

Case Information Statement Questionnaire

The information in this form is required by the Court. Please provide the information requested to the best of your ability. If you have a question about anything contained in this form, contact our office.

PART A - CASE INFORMATION

Attorney's Name	
Attorney's Address	
City	
State/Province	
Zip/Postal Code	
Phone	
Fax Number	

Court Information (if known)

Plaintiff	
Defendant	
County	
Docket Number	

Please provide the following information about **Yourself**:

Name	
Street Address	
City	
State/Province	
Zip/Postal Code	
Work Phone	
Home Phone	
E-mail	

Please provide the following information about the **other party**:

Spouse's Name	
Street Address	
City	
State/Province	
Zip/Postal Code	
Work Phone	
Home Phone	
E-mail	

What are the issues involved in this case (Select any that apply):

- Cause of Action
- Custody
- Alimony
- Child Support
- Equitable Distribution
- Counsel Fees
- Other (specify): _____

Enter the date of this Statement:	
Enter the date of Divorce (if past):	
Enter the date of Prior CIS (if any):	
Enter your Birth date:	
Enter other party's Birth date:	
Enter the date of Marriage:	
Enter the date of Separation:	
Enter the date of Complaint (if filed):	

Children from this Marriage:

Please identify Child #1:

Name (First Last)	
Date of Birth:	
Child lives with:	
Street Address	
City	
State/Province	
Zip/Postal Code	

Please identify Child #2:

Name (First Last)	
Date of Birth:	
Child lives with:	
Street Address	
City	
State/Province	
Zip/Postal Code	

Children from this Marriage (continued):

Please identify Child #3:

Name (First Last)	
Date of Birth:	
Child lives with:	
Street Address	
City	
State/Province	
Zip/Postal Code	

Please identify Child #4:

Name (First Last)	
Date of Birth:	
Child lives with:	
Street Address	
City	
State/Province	
Zip/Postal Code	

Please identify Child #5:

Name (First Last)	
Date of Birth:	
Child lives with:	
Street Address	
City	
State/Province	
Zip/Postal Code	

Please identify Child #6:

Name (First Last)	
Date of Birth:	
Child lives with:	
Street Address	
City	
State/Province	
Zip/Postal Code	

Children from Other Relationships for either party:

Please identify Child #1:

Name (First Last)	
Date of Birth:	
Child lives with:	
Street Address	
City	
State/Province	
Zip/Postal Code	

Please identify Child #2:

Name (First Last)	
Date of Birth:	
Child lives with:	
Street Address	
City	
State/Province	
Zip/Postal Code	

Please identify Child #3:

Name (First Last)	
Date of Birth:	
Child lives with:	
Street Address	
City	
State/Province	
Zip/Postal Code	

PART B - MISCELLANEOUS INFORMATION

Please provide the following information about Your Employer

(Provide Name and Address of Business if Self-Employed):

Employer's Name	
Street Address	
City	
State/Province	
Zip/Postal Code	
Country	
Work Phone	

Employer's Name	
Street Address	
City	
State/Province	
Zip/Postal Code	
Country	
Work Phone	

Do you have Insurance obtained through Employment/Business? Yes No

If yes, what type of insurance:

Medical <input type="checkbox"/> Yes <input type="checkbox"/> No	
Dental <input type="checkbox"/> Yes <input type="checkbox"/> No	
Prescription Drug <input type="checkbox"/> Yes <input type="checkbox"/> No	
Life <input type="checkbox"/> Yes <input type="checkbox"/> No	
Disability <input type="checkbox"/> Yes <input type="checkbox"/> No	
Other	Explain:
Is Insurance available through Employment/Business? <input type="checkbox"/> Yes <input type="checkbox"/> No	Explain:

PART C - INCOME INFORMATION

Complete this section for yourself and (if known) for spouse:

LAST YEAR'S INCOME

	Yours	Joint	Spouse
1. Gross earned income last calendar year (specify year _____)			
2. Unearned income (same year)			
3. Total Income Taxes paid on above income (incl. Fed., State, F.I.C.A. and S.U.I.). If Joint Return, use middle line			
Net Income (1 + 2 – 3)			

PRESENT EARNED INCOME

	Yours	Spouse (if known)
1. Average Gross Weekly income (based on last 3 pay periods computed at 4.3 weeks per month) Commissions and bonuses, etc., are: <input type="checkbox"/> included <input type="checkbox"/> not included <input type="checkbox"/> not paid to you		
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 _____		
Net Average Weekly Income (1 – 2)		

PART C - INCOME INFORMATION (continued)

YOUR YEAR-TO-DATE EARNED INCOME

Your Pay Period:

<input type="checkbox"/> Weekly	<input type="checkbox"/> Every Two Weeks	<input type="checkbox"/> Twice Per Month	<input type="checkbox"/> Monthly
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Provide Dates: From ____/____/____ To ____/____/____

Number of weeks for which income has been received _____

1. GROSS EARNED INCOME		
2. TAX DEDUCTIONS: (Number of dependents)		
a. Federal Income Taxes		
b. N.J. Income Taxes		
c. Other State Income Taxes		
d. FICA		
e. Medicare		
f. S.U.I./S.D.I.		
g. Estimated tax payments in excess of withholding actually made		
h. Other (specify)		
i. Other (specify)		
3. OTHER DEDUCTIONS		if mandatory, check box
a. Hospitalization/Medical Insurance		<input type="checkbox"/>
b. Life Insurance		<input type="checkbox"/>
c. Union Dues		<input type="checkbox"/>
d. 401(k) Plans		<input type="checkbox"/>
e. Pension/Retirement Plans		<input type="checkbox"/>
f. Other Plans - specify		<input type="checkbox"/>
g. Charity		<input type="checkbox"/>
h. Wage Execution		<input type="checkbox"/>
i. Medical Reimbursement (flex fund)		<input type="checkbox"/>
j. Other:		<input type="checkbox"/>

YOUR YEAR-TO-DATE GROSS **UNEARNED INCOME** (From investments, stocks, bonds, annuities, etc.)

