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,

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.

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_____

ISSUES IN DISPUTE:

Cause of Action_____
Custody_____
Parenting Time_____
Alimony_____
Child Support_____
Equitable Distribution_____
Counsel Fees_____
Other issues [be specific]_____
_____

Does an agreement exist between parties relative to any issue? ☐ Yes ☐ No. If Yes, ATTACH a copy (if written) or a summary (if oral).

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: ☐ included ☐ not included* ☐ not paid to you.	$ _____	$ _____
2. Deductions per week (check all types of withholdings): ☐ Federal ☐ State ☐ F.I.C.A ☐ Other	$ _____	$ _____
3. Net average weekly income (1 - 2)	$ _____	$ _____

*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.

3. YOUR CURRENT YEAR-TO-DATE EARNED INCOME

Provide Dates: From: _____ To: _____

1. GROSS EARNED INCOME: $_____ Number of Weeks _____
2. TAX DEDUCTIONS: (Number of Dependents: ____)
   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)	$	$
TOTAL	$	$

*unreimbursed only

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) 40l(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: $ _____

STATEMENT OF LIABILITIES

Description	Name of Responsible Party (H, W, J)	If you contend liability should not be considered in equitable distribution, 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					

TOTAL GROSS LIABILITIES: $ _____
(excluding contingent liabilities)

NET WORTH: $ _____
(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

CIVIL CASE INFORMATION STATEMENT

(CIS)

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.

FOR USE BY CLERK'S OFFICE ONLY
PAYMENT TYPE: ☐CK ☐CG ☐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 ☐ YES ☐ NO

NAME OF PARTY (e.g., John Doe, Plaintiff)	CAPTION

CASE TYPE NUMBER (See reverse side for listing)	IS THIS A PROFESSIONAL MALPRACTICE CASE? ☐ YES ☐ 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? ☐ YES ☐ NO	IF YES, LIST DOCKET NUMBERS

DO YOU ANTICIPATE ADDING ANY PARTIES (arising out of same transaction or occurrence)? ☐YES ☐ NO	NAME OF DEFENDANT'S PRIMARY INSURANCE COMPANY, IF KNOWN ☐ NONE ☐ 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? ☐YES ☐NO	IF YES, IS THAT RELATIONSHIP ☐ EMPLOYER-EMPLOYEE ☐ FRIEND/NEIGHBOR ☐ OTHER (explain) ☐ FAMILIAL ☐ BUSINESS

DOES THE STATUTE GOVERNING THIS CASE PROVIDE FOR PAYMENT OF FEES BY THE LOSING PARTY? ☐ YES ☐ 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? ☐YES ☐ NO	IF YES, PLEASE IDENTIFY THE REQUESTED ACCOMMODATION:
WILL AN INTERPRETER BE NEEDED? ☐YES ☐ 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:

SIDE 2

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

FORECLOSURE
CASE INFORMATION STATEMENT
(FCIS)

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.

FOR USE BY CLERK'S OFFICE ONLY
PAYMENT TYPE: ☐ CK ☐ CG ☐ CA ☐ 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)(*e.g.*, John Doe, Plaintiff)	DOCUMENT TYPE ☐ COMPLAINT ☐ ANSWER ☐ 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

- ☐ 088 IN PERSONAM TAX FORECLOSURE
- ☐ 089 IN REM TAX FORECLOSURE
- ☐ 0RF RESIDENTIAL MORTGAGE FORECLOSURE
- ☐ 0CF COMMERCIAL MORTGAGE FORECLOSURE)
- ☐ 0CD CONDOMINIUM OR HOMEOWNER'S ASSOCIATION LIEN FORECLOSURE
- ☐ 091 STRICT FORECLOSURE
- ☐ OFP OPTIONAL FORECLOSURE PROCEDURE (NO SALE)

IS THIS A HIGH RISK MORTGAGE PURSUANT TO P.L.2009,c.84 AND P.L.2008,c.127 ☐ YES ☐ NO

PURCHASE MONEY MORTGAGE ☐ YES ☐ NO

RELATED PENDING CASE ☐ YES ☐ NO
IF YES, LIST DOCKET NUMBERS:

FULL PHYSICAL STREET ADDRESS OF PROPERTY: ZIP CODE: COUNTY:	MUNICIPALITY CODE(*) 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

