECORDS ACT (SUMMARY ACTION)
- 999 OTHER (Briefly describe nature of action)

Track II — 300 days' discovery

- 305 CONSTRUCTION
- 509 EMPLOYMENT (other than CEPA or LAD)
- 599 CONTRACT/COMMERCIAL TRANSACTION
- 603 AUTO NEGLIGENCE – PERSONAL INJURY
- 605 PERSONAL INJURY
- 610 AUTO NEGLIGENCE – PROPERTY DAMAGE
- 699 TORT – OTHER

Track III — 450 days' discovery

- 005 CIVIL RIGHTS
- 301 CONDEMNATION
- 602 ASSAULT AND BATTERY
- 604 MEDICAL MALPRACTICE
- 606 PRODUCT LIABILITY
- 607 PROFESSIONAL MALPRACTICE
- 608 TOXIC TORT
- 609 DEFAMATION
- 616 WHISTLEBLOWER / CONSCIENTIOUS EMPLOYEE PROTECTION ACT (CEPA) CASES
- 617 INVERSE CONDEMNATION
- 618 LAW AGAINST DISCRIMINATION (LAD) CASES
- 620 FALSE CLAIMS ACT

Track IV — Active Case Management by Individual Judge / 450 days' discovery

- 156 ENVIRONMENTAL/ENVIRONMENTAL COVERAGE LITIGATION
- 303 MT. LAUREL
- 508 COMPLEX COMMERCIAL
- 513 COMPLEX CONSTRUCTION
- 514 INSURANCE FRAUD
- 701 ACTIONS IN LIEU OF PREROGATIVE WRITS

Centrally Managed Litigation (Track IV)

- 280 Zelnorm
- 285 Stryker Trident Hip Implants

Mass Tort (Track IV)

- | | |
|---------------------------------------|--|
| 248 CIBA GEIGY | 279 GADOLINIUM |
| 266 HORMONE REPLACEMENT THERAPY (HRT) | 281 BRISTOL-MYERS SQUIBB ENVIRONMENTAL |
| 271 ACCUTANE | 282 FOSAMAX |
| 272 BEXTRA/CELEBREX | 283 DIGITEK |
| 274 RISPERDAL/SEROQUEL/ZYPREXA | 284 NUVARING |
| 275 ORTHO EVRA | 286 LEVAQUIN |
| 277 MAHWAH TOXIC DUMP SITE | 601 ASBESTOS |
| 278 ZOMETA/AREDIA | 619 VIOXX |


If you believe this case requires a track other than that provided above, please indicate the reason on Side 1, in the space under "Case Characteristics."

Please check off each applicable category:

Verbal Threshold

Putative Class Action

Title 59

 <h2 style="text-align: center;">FORECLOSURE CASE INFORMATION STATEMENT (FCIS)</h2> <p style="text-align: center;">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.</p>		FOR USE BY CLERK'S OFFICE ONLY
		PAYMENT TYPE: <input type="checkbox"/> CK <input type="checkbox"/> CG <input type="checkbox"/> CA <input type="checkbox"/> MO
		RECEIPT NO:
		AMOUNT:
		OVERPAYMENT:
		BATCH NUMBER:
		BATCH DATE:
SECTION A: TO BE COMPLETED BY ALL PARTIES		
CAPTION	COUNTY OF VENUE	
	DOCKET NUMBER (When available)	
NAME(S) OF FILING PARTY(IES)(<i>e.g.</i> , 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		
FORECLOSURE CASE TYPE NUMBER <input type="checkbox"/> 088 IN PERSONAM TAX FORECLOSURE <input type="checkbox"/> 089 IN REM TAX FORECLOSURE <input type="checkbox"/> 0RF RESIDENTIAL MORTGAGE FORECLOSURE <input type="checkbox"/> 0CF COMMERCIAL MORTGAGE FORECLOSURE) <input type="checkbox"/> 0CD CONDOMINIUM OR HOMEOWNER'S ASSOCIATION LIEN FORECLOSURE <input type="checkbox"/> 091 STRICT FORECLOSURE <input type="checkbox"/> 0FP OPTIONAL FORECLOSURE PROCEDURE (NO SALE)	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 PURCHASE MONEY MORTGAGE <input type="checkbox"/> YES <input type="checkbox"/> NO RELATED PENDING CASE <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, LIST DOCKET NUMBERS:	
FULL PHYSICAL STREET ADDRESS OF PROPERTY:	MUNICIPALITY CODE(*)	
ZIP CODE:	COUNTY:	MUNICIPAL BLOCK: (LOTS):
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

