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): Albert Amores
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Tel. No./Fax No. 856-661-8922
Attorney(s) for: Margaret Woodson

Nelson Paris, Plaintiff,
vs.
Margaret Woodson, Defendant.

SUPERIOR COURT OF NEW JERSEY
CHANCERY DIVISION, FAMILY PART
Camden COUNTY

DOCKET NO. 44-32323
CASE INFORMATION STATEMENT
OF Margaret Woodson

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, itshall 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 10/7/2009
Date of Divorce (post-Judgment matters)
Date(s) of Prior Statement(s)
Your Birthdate 09/01/1975
Birthdate of Other Party 04/14/1973
Date of Marriage 08/26/1990
Date of Separation 1/1/2003
Date of Complaint 11/15/2005

ISSUES IN DISPUTE:

[ ] Cause of Action
[X] Custody
[ ] Parenting Time
[ ] Alimony
[X] Child Support
[ ] Equitable Distribution
[ ] Counsel Fees
[ ] Other issues [be specific]

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

1. Name and Addresses of Parties:

Your Name Margaret Woodson
Street Address 1810 Chapel Ave. City: Cherry Hill State/Zip: NJ 08002
Other Party's Name Nelson Paris
Street Address 17 Nutmeg Dr. City: Moorestown State/Zip: NJ 08057

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
Justine	1810 Chapel Ave., Cherry Hill, NJ 08002	4/5/2000	Margaret

b. Child(ren) From Other Relationships

Child's Full Name	Address	Birthdate	Person's Name

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PART B - MISCELLANEOUS INFORMATION:

1. Information about Employment (Provide Name & Address of Business, if Self-employed)

Name of Employer/Business	Address
Federated Department Stores	1880 King St. Cherry Hill, NJ 08046
Name of Employer/Business	Address

2. Do you have Insurance obtained through Employment/Business? [ ] Yes [X] No. Type of Insurance:
Medical [ ] Yes [X] No; Dental [ ] Yes [X] No; Prescription Drug [ ] Yes [X] No; Life [ ] Yes [X] No; Disability [ ] Yes [X] No
Other (explain) _____
Is Insurance available through Employment/Business? [ ] Yes [X] 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 [X] 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)	$ 12,872	$ 99,872	$ 87,000
2. Unearned income (same year)	$	$	$
3. Total Income Taxes paid on income (Fed., State, FICA, and S.U.I.). If Joint Return, use middle column.	$	$	$
4. Net income (1 + 2-3)	$ 12,872	$ 99,872	$ 87,000

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 [X] 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)	$ 1,557	$ 3,962
Commissions and bonuses, etc., are: [X] included [ ] 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): [X] Federal [X] State [X] F.I.C.A. [ ] S.U.I. [ ] Other	$ 795	$ 779
3. Net average weekly income (1 - 2)	$ 762	$ 3,183

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3. YOUR CURRENT YEAR-TO-DATE EARNED INCOME

Provide Dates: From 1/1/2007 To 3/31/2007

1. GROSS EARNED INCOME: $ 20,250 Number of Weeks 13
2. TAX DEDUCTIONS: (Number of Dependents: 1)

a. Federal Income Taxes	a.	$	7,394
b. N.J. Income Taxes	b.	$	1,628
c. Other State Income Taxes	c.	$	
d. FICA	d.	$	1,256
e. Medicare	e.	$	294
f. S.U.I. / S.D.I.	f.	$	
g. Estimated tax payments in excess of withholding	g.	$	
h.	h.	$	
i.	i.	$	
TOTAL		$	10,572

3. GROSS INCOME NET OF TAXES $ 9,678

4. OTHER DEDUCTIONS

				If mandatory check box
a. Hospitalization/Medical Insurance	a.	$	1,430	[ ]
b. Life Insurance	b.	$		[ ]
c. Union Dues	c.	$	250	[ ]
d. 401(k) Plans	d.	$		[ ]
e. Pension/Retirement Plans	e.	$		[ ]
f. Other Plans specify	f.	$		[ ]
g. Charity	g.	$	125	[ ]
h. Wage Execution	h.	$		[ ]
i. Medical Reimbursement (flex fund)	i.	$		[ ]
j. Other: Federal Tax - Miscellaneous other itemized deductions	j.	$		[ ]
TOTAL		$	1,805	