*See reverse side for Municipality Codes

Revised Effective 9/2009, CN 10169

NEW JERSEY COUNTY/MUNICIPALITY CODES

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

BERGENCOUNTY
0201 ALLENDALE BORO
0202 ALPINE BORO
0203 BERGENFIELDBORO
0204 BOGOTABORO
0205 CARLSTADTBORO
0206 CLIFFSIDEPARKBORO
0207 CLOSTERBORO
0208 CRESSKILLBORO
0209 DEMAREST BORO
0210 DUMONTBORO
0211 ELMWOODPARK BORO
0212 EASTRUTHERFORDBORO
0213 EDGEWATERBORO
0214 EMERSON BORO
0215 ENGLEWOODCITY
0216 ENGLEWOODCLIFFSBORO
0217 FAIRLAWNBORO
0218 FAIRVIEWBORO
0219 FORTLEEBORO
0220 FRANKLINLAKESBORO
0221 GARFIELDCITY
0222 GLENROCKBORO
0223 HACKENSACKCITY
0224 HARRINGTONPARKBORO
0225 HASBROUCKHGHTSBORO
0226 HAWORTHBORO
0227 HILLSDALEBORO
0228 HOHOKUS BORO
0229 LEONIABORO
0230 LITTLEFERRYBORO
0231 LODIBORO
0232 LYNDHURSTTWP
0233 MAHWAH TWP
0234 MAYWOODBORO
0235 MIDLANDPARKBORO
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 PARKRIDGEBORO
0248 RAMSEYBORO
0249 RIDGEFIELDBORO
0250 RIDGEFIELDPARK VILLAGE
0251 RIDGEWOODVILLAGE
0252 RIVER EDGEBORO
0253 RIVER VALETWP
0254 ROCHELLEPARKTWP
0255 ROCKLEIGHBORO
0256 RUTHERFORDBORO
0257 SADDLEBROOKTWP
0258 SADDLERIVERBORO
0259 SHACKENSACKTWP
0260 TEANECKTWP
0261 TENAFLYBORO
0262 TETERBOROBORO
0263 UPPERSADDLERIVERBORO
0264 WALDWICKBORO
0265 WALLINGTONBORO
0266 WASHINGTONTWP
0267 WESTWOODBORO
0268 WOODCLIFFLAKEBORO
0269 WOOD-RIDGEBORO
0270 WYCKOFFTWP

BURLINGTONCOUNTY
0301 BASSRIVERTWP
0302 BEVERLYCITY
0303 BORDENTOWNCITY
0304 BORDENTOWNTWP
0305 BURLINGTONCITY
0306 BURLINGTONTWP
0307 CHESTERFIELDTWP
0308 CINNAMINSONTWP
0309 DELANCOTWP
0310 DELRANTWP
0311 EASTAMPTONTWP
0312 EDGEWATER PARKTWP
0313 EVESHAMTWP
0314 FIELDSBORO TWP
0315 FLORENCETWP
0316 HAINESPORTTWP
0317 WILLINGBOROTWP
0318 LUMBERTONTWP
0319 MANSFIELD TWP
0320 MAPLESHADETWP
0321 MEDFORDTWP
0322 MEDFORDLAKESBORO
0323 MOORESTOWNTWP
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 AUDUBONPARKBORO
0403 BARRINGTONBORO
0404 BELLMAWRBORO
0405 BERLINBORO
0406 BERLINTWP
0407 BROOKLAWNBORO
0408 CAMDENCITY
0409 CHESILHURSTBORO
0410 CLEMENTONBORO
0411 COLLINGSWOODBORO
0412 CHERRY HILLTWP
0413 GIBBSBOROBORO
0414 GLOUCESTERCITY
0415 GLOUCESTERTWP
0416 HADDONTWP
0417 HADDONFIELDBORO
0418 HADDONHEIGHTSBORO
0419 HI-NELLABORO
0420 LAURELSPRINGSBORO
0421 LAWNSIDE BORO
0422 LINDENWOLDBORO
0423 MAGNOLIABORO
0424 MERCHANTVILLEBORO
0425 MOUNTEPHRAIMBORO
0426 OAKLYNBORO
0427 PENNSAUKENTWP
0428 PINEHILL BORO
0429 PINEVALLEYBORO
0430 RUNNEMEDE 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 MAYPOINTBORO
0504 DENNISTWP
0505 LOWERTWP
0506 MIDDLETWP
0507 NORTHWILDWOODCITY
0508 OCEANCITY
0509 SEA ISLECITY
0510 STONEHARBORBORO
0511 UPPERTWP
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 LAWRENCETWP
0609 MAURICERIVERTWP
0610 MILLVILLECITY
0611 SHILOHBORO
0612 STOWCREEKTWP
0613 UPPERDEERFIELD TWP
0614 VINELANDCITY