Source	How Often Paid	Year to Date Amount

ADDITIONAL INFORMATION

1. How often are you paid? _____
2. What is your annual salary? _____
3. Have you received any raises in the current year? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, explain and state date(s) of receipt and set forth the gross and net amounts received: _____ _____
6. Do you receive cash or distributions not other wise listed? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, explain: _____ _____
7. Have you received income from overtime work during either the current or immediate past calendar year? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, explain: _____ _____
9. Have you received any other supplemental compensation during either the current or immediate past calendar year? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, state the date(s) of receipt and set forth the gross and net amounts received. _____ _____

ADDITIONAL INFORMATION (CONTINUED)

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 whom received? _____

13. Are you paying or receiving 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 life style. Do not repeat those income deductions listed on Part C-3.

SCHEDULE A: SHELTER

If Tenant:	Joint Marital Life Style Family, including _____ children	Current Life Style, Yours and _____ children
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 (unless included with mortgage payment)		
Homeowners Insurance (unless included with mortgage payment)		
Other Mortgages or Home Equity Loans (Specify)		
Heat (unless electric or gas)		
Electric & Gas		
Water and Sewer		
Garbage Removal		
Snow Removal		
Lawn Care		
Maintenance		
Repairs		
Other Charges (Itemize)		

SCHEDULE A: SHELTER (continued)

Tenant or Homeowner:	Joint Marital Life Style Family, including _____ children	Current Life Style, Yours and _____ children
Telephone		
Mobile/Cellular Telephone		
Service Contracts on Equipment		
Cable TV		
Plumber/Electrician		
Equipment and furnishings		
Internet Charges		
Other (Itemize)		

SCHEDULE B: TRANSPORTATION

Auto Payment		
Auto Insurance (number of vehicles ____)		
Registration, License		
Maintenance		
Fuel and Oil		
Commuting Expenses		
Other Charges (Itemize)		

SCHEDULE C: PERSONAL (continued)

	Joint Marital Life Style Family, including #_____ children	Current Life Style, Yours and #____ children
Food at Home and household supplies		
Prescription Drugs		
Non-prescription drugs, cosmetics, toiletries and sundries		
School Lunches		
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 (hospitalization, etc.)*		
Club Dues and Memberships		
Sports and Hobbies		
Camps		
Vacations		
Children's Private School Costs		
Children's College 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)		

*unreimbursed only

SCHEDULE C: PERSONAL (continued)

	Joint Marital Life Style Family, including _____ children	Current Life Style, Yours and _____ children
Tax Reserve		
Life Insurance		
Savings/investment		
Debt Service (not listed elsewhere)		
Parenting Time Expenses		
Professional Expenses (other than this proceeding)		
Other (specify)		

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 (US\$) Put * after exempt	Date of Evaluation Mo/Day/Yr
1. Real Property				
2. Bank Accounts				
3. Vehicles				
4. Tangible Personal Property				
5. Stocks and Bonds				

* H = Husband W = Wife J = Joint

Statement of Assets (continued)

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 (US\$) Put * after exempt	Date of Evaluation Mo/Day/Yr
6. Pension, Profit sharing, Retirement Plans, 401Ks, etc. (list each employer)				
7. IRAs				
8. Businesses, Partnerships, Professional Practices				
9. Life Insurance (Cash surrender value - not death benefit)				
10. Loans Receivable				
11. Other (specify)				

* H = Husband W = Wife J = Joint

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 (US\$)	Total Owed	Date of Evaluation
1. Real Estate Mortgages					
2. Other Long Term Debts					
3. Revolving Charges					
4. Other Short Term Debts					
5. Contingent Liabilities					

* H = Husband W = Wife J = Joint

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.

REQUIRED ATTACHMENTS

Please attach **COPIES** of the following, and check-off each form to indicate what you have attached.

- A full and complete copy of your last federal and state income tax returns with all schedules and attachments
- Your last calendar year's W-2 statements, 1099's, K-1 statements
- Your three most recent pay stubs
- Bonus information including, but not limited to, percentage overrides, timing of payments, etc.; the last three statements of such bonuses, commissions, etc.
- 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.
- A listing of all insurance policies or plans that involve you, your spouse, or your family, including, (but not limited to) health-care, dental, optical, life, automobile, homeowners/renters, business, or special insurances. Include the Insurance Company name, address and phone number, policy number, and name(s) of policy owner(s). For life insurances, include the face value and names of all beneficiaries. For health-related insurances, include the group number, ID number(s), and names of each person covered. Also indicate whether the insurance is provided via your or your spouse's employment. If the insurance plan is noted as "single", "parent-child" or "family" coverage, please so indicate. For insurances on homes, apartments, vehicles, or other fixed assets, indicate the address or description of the property or asset covered.
- A list of all prior/pending family court actions concerning you, your spouse, or your family, including (but not limited to) support, custody, parenting time, visitation, domestic violence, guardianship, DYFS, adoption, juvenile court, child placement review, children in court, family crisis, or abuse/neglect. Include the Docket Number, County, State and the disposition reached (or indicate that the action is pending if no disposition has been reached). Attach copies of all existing Court Orders in effect.
- Attach details of each wage execution that involves you.
- Schedule of payments made for a spouse and/or children not reflected in Part D.
- Any agreements between you and the other party in this case
- Other documents that you believe are relevant to your case- list each below:

Title of Document	Description of Document

Other Information

Include notes, additional explanations, or other pertinent information regarding data requested in this form: