



New Jersey Judiciary
Family Part Case Information Statement (CIS)

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,
vs.	
_____	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.

INSTRUCTIONS:

The Case Information Statement is a document which is filed with the court setting forth the financial details of your case. The required information includes your income, your spouse's/partner's income, a budget of your joint life style expenses, a budget of your current life style expenses including the expenses of your children, if applicable, an itemization of the amounts which you may be paying in support for your spouse/partner or children if you are contributing to their support, a summary of the value of all assets referenced in PART E – **It is extremely important that the Case Information Statement be as accurate as possible because you are required to certify that the contents of the form are true.** It helps establish your lifestyle which is an important component of alimony/spousal support and child support.

The monthly expenses must be reviewed and should be based on actual expenditures such as those shown from checkbook registers, bank statements or credit card statements from the past 24 months. The asset values should be taken, if possible, from actual appraisals or account statements. If the values are estimates, it should be clearly noted that they are estimates.

According to the Court Rules, you **must** update the Case Information Statement as your circumstances change. For example, if you move out of your residence and acquire your own apartment, you should file an Amended Case Information Statement showing your new rental and other living expenses.

It is also very important that you **attach** copies of relevant documents as required by the Case Information Statement, including your most recent **tax returns with W-2 forms, 1099s and your three (3) most recent paystubs.**

If a request has been made for college or post-secondary school contribution, you must also attach all relevant information pertaining to that request, including but not limited to documentation of all costs and reimbursements or assistance for which contribution is sought, such as invoices or receipts for tuition, board and books; proof of enrollment; and proof of all financial aid, scholarships, grants and student loans obtained.

Part A - Case Information:

Date of Statement _____
Date of Divorce, Dissolution of Civil
Union or Termination of Domestic
Partnership (post-Judgment matters) _____
Date(s) of Prior Statement(s) _____
Your Birthdate _____
Birthdate of Other Party _____
Date of Marriage, or entry into Civil Union
or Domestic Partnership _____
Date of Separation _____
Date of Complaint _____
Does an agreement exist between parties relative to any issue?
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 _____
Anticipated College/Post-
Secondary Education
Expenses _____
Other issues (be specific) _____
☐ Yes ☐ No

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)

Affidavit of Insurance Filed: ☐ YES ☐ NO

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 other party. If W-2 wage earner, gross earned income refers to Medicare wages.

1. Last Year's Income

	Yours	Joint	Other Party
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"/> S.U.I. <input type="checkbox"/> Other	\$ _____	\$ _____
3. Net average weekly income (1 - 2)	\$ _____	\$ _____

3. Your Current Year-to-Date Earned Income

Provide Dates: From _____ To _____	
	Number of Weeks _____
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. F.I.C.A.	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. \$ _____	<input type="checkbox"/>
b. Life Insurance	b. \$ _____	<input type="checkbox"/>
c. Union Dues	c. \$ _____	<input type="checkbox"/>
d. 401(k) Plans	d. \$ _____	<input type="checkbox"/>
e. Pension/Retirement Plans	e. \$ _____	<input type="checkbox"/>
f. Other Plans - specify _____	f. \$ _____	<input type="checkbox"/>
g. Charity	g. \$ _____	<input type="checkbox"/>
h. Wage Execution	h. \$ _____	<input type="checkbox"/>
i. Medical Reimbursement (flex fund)	i. \$ _____	<input type="checkbox"/>
j. Other: _____	j. \$ _____	<input type="checkbox"/>
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:

- How often are you paid? _____
- What is your annual salary? \$ _____
- Have you received any raises in the current year? ☐ Yes ☐ No
If yes, provide the date and the gross/net amount. _____
- 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: _____
- Does your employer pay for or provide you with an automobile (lease or purchase), automobile expenses, gas, repairs, lodging and other. ☐ Yes ☐ No
If yes, explain.: _____

6. 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 2 calendar years?
If yes, explain and state the date(s) of receipt and set forth the gross and net amounts received: _____
7. Do you receive cash or distributions not otherwise listed?
If yes, explain. _____
8. Have you received income from overtime work during either the current or immediate past calendar year?
If yes, explain. _____
9. 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?
If yes, explain. _____
10. Have you received any other supplemental compensation during either the current or immediate past calendar year?
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. _____
11. Have you received income from unemployment, disability, social security, supplemental security income (SSI) or other government programs during either the current or immediate past calendar year?
If yes, state the date(s) of receipt and set forth the gross and net amounts received. _____
12. List the names of the dependents you claim: _____
13. Are you paying or receiving any alimony?
If yes, how much and from or to whom? _____
If yes, is it taxable/deductible or non-taxable/non-deductible? _____
14. Are you paying or receiving any child support?
If yes, list names of the children, the amount paid or received for each child and to whom paid or from whom received. _____
15. Is there a wage execution in connection with support?
If yes explain. _____
16. Does a Safe Deposit Box exist and if so, at which bank? _____
17. 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?
If yes, explain the basis and state the date(s) of receipt and set forth the gross and net amounts received _____
18. Explanation of Income or Other Information: _____

Part D - Monthly Expenses (computed at 4.3 wks/mo.)