ESSEXCOUNTY
0701 BELLEVILLETOWN
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 NCALDWELLBORO
0716 NUTLEYTOWN
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 HARRISONTWP
0809 LOGANTWP
0810 MANTUATWP
0811 MONROETWP
0812 NATIONALPARKBORO
0813 NEWFIELDBORO
0814 PAULSBOROBORO
0815 PITMANBORO
0816 S HARRISONTWP
0817 SWEDESBOROBORO
0818 WASHINGTONTWP
0819 WENONAHBORO
0820 WESTDEPTFORDTWP
0821 WESTVILLEBORO
0822 WOODBURYCITY
0823 WOODBURYHGHTSBORO
0824 WOOLWICHTWP

HUDSONCOUNTY
0901 BAYONNE CITY
0902 EASTNEWARKBORO
0903 GUTTENBERGTOWN
0904 HARRISONTOWN
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 LAWRENCETWP
1108 PENNINGTONBORO
1109 PRINCETONBORO
1110 PRINCETONTWP
1111 TRENTONCITY
1112 ROBBINSVILLETWP
1113 WESTWINDSORTWP

MIDDLESEXCOUNTY
1201 CARTERETBORO
1202 CRANBURYTWP
1203 DUNELLENBORO
1204 EBRUNSWICKTWP
1205 EDISONTWP
1206 HELMETTABORO
1207 HIGHLANDPARKBORO
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 SPLAINSFIELDBORO
1223 SRIVERBORO
1224 SPOTSWOODBORO
1225 WOODBRIDGETWP

MONMOUTHCOUNTY
1300 MONMOUTHCOUNTY
1301 ALLENHURSTBORO
1302 ALLENTOWNBORO
1303 ASBURYPARKCITY
1304 COLTS NECKTWP
1305 ATLANTICHIGHLANDSBORO
1306 AVON-BY-THE-SEABORO
1307 BELMARBORO
1308 BRADLEYBEACHBORO
1309 BRIELLEBORO
1310 DEALBORO
1311 EATONTOWNBORO
1312 ENGLISHTOWNBORO
1313 FAIRHAVENBORO
1314 FARMINGDALEBORO
1315 FREEHOLDBORO
1316 FREEHOLDTWO
1317 HIGHLANDSBORO
1318 HOLMDELTWP
1319 HOWELLTWP
1320 INTERLAKEN BORO
1321 KEANSBURG BORO
1322 KEYPORTBORO
1323 LITTLESILVERBORO
1324 LOCHARBOURVILLAGE
1325 LONG BRANCHCITY
1326 MANALAPANTWP
1327 MANASQUANBORO
1328 MARLBOROTWP
1329 MATAWANBORO
1330 ABERDEENTWP
1331 MIDDLETOWNTWP
1332 MILLSTONETWP
1333 MONMOUTHBEACHBORO
1334 NEPTUNETWP
1335 NEPTUNECITYBORO
1336 TINTONFALLSBORO
1337 OCEAN TWP
1338 OCEANPORTBORO
1339 HAZLETTWP
1340 REDBANKBORO
1341 ROOSEVELTBORO
1342 RUMSONBORO
1343 SEABRIGHTBORO
1344 SEAGIRTBORO
1345 SHREWSBURYBORO
1346 SHREWSBURYTWP
1347 LAKECOMO
1348 SPRINGLAKEBORO
1349 SPRINGLAKEHEIGHTS
1350 UNIONBEACHBORO
1351 UPPERFREEHOLD
1352 WALLTWP
1353 WESTLONGBRANCH BORO

MORRISCOUNTY
1401 BOONTON TOWN
1402 BOONTON TWP
1403 BUTLERBORO
1404 CHATHAMBORO
1405 CHATHAMTWP
1406 CHESTERBORO
1407 CHESTERTWP
1408 DENVILLETWP
1409 DOVERTOWN
1410 EHANOVERTWP
1411 FLORHAMPARKBORO
1412 HANOVERTWP
1413 HARDINGTWP
1414 JEFFERSONTWP
1415 KINNELONBORO
1416 LINCOLNPARKBORO
1417 MADISONBORO
1418 MENDHAMBORO
1419 MENDHAMTWP
1420 MINE HILLTWP
1421 MONTVILLETWP
1422 MORRISTWP
1423 MORRISPLAINSBORO
1424 MORRISTOWNTOWN
1425 MOUNTAINLAKESBORO
1426 MOUNTARLINGTONBORO
1427 MOUNTOLIVETWP
1428 NETCONGBORO
1429 PARSIP-TROY-HILLSTWP
1430 LONGHILL TWP
1431 PEQUANNOCKTWP
1432 RANDOLPHTWP
1433 RIVERDALEBORO
1434 ROCKAWAYBORO
1435 ROCKAWAYTWP
1436 ROXBURYTWP
1437 VICTORYGARDENSBORO
1438 WASHINGTONTWP
1439 WHARTONBORO