NEW JERSEY COUNTY/MUNICIPALITY CODES

ATLANTICCOUNTY

0101 ABSECONCITY
 0102 ATLANTICCITY
 0103 BRIGANTINECITY
 0104 BUENABORO
 0105 BUENAVISTATWP
 0106 CORBIN CITY
 0107 EGGHARBOR CITY
 0108 EGGHARBOR TWP
 0109 ESTELSMANORCITY
 0110 FOLSOMBORO
 0111 GALLOWAYTWP
 0112 HAMILTONTWP
 0113 HAMMONTONTOWN
 0114 LINWOODCITY
 0115 LONGPORTBORO
 0116 MARGATECITY
 0117 MULLICATWP
 0118 NORTHFIELD CITY
 0119 PLEASANTVILLECITY
 0120 PORTREPUBLICCITY
 0121 SOMERSPOINTCITY
 0122 VENTNORCITY
 0123 WEYMOUTH TWP

BERGENCOUNTY

0201 ALLENDALE BORO
 0202 ALPINE BORO
 0203 BERGENFIELDBORO
 0204 BOGOTABORO
 0205 CARLSTADTBORO
 0206 CLIFFSIDE PARKBORO
 0207 CLOSTERBORO
 0208 CRESSKILLBORO
 0209 DEMAREST BORO
 0210 DUMONTBORO
 0211 ELMWOOD PARK BORO
 0212 EASTRUTHERFORDBORO
 0213 EDGEWATERBORO
 0214 EMERSON BORO
 0215 ENGLEWOODCITY
 0216 ENGLEWOODCLIFFSBORO
 0217 FAIRLAWNBORO
 0218 FAIRVIEWBORO
 0219 FORTLEEBO
 0220 FRANKLINLAKESBORO
 0221 GARFIELD CITY
 0222 GLENROCKBORO
 0223 HACKENSACKCITY
 0224 HARRINGTON PARKBORO
 0225 HASBROUCK HEIGHTSBORO
 0226 HAWORTHBORO
 0227 HILLSDALEBORO
 0228 HOKHOKUS BORO
 0229 LEONIABORO
 0230 LITTLEFERRYBORO
 0231 LODIBORO
 0232 LYNHURSTTWP
 0233 MAHWAH TWP
 0234 MAYWOODBORO
 0235 MIDLAND PARKBORO
 0236 MONTVALEBORO
 0237 MOONACHIEBORO
 0238 NEWMILFORDBORO
 0239 NORTH ARLINGTONBORO
 0240 NORTHVALEBORO
 0241 NORWOODBORO
 0242 OAKLANDBORO
 0243 OLD TAPPANBORO
 0244 ORADELLBORO
 0245 PALISADESPARKBORO
 0246 PARAMUSBORO
 0247 PARK RIDGEBORO
 0248 RAMSEYBORO
 0249 RIDGEFIELDBORO
 0250 RIDGEFIELD PARK VILLAGE
 0251 RIDGEWOODVILLAGE
 0252 RIVER EDGEBORO
 0253 RIVER VALETWP
 0254 ROCHELLE PARKTWP
 0255 ROCKLEIGHBORO
 0256 RUTHERFORDBORO
 0257 SADDLEBROOKTWP
 0258 SADDLERIVERBORO
 0259 SHACKENSACKTWP
 0260 TEANECKTWP
 0261 TENAFLYBORO
 0262 TETERBORO
 0263 UPPESSADDLERIVERBORO
 0264 WALDWICKBORO
 0265 WALLINGTONBORO
 0266 WASHINGTONTWP
 0267 WESTWOODBORO
 0268 WOODCLIFFLAKEBORO
 0269 WOOD-RIDGEBORO
 0270 WYCKOFFTWP