5. NET YEAR-TO-DATE EARNED INCOME:	$	7,873
NET AVERAGE EARNED INCOME PER MONTH:	$	2,624
NET AVERAGE EARNED INCOME PER WEEK	$	606

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 $ 0

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5. ADDITIONAL INFORMATION:

1. How often are you paid? Bi-weekly
2. What is your annual salary? $ 19250
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, in addition to your regular salary? [ ] Yes [X] 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 [X] 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 [X] No If yes, explain. _____

7. Have you received income from overtime work during either the current or immediate past calendar year? [ ] Yes [X] 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 [X] No If yes, explain. _____

9. 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. _____

10. Have you received income from unemployment, disability and/or social security 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.
11. List the names of the dependents you claim: Justine
12. Are you paying or receiving any alimony? [ ] Yes [X] No. If yes, how much and to whom paid or from whom received?

13. Are you paying or receiving any child support? [ ] Yes [X] 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 [X] 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 [X] 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:

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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.

SCHEDULE A: SHELTER	Joint Marital Life Style Family, including 1 child(ren).	Current Life Style Yours and 1 child(ren).
If Tenant:		
Rent	$ 0	$ 0
Heat (if not furnished)	$ 0	$
Electric & Gas (if not furnished)	$	$
Renters' Insurance	$ 0	$ 0
Personal Property insurance	$ 0	$ 0
Parking (at Apartment)	$ 10	$ 10
Other Charges (Itemize)	$ 0	$
	$ 0	$
	$ 0	$
If Homeowner:		
Mortgage	$ 1,673	$ 1,673
Real Estate Taxes (if not included w/ mortgage payment) - *628*	$ 628	$ 628
Homeowners Ins (if not included w/ mortgage payment)	$ 120	$ 120
Other Mortgages or Home Equity Loans	$ 0	$
Heat (unless Electric or Gas)	$ 75	$ 75
Electric & Gas	$ 72	$ 72
Water & Sewer	$ 125	$ 125
Garbage Removal	$ 0	$ 0
Snow Removal	$ 25	$ 25
Lawn Care	$ 20	$ 20
Maintenance	$ 34	$ 34
Repairs	$ 43	$ 43
Other Charges (Itemize)	$ 0	$
	$ 0	$
	$ 0	$
Tenant or Homeowner:		
Telephone	$ 80	$ 80
Mobile/Cellular Telephone	$ 65	$ 65
Service Contracts on Equipment	$ 17	$ 17
Cable TV	$ 57	$ 57
Plumber/Electrician	$ 25	$ 25
Equipment & Furnishings	$ 0	$
Internet Charges	$ 65	$ 65
Other Household (Itemize)	$ 0	$
	$ 0	$
	$ 0	$
TOTAL	$ 3,134	$ 3,134

SCHEDULE B: TRANSPORTATION		
Auto Payments	$ 180	$ 180
Auto Insurance (number of vehicles: __)	$ 110	$ 110
Registration, License	$ 4	$ 4
Maintenance	$ 75	$ 75
Fuel & Oil	$ 250	$ 250
Commuting Expenses	$ 65	$ 65
Other Charges (Itemize)	$ 0	$
	$ 0	$
	$ 0	$
TOTAL	$ 684	$ 684

