

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): [REDACTED]
 Firm [REDACTED]
 Office Address [REDACTED]
 Tel. No./Fax No. [REDACTED]
 Attorney(s) for: [REDACTED]

**SUPERIOR COURT OF NEW JERSEY
 CHANCERY DIVISION, FAMILY PART
 [REDACTED] COUNTY**

[REDACTED]	Plaintiff,
vs.	
[REDACTED]	Defendant.

DOCKET NO. [REDACTED]
CASE INFORMATION STATEMENT
OF [REDACTED]

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 11/11/2022
 Date of Divorce, Dissolution of Civil Union or Termination of Domestic Partnership (post-Judgement matters) _____
 Date(s) of Prior Statement(s) _____
 Your Birthdate [REDACTED]
 Birthdate of Other Party [REDACTED]
 Date of Marriage, or entry into Civil Union or Domestic Partnership [REDACTED]
 Date of Separation _____
 Date of Complaint [REDACTED]

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) _____

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. Name and Addresses of Parties:

Your Name [REDACTED]
 Street Address [REDACTED] City: [REDACTED] State/Zip: [REDACTED]
 Other Party's Name [REDACTED]
 Street Address [REDACTED] City: [REDACTED] State/Zip: [REDACTED]

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 _____

Defendant does not receive paystubs from Sheet Metal Workers Local 22.

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. If W-2 Wage earner, gross earned income refers to Medicare wages.

1. Last Year's Income

	[REDACTED]	Joint	Other Party
1. Gross earned income last calendar (year)	\$ <u>78,576</u>	\$ _____	\$ <u>38,567</u>
2. Unearned income (same year)	\$ <u>3,970</u>	\$ _____	\$ _____
3. Total Income Taxes paid on income (Fed., State, FICA, and S.U.I.). If Joint Return, use middle column.	\$ <u>9,699</u>	\$ _____	\$ <u>2,950</u>
4. Net income (1 + 2-3)	\$ <u>72,847</u>	\$ _____	\$ <u>35,617</u>

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)	\$ <u>2,189</u>	\$ <u>W has info</u>
Commissions and bonuses, etc., are:		
[] included [X] not included* [] 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):	\$ <u>659</u>	\$ <u>W has info</u>
[X] Federal [X] State [X] F.I.C.A. [X] S.U.I. [X] Other		
3. Net average weekly income (1 - 2)	\$ <u>1,530</u>	\$ <u>W has info</u>

5. Additional Information:

1. How often are you paid? Weekly
2. What is your annual salary? \$ N/A, Defendant gets paid \$31 per hour for 40 hours and paid \$46.50 per hour for overtime with [REDACTED]. If there is a job available with the [REDACTED], Defendant gets paid \$62 per hour. So far in 2022, Defendant has only worked one [REDACTED] job for the duration of about 4 weeks, totaling approximately \$1,800.
3. Have you received any raises in the current year? [] Yes [X] No
If yes, provide the date and the gross/net amount. _____
4. Do you receive bonuses, commissions, or other compensation, including distributions, taxable or nontaxable, [] Yes [X] No
in addition to your regular salary? If yes, explain: _____
5. Does your employer pay for or provide you with an automobile (lease or purchase), automobile expense, [] Yes [X] No
gas, repairs, lodging and other. If yes, explain.: _____
6. Did you receive bonuses, commissions, or other compensation, including distributions, taxable or non-taxable, in [] Yes [X] No
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? [] Yes [X] No
If yes, explain. _____
8. Have you received income from overtime work during either the current or immediate past calendar year? [X] Yes [] No
If yes, explain. Defendant receives overtime compensation when he works over 40 hours per year. As of
September 25, 2022, his Year-To-Date overtime compensation was \$24,828.84.
9. Have you been awarded or granted stock options, restricted stock or any other non-cash compensation or [] Yes [X] No
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? [] Yes [X] 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. _____
11. Have you received income from unemployment, disability and/or Social Security during either the current or [X] Yes [] No
immediate past calendar year? If yes, state the date(s) of receipt and set forth the gross and net amounts
received. From January - June 2022, Defendant received \$300 per month from the [REDACTED]
[REDACTED]. In 2021, Defendant received \$3,075 from the [REDACTED]. This money is
offered at the discretion of [REDACTED] when there is no job available, but is not a guarantee. There have
been times Defendant is not working with the [REDACTED] and has not received these funds.
12. List the names of the dependents you claim: none
13. Are you paying or receiving any alimony? [] Yes [X] No
If yes, how much and to whom paid or from whom received? _____
14. Are you paying or receiving any child support? If yes, list names of the children, the amount paid or received [] Yes [X] No
for each child and to whom paid or from whom received. _____
15. Is there a wage execution in connection with support? [] Yes [X] No
If yes explain. _____
16. Does a Safe Deposit Box exist and if so, at which bank? [] Yes [X] No
17. Has a dependent child of yours received income from Social Security, SSI or other government program during [] Yes [X] No
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 and Current Life Style are similar as parties' paid for their own expenses during the marriage.

SCHEDULE A: SHELTER

	Joint Life Style Family, including <u>0</u> child(ren).	Current Life Style Yours and <u>0</u> child(ren).
If Tenant:		
Rent	\$ <u>1,300</u>	\$ <u>1,300</u>
Heat (if not furnished)	\$ _____	\$ _____
included in Rent		
Electric & Gas (if not furnished)	\$ <u>127</u>	\$ <u>127</u>
included in Electric.		
Renters' Insurance	\$ <u>160</u>	\$ <u>160</u>
Parking (at Apartment)	\$ _____	\$ _____
Other Charges (Itemize) _____	\$ _____	\$ _____
If Homeowner:		
Mortgage	\$ _____	\$ _____
Real Estate Taxes (not incl w/ mrtg)	\$ _____	\$ _____
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	\$ _____	\$ _____
Condo, Co-op or Association Fees	\$ _____	\$ _____
Other Charges (Itemize) _____	\$ _____	\$ _____
Tenant or Homeowner:		
Telephone	\$ _____	\$ _____
Mobile/Cellular Telephone	\$ <u>284</u>	\$ <u>125</u>
Service Contracts on Equipment	\$ _____	\$ _____
Cable TV	\$ <u>230</u>	\$ <u>202</u>
Plumber/Electrician	\$ _____	\$ _____
Equipment & Furnishings	\$ _____	\$ _____
Internet Charges	\$ _____	\$ _____
included in Cable TV.		
Home Security System	\$ _____	\$ _____
Other Household (Itemize) _____	\$ _____	\$ _____
TOTAL	\$ <u>2,101</u>	\$ <u>1,914</u>

SCHEDULE B: TRANSPORTATION

Auto Payment - lease payment for 2020 Nissan Rogue (Plaintiff drives)	\$ <u>530</u>	\$ <u>530</u>
Auto Insurance (number of vehicles: 1)	\$ <u>369</u>	\$ <u>369</u>
Registration, License	\$ <u>150</u>	\$ <u>150</u>
Maintenance	\$ <u>100</u>	\$ <u>100</u>
Fuel and Oil	\$ <u>273</u>	\$ <u>100</u>
Commuting Expenses	\$ <u>40</u>	\$ <u>0</u>
Other Charges (Itemize) _____	\$ _____	\$ _____
TOTAL	\$ <u>1,462</u>	\$ <u>1,249</u>