BURLINGTONCOUNTY

0301 BASSRIVERTWP
 0302 BEVERLYCITY
 0303 BORDENTOWNCITY

0304 BORDENTOWN TWP
 0305 BURLINGTONCITY
 0306 BURLINGTONTWP
 0307 CHESTERFIELDTWP
 0308 CINNAMINSONTWP
 0309 DELANCOTWP
 0310 DELRANTWP
 0311 EASTAMPTONTWP
 0312 EDGEWATER PARKTWP
 0313 EVESHAMTWP
 0314 FIELDSBORO TWP
 0315 FLORENCE TWP
 0316 HAINESPORTTWP
 0317 WILLINGBOROTWP
 0318 LUMBERTONTWP
 0319 MANSFIELD TWP
 0320 MAPLESHADETWP
 0321 MEDFORDTWP
 0322 MEDFORDLAKESBORO
 0323 MOORESTOWN TWP
 0324 MOUNTHOLLYTWP
 0325 MOUNTLAURELTWP
 0326 NEWHANOVERTWP
 0327 NORTHHANOVERTWP
 0328 PALMYRABORO
 0329 PEMBERTONBORO
 0330 PEMBERTONTWP
 0331 RIVERSIDETWP
 0332 RIVERTONBORO
 0333 SHAMONGTWP
 0334 SOUTHAMPTONTWP
 0335 SPRINGFIELDTWP
 0336 TABERNACLETWP
 0337 WASHINGTONTWP
 0338 WESTAMPTONTWP
 0339 WOODLANDTWP
 0340 WRIGHTSTOWNBORO

CAMDENCOUNTY

0401 AUDUBONBORO
 0402 AUDUBON PARKBORO
 0403 BARRINGTONBORO
 0404 BELLMANORBORO
 0405 BERLINBORO
 0406 BERLINTWP
 0407 BROOKLAWN BORO
 0408 CAMDEN CITY
 0409 CHESILHURSTBORO
 0410 CLEMENTONBORO
 0411 COLLINGSWOODBORO
 0412 CHERRY HILLTWP
 0413 GIBBSBORO
 0414 GLOUCESTERCITY
 0415 GLOUCESTERTWP
 0416 HADDONTWP
 0417 HADDONFIELDBORO
 0418 HADDON HEIGHTSBORO
 0419 HI-NELLABORO
 0420 LAUREL SPRINGSBORO
 0421 LAWN SIDE BORO
 0422 LINDENWOLDBORO
 0423 MAGNOLIABORO
 0424 MERCHANTVILLEBORO
 0425 MOUNT PHEARIMBORO
 0426 OAKLYNBORO
 0427 PENNSAUKENTWP
 0428 PINEHILL BORO
 0429 PINEVALLEYBORO
 0430 RINERMEDE BORO
 0431 SOMERDALEBORO
 0432 STRATFORDBORO
 0433 TAVISTOCKBORO
 0434 VOORHEESTWP
 0435 WATERFORD TWP
 0436 WINSLOWTWP
 0437 WOOD-LYNNEBORO

CAPEMAYCOUNTY

0501 AVALONBORO
 0502 CAPE MAYCITY
 0503 CAPE MAY POINTBORO
 0504 DENNISTWP
 0505 LOWERTWP
 0506 MIDDLETWP
 0507 NORTHWILDWOODCITY
 0508 OCEAN CITY
 0509 SEA ISLECITY
 0510 STONEHARBORBORO
 0511 UPPER TWP
 0512 WESTCAPEMAYBORO
 0513 WESTWILDWOODBORO
 0514 WILDWOOD CITY
 0515 WILDWOOD CRESTBORO
 0516 WOODBINEBORO

CUMBERLANDCOUNTY

0601 BRIDGETON CITY
 0602 COMMERCIALTWP
 0603 DEERFIELDTWP
 0604 DOWNETWP
 0605 FAIRFIELDTWP

0606 GREENWICHTWP
 0607 HOPEWELLTWP
 0608 LAURENCETWP
 0609 MAURICERVERTWP
 0610 MILLVILLECITY
 0611 SHILOHBORO
 0612 STOWCREEKTWP
 0613 UPPERDEERFIELD TWP
 0614 VINELANDCITY

ESSEXCOUNTY

0701 BELLEVILLE TOWN
 0702 BLOOMFIELDTOWN
 0703 CALDWELL BORO
 0704 FAIRFIELDBORO
 0705 CEDARGROVETWP
 0706 EASTORANGECITY
 0707 ESSEXFALLSBORO
 0708 GLENRIDGEBORO
 0709 IRVINGTONTOWN
 0710 LIVINGSTONTWP
 0711 MAPLEWOOD TWP
 0712 MILLBURNTWP
 0713 MONTCLAIR TOWN
 0714 NEWARK CITY
 0715 CALDWELLBORO
 0716 NUTLEY TOWN
 0717 ORANGECITY
 0718 ROSELANDBORO
 0719 S ORANGETOWNSHIP
 0720 VERONABORO
 0721 WESTCALDWELLBORO
 0722 WESTORANGETOWN

GLOUCESTER COUNTY

0801 CLAYTONBORO
 0802 DEPTFORDTWP
 0803 E GREENWICHTWP
 0804 ELKTWP
 0805 FRANKLINTWP
 0806 GLASSBOROBORO
 0807 GREENWICHTWP
 0808 HARRISTONTWP
 0809 LOGAN TWP
 0810 MANTUATWP
 0811 MONROETWP
 0812 NATIONAL PARKBORO
 0813 NEWFIELDBORO
 0814 PAULSBOROBORO
 0815 PUMMLINGBORO
 0816 S HARRISON TWP
 0817 SWEDESBOROBORO
 0818 WASHINGTON TWP
 0819 WENONAHBORO
 0820 WESTDEPTFORDTWP
 0821 WESTVILLEBORO
 0822 WOODBURYCITY
 0823 WOODBURY HEIGHTSBORO
 0824 WOOLWICHTWP

HUDSONCOUNTY

0901 BAYONNE CITY
 0902 EASTNEWARKBORO
 0903 GUTTENBERGTOWN
 0904 HARRISTONTWP
 0905 HOBOKENCITY
 0906 JERSEY CITY
 0907 KEARNYTOWN
 0908 NORTHBERGENTOWN
 0909 SECAUCUSTOWN
 0910 UNIONCITY
 0911 WEEHAWKENTWP
 0912 WEST NEWYORK TOWN

HUNTERDONCOUNTY

1001 ALEXANDRIATWP
 1002 BETHLEHEM TWP
 1003 BLOOMSBURYBORO
 1004 CALIFONBORO
 1005 CLINTON TOWN
 1006 CLINTON TWP
 1007 DELAWARE TWP
 1008 EASTAMWELL TWP
 1009 FLEMINGTONBORO
 1010 FRANKLINTWP
 1011 FRENCHTOWNBORO
 1012 GLENGARDNERBORO
 1013 HAMPTONBORO
 1014 HIGHBRIDGE BORO
 1015 HOLLANDTWP
 1016 KINGWOODTWP
 1017 LAMBERTVILLECITY
 1018 LEBANONBORO
 1019 LEBANONTWP
 1020 MILFORDBORO
 1021 RARITAN TWP
 1022 READINGTONTWP
 1023 STOCKTONBORO
 1024 TEWLSBURYTWP
 1025 UNIONTWP
 1026 WEST AMWELLTWP