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SCHEDULE C: PERSONAL

	Joint Marital Life Style Family, including 1 child(ren).	Current Life Style Yours and 1 child(ren).
Food at Home & Household Supplies	$ 543	$ 543
Prescription Drugs	$ 97	$ 97
Non-prescription drugs, & sundries	$ 25	$ 25
School Lunch	$ 0	$ 0
Restaurants	$ 238	$ 238
Clothing	$ 100	$ 100
Dry Cleaning, Commercial Laundry	$ 82	$ 82
Hair Care	$ 145	$ 145
Domestic Help	$ 303	$ 303
Medical (exclusive of psychiatric)*	$ 400	$ 400
Eye Care*	$ 40	$ 40
Psychiatric/psychological/counseling*	$ 120	$ 120
Dental (exclusive of Orthodontic)*	$ 50	$ 50
Orthodontic*	$ 0	$ 0
Medical Insurance (hospital, etc)*	$ 476	$ 476
Clubs Dues and Memberships	$ 0	$ 0
Sports and Hobbies	$ 149	$ 149
Camps	$ 167	$ 167
Vacations	$ 416	$ 416
Children's Private School Costs	$ 18	$ 18
Parent's Education Costs	$	$
Children's Lessons	$ 0	$ 0
Baby-sitting	$ 87	$ 87
Day Care Expenses	$ 347	$ 347
Entertainment	$ 428	$ 428
Alcohol & Tobacco	$	$
Newspapers and Periodicals	$	$
Gifts	$ 43	$ 43
Contributions	$ 41	$ 41
Payments to Non-Child Dependents	$ 0	$
Prior Existing Support Obligations this family/other families (specify)		
	$	$
Tax Reserve (not listed elsewhere)	$ 0	$
Life Insurance	$ 0	$
Savings/Investment	$	$
Debt Service	$ 147	$ 147
Parenting Time Expenses	$	$
Professional Expenses	$ 500	$ 500
Other (specify)	$ 0	$
	$ 0	$
	$ 0	$
	$ 0	$
*unreimbursed only TOTAL	$ 4,962	$ 4,962

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	$ 3,134	$ 3,134
Schedule B: Transportation	$ 684	$ 684
Schedule C: Personal	$ 4,962	$ 4,962
Grand Totals	$ 8,780	$ 8,780

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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					
242 Westerly Pl	J	8/1995		700,000	
Residence to be sold in three years.					
2. Bank Accounts, CD's					
Chase	W	4/3/1998		4,000	3/6/2007
Bank of America	W	11/15/2002		2,000	2/28/2007
3. Vehicles					
Car	W	6/1999		6,750	1/2007
Automobile will have to be replaced this year.					
Boat				10,000	
4. Tangible Personal Property					
Artwork				4,000	
5. Stocks and Bonds					
Vanguard Index		1990		35,000	1/2007
Parties dispute amount of separate property in this account.					
6. Pension, Profit Sharing, Retirement Plan(s)					
Federated Pension Plan	W			37,589	
Fidelity	W			24,000	
7. IRAs					
8. Businesses, Partnerships, Professional Practices					
Paris Plumbing Supply	H	1989		80,000	
Valuation by Business Valuators, Inc. 3/7/2007.					
9. Life Insurance (cash surrender value)					
10. Loans Receivable					
11. Other (specify)					

TOTAL GROSS ASSETS:	**$**	**903,339**
TOTAL SUBJECT TO EQUITABLE DISTRIBUTION:	**$**	**903,339**
TOTAL NOT SUBJECT TO EQUITABLE DISTRIBUTION:	**$**	**0**

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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					
Washington Mutual	J		1,673	335,000	
Washington Mutual	J			47,500	
2. Other Long Term Debts					
3. Revolving Charges					
4. Other Short Term Debts					
Sallie Mae loan	W		88	17,392	
5. Contingent Liabilities					

TOTAL GROSS LIABILITIES: **$ 399,892**
(excluding contingent liabilities)

NET WORTH: **$ 503,447**
(subject to equitable distribution)

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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 therein is willfully false, I am subject to punishment.

DATED: _____ SIGNED: _____

Margaret Woodson

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) X

2. Your last calendar year's W-2 statements, 1099's, K-1 statements. X

3. Your three most recent pay stubs. X

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) X

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) X

6. Affidavit of Insurance Coverage as required by Court Rule 5:4-2(f) (Part B-3) X

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) X

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. X

11. An Appendix IX Child Support Guideline Worksheet, as applicable, based upon available information. . . . . ____

[Note: Revised Family CIS [corrected copy] Adopted July 28, 2004 to be Effective September 1, 2004 amended July 16, 2009 to be effective September 1, 2009.]