OCEANCOUNTY
1500 OCEANCOUNTY
1501 BARNEGATLIGHTBORO
1502 BAY HEADBORO
1503 BEACHHAVENBORO
1504 BEACHWOODBORO
1505 BERKELEYTWP
1506 BRICKTWP
1507 TOMSRIVER TWP
1508 EAGLESWOODTWP
1509 HARVEYCEDARSBORO
1510 ISLANDHEIGHTSBORO
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 POINTPLEASANTBORO
1525 POINTPLEASANTBEACHBORO
1526 SEASIDEHEIGHTSBORO
1527 SEASIDEPARKBORO
1528 SHIPBOTTOMBORO
1529 SOUTHTOMSRIVERBORO
1530 STAFFORDTWP
1531 SURFCITYBORO
1532 TUCKERTON BORO
1533 BARNEGATTWP

PASSAICCOUNTY
1601 BLOOMINGDALEBORO
1602 CLIFTONCITY
1603 HALEDONBORO
1604 HAWTHORNEBORO
1605 LITTLEFALLSTWP
1606 NORTHHALEDONBORO
1607 PASSAICCITY
1608 PATERSONCITY
1609 POMPTONLAKESBORO
1610 PROSPECTPARKBORO
1611 RINGWOOD BORO
1612 TOTOWABORO
1613 WANAQUEBORO
1614 WAYNETWP
1615 WESTMILFORDTWP
1616 WOODLANDPARK

SALEM COUNTY
1701 ALLOWAYTWP
1702 ELMERBORO
1703 ELSINBOROTWP
1704 LOWERALLOWAYS CREEKTWP
1705 PENNSVILLETWP
1706 MANNINGTONTWP
1707 OLDMANSTWP
1708 PENNSGROVEBORO
1709 PILESGROVETWP
1710 PITTSGROVETWP
1711 QUNITONTWP
1712 SALEMCITY
1713 CARNEY"SPOINT
1714 UPPERPITTSGROVETWP
1715 WOODSTOWNBORO

SOMERSETCOUNTY
1801 BEDMINSTERTWP
1802 BERNARDSTWP
1803 BERNARDSVILLEBORO
1804 BOUNDBROOKBORO
1805 BRANCHBURGTWP
1806 BRIDGEWATERTWP
1807 FARHILLSBORO
1808 FRANKLINTWP
1809 GREENBROOKTWP
1810 HILLSBOROUGHTWP
1811 MANVILLEBORO
1812 MILLSTONEBORO
1813 MONTGOMERYTWP
1814 NPLAINFIELDBORO
1815 PEAPACK-GLADSTONEBORO
1816 RARITAN BORO
1817 ROCKYHILLBORO
1818 SOMERVILLE BORO
1819 SBOUNDBROOKBORO
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 HARDYSTONTWP
1912 HOPATCONGBORO
1913 LAFAYETTETWP
1914 MONTAGUETWP
1915 NEWTONTOWN
1916 OGDENSBURGBORO
1917 SANDYSTONTWP
1918 SPARTATWP
1919 STANHOPEBORO
1920 STILLWATERTWP
1921 SUSSEXBORO
1922 VERNONTWP
1923 WALPACK TWP
1924 WANTAGETWP

UNIONCOUNTY
2001 BERKELEYHEIGHTSTWP
2002 CLARKTWP
2003 CRANFORDTWP
2004 ELIZABETHCITY
2005 FANWOODBORO
2006 GARWOOD BORO
2007 HILLSIDETWP
2008 KENILWORTHBORO
2009 LINDEN CITY
2010 MOUNTAINSIDEBORO
2011 NEWPROVIDENCEBORO
2012 PLAINFIELDCITY
2013 RAHWAY CITY
2014 ROSELLEBORO
2015 ROSELLEPARK BORO
2016 SCOTCHPLAINSTWP
2017 SPRINGFIELDTWP
2018 SUMMITCITY
2019 UNIONTWP
2020 WESTFIELDTOWN
2021 WINFIELDTWP

WARRENCOUNTY
2101 ALLAMUCHYTWP
2102 ALPHABORO
2103 BELVIDERETOWN
2104 BLAIRSTOWN TWP
2105 FRANKLINTWP
2106 FRELINGHUYSENTWP
2107 GREENWICHTWP
2108 HACKETTSTOWNTOWN
2109 HARDWICKTWP
2110 HARMONYTWP
2111 HOPETWP
2112 INDENPENDENCETWP
2113 KNOWLTONTWP
2114 LIBERTYTWP
2115 LOPATCONGTWP
2116 MANSFIELDTWP
2117 OXFORDTWP
2118 PAHAQUARRYTWP
2119 PHILLIPSBURGTOWN
2120 POHATCONGTWP
2121 WASHINGTON BORO
2122 WASHINGTON TWP
2123 WHITETWP