MERCERCOUNTY

1101 EASTWINDSORTWP
 1102 EWINGTWP
 1103 HAMILTONTWP
 1104 HIGHTSTOWNBORO
 1105 HOPEWELL BORO
 1106 HOPEWELL TWP
 1107 LAWRENCE TWP
 1108 PENNINGTONBORO
 1109 PRINCETONBORO
 1110 PRINCETONTWP
 1111 TRENTONCITY
 1112 ROBBINSVILLETWP
 1113 WESTWINDSORTWP

MIDDLESEXCOUNTY

1201 CARTERTBORO
 1202 CRANBURYTWP
 1203 DUNELLENBORO
 1204 EBURNSWICKTWP
 1205 EDISON TWP
 1206 HELMETTAPARK
 1207 HIGHLAND PARKBORO
 1208 JAMESBURGBORO
 1209 OLDBRIDGETWP
 1210 METUCHENBORO
 1211 MIDDLESEXBORO
 1212 MILLTOWNBORO
 1213 MONROETWP
 1214 NEW BRUNSWICKCITY
 1215 NBRUNSWICKTWP
 1216 PERTHAMBOY CITY
 1217 PISCATAWAY TWP
 1218 PLAINSBOROTWP
 1219 SAYREVILLEBORO
 1220 SAMBOY CITY
 1221 SBRUNSWICKTWP
 1222 SPLAINS FIELDBORO
 1223 SRIVERBORO
 1224 SPOTSWOODBORO
 1225 WOODBRIDGETWP

MONMOUTHCOUNTY

1300 MONMOUTH COUNTY
 1301 ALLENHURSTBORO
 1302 ALLENTOWNBORO
 1303 ASBURY PARKCITY
 1304 COLTS NECKTWP
 1305 ATLANTIC HIGHLANDSBORO
 1306 AVON-BY-THE-SEABORO
 1307 BELMARBORO
 1308 BRADLEY BEACHBORO
 1309 BRIELLEBORO
 1310 DEALBORO
 1311 EATONTOWNBORO
 1312 ENGLISH TOWNBORO
 1313 FAIRHAVENBORO
 1314 FARMINGDALEBORO
 1315 FREEHOLDBORO
 1316 FREEHOLDTWO
 1317 HIGHLANDSBORO
 1318 HOLMDEL TWP
 1319 HOWELLTWP
 1320 INTERLAKEN BORO
 1321 KEANSBURG BORO
 1322 KEYPORTBORO
 1323 LITTLESILVERBORO
 1324 LOCHARBOURVILLAGE
 1325 LONG BRANCHCITY
 1326 MANALAPAN TWP
 1327 MANASQUANBORO
 1328 MARLBORTWP
 1329 MATAWANBORO
 1330 ARBERDEENTWP
 1331 MIDDLETOWNTWP
 1332 MILLSTONETWP
 1333 MONMOUTH BEACHBORO
 1334 NEPTUNETWP
 1335 NEPTUNECITYBORO
 1336 TINTON FALLSBORO
 1337 OCEAN TWP
 1338 OCEANPORTBORO
 1339 HAZLETTWP
 1340 RED BANKBORO
 1341 ROOSEVELTBORO
 1342 RUMSONBORO
 1343 SEABRIGHTBORO
 1344 SEAGRIBBORO
 1345 SHREWSBURYBORO
 1346 SHREWSBURYTWP
 1347 LAKECOMO

PASSAICCOUNTY

1601 BLOOMINGDALEBORO
 1602 CLIFTONCITY
 1603 HALEDONBORO
 1604 HAWTHORNEBORO
 1605 LITTLEFALLTWP
 1606 NORTH HALEDONBORO
 1607 PASSAIC CITY
 1608 PATERSONCITY
 1609 POMPTONLAKESBORO
 1610 PROSPECT PARKBORO
 1611 RINGWOOD BORO
 1612 TOTOWABORO
 1613 WANAQUEBORO
 1614 WAYNETWP
 1615 WESTMILFORDTWP
 1616 WOODLANDPARK

SALEM COUNTY

1701 ALLOWAYTWP
 1702 ELMERBORO
 1703 ELSINBOROTWP
 1704 LOWER ALLOWAYS CREEKTWP
 1705 PENNSVILLETWP
 1706 MANNINGTONTWP
 1707 OLDMANSTWP
 1708 PENNSGROVEBORO

MORRISCOUNTY

1401 BOONTON TOWN
 1402 BOONTONTWP

1403 BUTLERBORO
 1404 CHATHAMBORO
 1405 CHATHAMTWP
 1406 CHESTERBORO
 1407 CHESTERTWP
 1408 DENVILLETWP
 1409 DOVERTOWN
 1410 EKHANOVERTWP
 1411 FLOHRAMPARKBORO
 1412 HANOVERTWP
 1413 HARDINGTWP
 1414 JEFFERSONTWP
 1415 KINNELONBORO
 1416 LINCOLN PARKBORO
 1417 MADISONBORO
 1418 MENDHAMBORO
 1419 MENDHAMTWP
 1420 MINE HILLTWP
 1421 MONTVILLETWP
 1422 MORRISTWP
 1423 MORRIS PLAINSBORO
 1424 MORRISTOWN TOWN
 1425 MOUNTAINLAKESBORO
 1426 MOUNTARLINGTONBORO
 1427 MOUNTOLIVETWP
 1428 NONTONGBORO
 1429 PARSIP-TROY-HILLSTWP
 1430 LONGHILL TWP
 1431 PEQUANNOCKTWP
 1432 RANDOLPHTWP
 1433 RIVERDALEBORO
 1434 ROCKAWAYBORO
 1435 ROCKAWAYTWP
 1436 ROXBURYTWP
 1437 VICTORY GARDENSBORO
 1438 WASHINGTONTWP
 1439 WHARTONBORO

OCEANCOUNTY

1500 OCEANCOUNTY
 1501 BARNEGAT LIGHTBORO
 1502 BAY HEADBORO
 1503 BEACHHAVENBORO
 1504 BEACHWOODBORO
 1505 BERKELEYTWP
 1506 BRICKTWP
 1507 TOMS RIVER TWP
 1508 EAGLESWOODTWP
 1509 HARVEY CEDARSBORO
 1510 ISLAND HEIGHTSBORO
 1511 JACKSON TWP
 1512 LACEYTWP
 1513 LAKEHURSTBORO
 1514 LAKEWOODTWP
 1515 LAVALLETTE BORO
 1516 LITTLEEGGHARBORTWP
 1517 LONGBEACHTWP
 1518 MANCHESTERTWP
 1519 MANTOLOKINGBORO
 1520 OCEANTWP
 1521 OCEANGATEBORO
 1522 PINEBEACHBORO
 1523 PLUMSTEDTWP
 1524 POINT PLEASANTBORO
 1525 POINT PLEASANT BEACHBORO
 1526 SEASIDE HEIGHTSBORO
 1527 SEASIDE PARKBORO
 1528 SHIPBOTTOMBORO
 1529 SOUTH TOMS RIVERBORO
 1530 STAFFORDTWP
 1531 SURFCITYBORO
 1532 TUCKERTON BORO
 1533 BARNEGATTWP

PASSAICCOUNTY

1601 BLOOMINGDALEBORO
 1602 CLIFTONCITY
 1603 HALEDONBORO
 1604 HAWTHORNEBORO
 1605 LITTLEFALLTWP
 1606 NORTH HALEDONBORO
 1607 PASSAIC CITY
 1608 PATERSONCITY
 1609 POMPTONLAKESBORO
 1610 PROSPECT PARKBORO
 1611 RINGWOOD BORO
 1612 TOTOWABORO
 1613 WANAQUEBORO
 1614 WAYNETWP
 1615 WESTMILFORDTWP
 1616 WOODLANDPARK

SALEM COUNTY

1701 ALLOWAYTWP
 1702 ELMERBORO
 1703 ELSINBOROTWP
 1704 LOWER ALLOWAYS CREEKTWP
 1705 PENNSVILLETWP
 1706 MANNINGTONTWP
 1707 OLDMANSTWP
 1708 PENNSGROVEBORO

1709 PILESGROVETWP
 1710 PITTS GROVETWP
 1711 QUINTONTWP
 1712 SALEM CITY
 1713 CARNEY'S POINT
 1714 UPPER PITTS GROVETWP
 1715 WOODSTOWNBORO

SOMERSETCOUNTY

1801 BEDMINSTERTWP
 1802 BERNARDSTWP
 1803 BERNARDSVILLEBORO
 1804 BOUNDBROOKBORO
 1805 BRANCHBURGTWP
 1806 BRIDGEWATER TWP
 1807 FARHILLSBORO
 1808 FRANKLINTWP
 1809 GREENBROOKTWP
 1810 HILLSBOROUGHTWP
 1811 MANVILLEBORO
 1812 MILLSTONEBORO
 1813 MONTGOMERYTWP
 1814 NPLAINFIELDBORO
 1815 PEAPACK-GLADSTONEBORO
 1816 RARITAN BORO
 1817 ROCKY HILLBORO
 1818 SOMERVILLE BORO
 1819 SOUNDBROOKBORO
 1820 WARRENTWP
 1821 WATCHUNG BORO

SUSSEXCOUNTY

1901 ANDOVERBORO
 1902 ANDOVERTWP
 1903 BRANCHVILLEBORO
 1904 BYRAMTWP
 1905 FRANKFORDTWP
 1906 FRANKLINBORO
 1907 FREDONTWP
 1908 GREENTWP
 1909 HAMBURGBORO
 1910 HAMPTONTWP
 1911 HADYSTONTWP
 1912 HOPATCONGBORO
 1913 LAFAYETTETWP
 1914 MONTAGUETWP
 1915 NEWTONTOWN
 1916 OGDENSBURGBORO
 1917 SANDYSTONTWP
 1918 SPARTANBORO
 1919 STANHOPEBORO
 1920 STILLWATERTWP
 1921 SUSSEXBORO
 1922 VERNONTWP
 1923 WALPACK TWP
 1924 WANTAGETWP

UNIONCOUNTY

2001 BERKELEY HEIGHTSTWP
 2002 CLARKTWP
 2003 CRANFORDTWP
 2004 ELIZABETHCITY
 2005 FANWOODBORO
 2006 GARWOOD BORO
 2007 HILLSIDETWP
 2008 KENILWORTHBORO
 2009 LINDEN CITY
 2010 MOUNTAINSIDEBORO
 2011 NEWPROVIDENCEBORO
 2012 PLAINFIELD CITY
 2013 RAHWAY CITY
 2014 ROSELLEBORO
 2015 ROSELLE PARK BORO
 2016 SCOTCH PLAINSTWP
 2017 SPRINGFIELDTWP
 2018 SUMMITCITY
 2019 UNIONTWP
 2020 WESTFIELDTOWN
 2021 WINFIELDTWP
 2022 ALLAMUCHYTWP
 2023 ALPHABORO
 2024 BELVIDERETWP
 2025 BLAIRSTOWN TWP
 2026 FRANKLINTWP
 2027 FRELINGHUYSENTWP
 2028 HACKETTSTOWN TOWN
 2029 HARDWICKTWP
 2030 HARMONYTWP
 2031 HOPETWP
 2032 INDEPENDENCETWP
 2033 KNOWLTONTWP
 2034 LIBERTYTWP
 2035 LOPATCONGTWP
 2036 MANSFIELDTWP
 2037 OXFORDTWP
 2038 PAHAQUARRYTWP
 2039 PHILLIPSBURGTOWN
 2040 PHATCONGTWP
 2041 WASHINGTON BORO
 2042 WASHINGTON TWP
 2043 WHITETWP