

Attorney(s): Brian L. Calpin, Esquire
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Attorney(s) for: Plaintiff

.....	Plaintiff,
vs.	
.....	Defendant.

SUPERIOR COURT OF NEW JERSEY
CHANCERY DIVISION, FAMILY PART
COUNTY

DOCKET NO.

CASE INFORMATION STATEMENT
OF

PART A - CASE INFORMATION:

Date of Statement
Date(s) of Prior Statement(s)
.....
Your Birthdate
Birthdate of Spouse
Date of Marriage
Date of Separation
Date of Complaint

ISSUES IN DISPUTE:

Cause of Action No
Custody No
Alimony No
Child Support No
Equitable Distribution No
Counsel Fees No
Other No

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

1. Names and Addresses of Parties:

Your Name
Street Address City State/Zip NJ
Other Party's Name
Street Address (if different) City State/Zip NJ

2. Name, Address, & Birthdate of all Child(ren); Person with whom Child(ren) Reside(s):

Child's Full Name	Address	Birthdate	Person's Name
.....
.....
.....
.....

PART B - MISCELLANEOUS INFORMATION:

1. Name and Address of Your Employer (Provide Name & Address of Co. if Self-employed)

Name of Employer Address
Name of Employer Address

2. Name and Address of Your Health Insurance Company(ies); Policy Information:

Name of Company Address
I.D. Number Group Number
Coverage Type: Single [] Parent-Child [] Family [] Optical []
Hospital [] Major-Medical [] Dental [] Drug [] Diagnostic []
Check if made available through employment [X] or personally obtained []
.....

Name of Company Address
 I.D. Number Group Number
 Coverage Type: Single [] Parent-Child [] Family [] Optical []
 Hospital [] Major-Medical [] Dental [] Drug [] Diagnostic []
 Check if made available through employment [X] or personally obtained []

3. Name(s) and Address(es) of Life Insurance Company(ies); Policy Information:

Name of Company Address
 Policy Number Beneficiary
 Face Amount \$ Name of Insured
 Policy Owner 2nd Beneficiary

Name of Company Address
 Policy Number Beneficiary
 Face Amount \$ Name of Insured
 Policy Owner 2nd Beneficiary

4. Additional Identification: Social Security Number:
 State Driver's License Number: Eye Color:

5. Attach sheet listing all prior/pending family actions involving support, custody or domestic violence listing Docket Number, County, State and the Disposition reached. Comments:

PART C - INCOME INFORMATION: Complete this section for self and (if known) for spouse.

Attach to this form a corporate benefits statement as well as a statement of all fringe benefits of employment.

1. LAST YEAR'S INCOME

	Yours	Joint	Spouse or Former Spouse
1. Gross earned income last calendar (2004)
2. Unearned income (same year)
3. Total Income Taxes paid on income (incl. Fed., State, F.I.C.A., and S.U.I.). If Joint Return, use middle column.
4. Net income (1 + 2 - 3)

Attach a full and complete copy of last year's Federal and State Income Tax Returns. If none has been filed, attach W-2 statements, 1099's, Schedule C's, etc., to show total income plus a copy of the most recently filed Tax Returns.

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

2. PRESENT EARNED INCOME AND EXPENSES

	Yours	Spouse (if known)
1. Average Gross monthly income (based on last 3 pay periods - attach pay stubs) Commissions and bonuses, etc., are: [] included* [] not included* [X] not paid to you. Comments:
* 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 month (check all types of withholdings): [] Federal [] State [] F.I.C.A. [] S.U.I. [X] Other
3. Net Income (1 - 2)

Comments:

PART C - 3. YOUR YEAR-TO-DATE 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. FICA c. \$
- d. S.U.I. d. \$
- e. Estimated tax payments in excess of withholding actually made e. \$
- f. f. \$
- g. g. \$

TOTAL \$

3. GROSS INCOME NET OF TAXES \$

4. OTHER DEDUCTIONS

If mandatory, check box

- a. Hospitalization/Medical Insurance a. \$ []
- b. Life Insurance b. \$ []
- c. Pension/Profit Sharing Plans c. \$ []
- d. Savings/Bond plan d. \$ []
- e. Wage Execution e. \$ []
- f. Retirement Fund Payment f. \$ []
- g. Other: g. \$ []

TOTAL \$

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

NET AVERAGE EARNED INCOME PER MONTH \$

6. GROSS UNEARNED INCOME

Source	How often paid	Year to date amount
.....
.....
.....
.....

TOTAL GROSS UNEARNED INCOME YEAR TO DATE \$

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

Should reflect standard of living established during marriage, but not repeat those income deductions listed on Part C.

Yours and children
(# . .) residing
with you

Expenses paid for
spouse and/or
children (# . .)
not residing with you

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 (unless included w/ mortgage payment)	.....	.....	.....
Homeowners Insurance (unless included w/ mortgage payment)	.....	.....	.....
Repairs & Maintenance	.....	.....	.....
Heat (unless Electric or Gas)	.....	.....	.....
Electric & Gas	.....	.....	.....
Water & Sewer	.....	.....	.....
Garbage Removal	.....	.....	.....
Other Mortgages (Specify)	.....	.....	.....
.....
Snow Removal & Lawn Care	.....	.....	.....
Maintenance (Condo/co-op)	.....	.....	.....
Other Charges (Itemize)	.....	.....	.....
.....
.....
.....

Tenant or Homeowner:

Telephone	.....	\$ .....	\$ .....
Service Contracts on Equipment	.....	.....	.....
Cable TV	.....	.....	.....
Plumber/Electrician	.....	.....	.....
Equipment & Furnishings	.....	.....	.....
Other (itemize)	.....	.....	.....
.....
.....
.....

TOTAL \$ \$

SHELTER COMBINED TOTAL \$

SCHEDULE B: TRANSPORTATION

Auto Payment	.....	.....	.....
Auto Insurance (number of vehicles: . . )	.....	.....	.....
Registration, License, Maintenance	.....	.....	.....
Fuel and Oil	.....	.....	.....
Commuting Expenses (state frequency and points of travel)	.....	.....	.....
Other Charges (Itemize)	.....	.....	.....

TOTAL \$ \$

TRANSPORTATION COMBINED TOTAL \$

SCHEDULE C: PERSONAL

	Yours and children (# . .) residing with you	Expenses paid for spouse and/or children (# . .) not residing with you
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)
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 and 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)
Visitation Expenses
Professional Expenses (other than this proceeding)
Other (specify)
.....
.....
.....
	\$	\$

PERSONAL COMBINED TOTAL

\$

SUMMARY OF MONTHLY EXPENSES (computed @ 4.3 wks./mo.):

	Yours & children (# . .) residing with you	Expenses paid for spouse and/or children (# . .) not residing with you	Combined Total Expenses
Schedule A: Shelter	\$	\$	\$
Schedule B: Transportation	\$	\$	\$
Schedule C: Personal	\$	\$	\$
Grand Totals	\$	\$	\$

PART E - BALANCE SHEET OF FAMILY ASSETS AND LIABILITIES

STATEMENT OF ASSETS

Description	Title to property (H,W,J)	If you contend asset is fully or partially exempt from equitable distribution, state reason:	Value \$	Date of Evaluation Mo/Day/Yr.
1. Real Property				
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2. Bank Accounts, Certificates of Deposit				
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3. Vehicles				
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4. Tangible Personal Property				
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5. Stocks and Bonds				
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6. Pensions, Profit Sharing, Retirement Plans, IRA, 401k, etc.				
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7. Businesses, Partnerships, Professional Practices				
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8. Life Insurance (Cash Surrender Value)				
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.....
.....
9. Other (specify)				
.....
.....
.....
TOTAL GROSS ASSETS \$		
.....				
.....				

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 of Evaluation
1. Mortgage in Real Estate					
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2. Other Long Term Debts					
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.....	•
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3. Revolving Charges					
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4. Other Short Term Debts					
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.....	•
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.....	•
.....				
5. Contingent Liabilities					
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.....	•
.....				
.....	•
.....				

Items marked with * are not included in Debt Service on Page 5

TOTAL GROSS LIABILITIES:
(Other than Contingent Liabilities) \$

.....
.....

NET WORTH:
(Other than Contingent Liabilities) \$

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.

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.....

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

DATED: _____ SIGNED: _____
.....

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. NO
- 2. Your last calendar year's W-2 statements and 1099's. NO
- 3. Your three most recent pay stubs. NO
- 4. Bonus information including, but not limited to, percentage overrides, timing of payments, etc.; the last three statements of such bonuses, commissions, etc. NO
- 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. NO
- 6. Any agreements between the parties. NO
- 7. A statement of prior/pending cases (Part B-5). NO
- 8. An Appendix IX Child Support guideline worksheet. YES

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