SCHEDULE C: PERSONAL

	Joint Life Style Family, including <u>0</u> child(ren).	Current Life Style Yours and <u>0</u> child(ren).
Food at Home & Household Supplies	\$ <u>520</u>	\$ <u>520</u>
Prescription Drugs	\$ <u>10</u>	\$ <u>10</u>
Non-prescription drugs, & cosmetics, toiletries & sundries	\$ <u>50</u>	\$ <u>50</u>
School Lunch	\$ _____	\$ _____
Restaurants	\$ _____	\$ _____
Clothing	\$ <u>400</u>	\$ <u>200</u>
Dry Cleaning, Commercial Laundry	\$ <u>100</u>	\$ <u>100</u>
Hair Care	\$ <u>217</u>	\$ <u>0</u>
Domestic Help	\$ _____	\$ _____
Medical (exclusive of psychiatric)*	\$ _____	\$ _____
Eye Care*	\$ _____	\$ _____
Psychiatric/psychological/counseling*	\$ _____	\$ _____
Dental (exclusive of Orthodontic)*	\$ <u>0</u>	\$ <u>45</u>
Orthodontic*	\$ _____	\$ _____
Medical Insurance (hospital, etc)*	\$ _____	\$ _____
Clubs Dues and Memberships	\$ _____	\$ _____
Sports, Hobbies, Etc.	\$ <u>50</u>	\$ <u>50</u>
Camps	\$ _____	\$ _____
Vacation	\$ <u>250</u>	\$ <u>250</u>
Children's Private School Costs	\$ _____	\$ _____
Parent's Education Costs	\$ _____	\$ _____
Children's Lessons (dancing, music, sports, etc.)	\$ _____	\$ _____
Babysitting	\$ _____	\$ _____
Day-Care Expenses	\$ _____	\$ _____
Entertainment	\$ <u>100</u>	\$ <u>100</u>
Alcohol and Tobacco	\$ <u>300</u>	\$ <u>100</u>
Newspapers and Periodicals	\$ _____	\$ _____
Gifts	\$ _____	\$ _____
Contributions	\$ _____	\$ _____
Payments to Non-Child Dependents	\$ _____	\$ _____
Prior Existing Support Obligations this family/other families (specify)	\$ _____	\$ _____
Prior Support	\$ _____	\$ _____
Tax Reserve (not listed elsewhere)	\$ _____	\$ _____
Life Insurance	\$ <u>70</u>	\$ <u>70</u>
Savings/Investment	\$ <u>833</u>	\$ <u>500</u>
Debt Service (from page 7) (not listed elsewhere)	\$ _____	\$ <u>530</u>
Parenting Time Expenses	\$ _____	\$ _____
Professional Expenses (other than this proceeding)	\$ _____	\$ _____
Pet Care and Expenses	\$ _____	\$ _____
Other (specify) _____	\$ _____	\$ _____
██████ Dues	\$ <u>57</u>	\$ <u>57</u>
*unreimbursed only	TOTAL \$ <u>2,957</u>	\$ <u>2,582</u>

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	\$ <u>2,101</u>	\$ <u>1,914</u>
Schedule B: Transportation	\$ <u>1,462</u>	\$ <u>1,249</u>
Schedule C: Personal	\$ <u>2,957</u>	\$ <u>2,582</u>
Grand Totals	\$ <u>6,520</u>	\$ <u>5,745</u>

Part E - Balance Sheet of All Family Assets and Liabilities

Statement of Assets

Description	Title to Property (P, D, J) ¹	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				
None				
2. Bank Accounts, CD's (identify institution and type of account(s))				
██████████ Checking x ██████ (Defendant)	D		757	7/2022
██████████ Savings x ██████ (Defendant)	D		12,808	7/2022
Plaintiff's ██████████ Checking Account	P		W has info	7/2022
Plaintiff's ██████████ Savings Account	P		W has info	7/2022
3. Vehicles				
2005 Jeep Cherokee Defendant owns and drives approximately 152,000 miles, good condition	D		3,832 ^{est}	10/11/2022
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)				
██████████ 401(k)	D		TBD	10/11/2022
██████████ retirement account	D		TBD	10/11/2022
7. IRAs				
8. Businesses, Partnerships, Professional Practices				
9. Life Insurance (cash surrender value)				
10. Loans Receivable				

11. Other (specify)

TOTAL GROSS ASSETS: \$	<u>17,397</u>
TOTAL SUBJECT TO EQUITABLE DISTRIBUTION: \$	<u>17,397</u>
TOTAL NOT SUBJECT TO EQUITABLE DISTRIBUTION: \$	<u>0</u>

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

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					
<hr/>					
2. Other Long Term Debts					
2020 Nissan Rogue 4-year lease Defendant owns lease, Plaintiff drives car	D		530		10/11/2022
3. Revolving Charges					
██████████ Credit Card Plaintiff's ring on card, Defendant paid off	D			0	10/11/2022
Plaintiff's Credit Cards	P		W has info	W has info	
4. Other Short Term Debts					
<hr/>					
5. Contingent Liabilities					
<hr/>					

TOTAL GROSS LIABILITIES: \$	<u>0</u>
(excluding contingent liabilities)	
NET WORTH: \$	<u>17,397</u>
(subject to equitable distribution)	
TOTAL ASSETS SUBJECT TO EQUITABLE DISTRIBUTION: \$	<u>17,397</u>
TOTAL ASSETS NOT SUBJECT TO EQUITABLE DISTRIBUTION: \$	<u>0</u>

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.

Defendant works in both construction for [REDACTED] and in trucking with [REDACTED]. Defendant needs the security and stability of working with [REDACTED] because for the past five years the construction industry has been slow and the jobs available with [REDACTED] have been very limited. For example, for almost the entirety of 2022 Defendant has only worked one union job that latest approximately one month.

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

DATED: _____

SIGNED: _____
[REDACTED]