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

	Joint 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	\$	\$
Condo, Co-op or Association Fees	\$	\$
Other Charges (Itemize)	\$	\$
Tenant or Homeowner:		
Telephone	\$	\$
Mobile/Cellular Telephone	\$	\$
Service Contracts on Equipment	\$	\$
Cable TV	\$	\$
Internet	\$	\$
Home Security System	\$	\$
Other (itemize)	\$	\$
TOTAL	\$	\$
SCHEDULE B: TRANSPORTATION		
Auto Payment	\$	\$
Auto Insurance (number of vehicles: _____)	\$	\$
Fuel and Oil	\$	\$
Commuting Expenses	\$	\$
Other Charges (Itemize)	\$	\$
TOTAL	\$	\$

SCHEDULE C: PERSONAL

	Joint 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.)	\$	\$
Babysitting	\$	\$
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)	\$	\$
Pet Care and Expenses	\$	\$
Streaming services and subscriptions (itemize technology fees such as cloud storage and any other fees associated with mobile devices, computers or similar items)	\$	\$
Other (specify)	\$	\$
*unreimbursed only		
TOTAL	\$	\$

SCHEDULE D: NON-RECURRING

Based on an average over the last 24 months - Examples include, but are not limited to, snow removal, lawn care, automotive maintenance, renovations, repairs, plumbers, electricians, registration, license, pool service.

Joint Life Style
Family, including
_____ children

Current Life Style
Yours and
_____ children

\$ _____
\$ _____
\$ _____

\$ _____
\$ _____
\$ _____

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

Schedule A: Shelter

\$ _____

\$ _____

Schedule B: Transportation

\$ _____

\$ _____

Schedule C: Personal

\$ _____

\$ _____

Schedule D: Non-Recurring

\$ _____

\$ _____

Grand Totals

\$ _____

\$ _____

Part E - Balance Sheet of All Family Assets and Liabilities

Description	Title to Property (P, D, J) ¹	Statement of Assets		
		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, personal electronic mobile payment application account (identify institution and type of account(s))				
3. Vehicles				
4. Tangible Personal Property				
5. Stocks, Bonds and Securities (identify institution and type of account(s))				
6. Pension, Profit Sharing, Retirement Plan(s), 401(k)s, etc. (identify each institution or employer)				
7. IRAs				
8. Businesses, Partnerships, Professional Practices				
9. Life Insurance (cash surrender value)				
10. Loans Receivable				
11. Other (specify)				
12. Cryptocurrency, any other digital/virtual currency				
13. Children's accounts: 529 Plans, trust, trust accounts, accounts in children's name				

¹ P = Plaintiff; D = Defendant; J = Joint

14. Income tax carryover losses, prepaid taxes, refunds, credits

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

15. Any other asset not listed above or disclosed

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

TOTAL GROSS ASSETS: \$ _____

TOTAL SUBJECT TO EQUITABLE DISTRIBUTION: \$ _____

TOTAL NOT SUBJECT TO EQUITABLE DISTRIBUTION: \$ _____

Statement of Liabilities

Description	Name of Responsible Party (P, D, J)	If you contend liability should not be shared, state reason	Monthly Payment	Total Owed	Date
1. Real Estate Mortgages					
2. Other Long Term Debts					
3. Revolving Charges					
4. Other Short Term Debts					
5. Contingent Liabilities					
6. Tax Liabilities					
7. Any other liabilities not listed or disclosed					

TOTAL GROSS LIABILITIES: \$ _____
(excluding contingent liabilities)

NET WORTH: \$ _____
(subject to equitable distribution)

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.

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 or civil union partner 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. ☐
12. If a request has been made for college or post-secondary school contribution, all relevant information pertaining to that request, including but not limited to documentation of all costs and reimbursements or assistance for which contribution is sought, such as invoices or receipts for tuition, board and books; proof of enrollment; and proof of all financial aid, scholarships, grants and student loans obtained. A list of the information as promulgated by the Administrative Director of the Courts can be found on the Judiciary website. ☐

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 I have disclosed all assets, liabilities and income to my knowledge.

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

DATED: _____

SIGNED: _____