

Part A - Case Information:

Date of Statement _____
 Date of Divorce, Dissolution of Civil Union or Termination
 of Domestic Partnership (post-Judgement matters) _____

 Date(s) of Prior Statement(s) _____

 Your Birthdate _____
 Birthdate of Other Party _____
 Date of Marriage, or entry into Civil Union or Domestic
 Partnership _____
 Date of Separation _____
 Date of Complaint _____

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 [] 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: NJ _____
 Other Party's Name _____
 Street Address _____ City: _____ State/Zip: NJ _____

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

| | |
|--|--|
| | |
| | |

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 No5. **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

| | Sample | Joint | Other Party |
|---|----------|----------|-------------|
| 1. Gross earned income last calendar (year) | \$ _____ | \$ _____ | \$ _____ |
| 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) | \$ _____ | \$ _____ | \$ _____ |

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: <input type="checkbox"/> included <input type="checkbox"/> not included* <input type="checkbox"/> 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): <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 | \$ _____ | \$ _____ |
| 3. Net average weekly income (1 - 2) | \$ _____ | \$ _____ |

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. \$ _____ <input type="checkbox"/> |
| b. Life Insurance | b. \$ _____ <input type="checkbox"/> |
| c. Union Dues | c. \$ _____ <input type="checkbox"/> |
| d. 401(k) Plans | d. \$ _____ <input type="checkbox"/> |
| e. Pension/Retirement Plans | e. \$ _____ <input type="checkbox"/> |
| f. Other Plans specify | f. \$ _____ <input type="checkbox"/> |
| g. Charity | g. \$ _____ <input type="checkbox"/> |
| h. Wage Execution | h. \$ _____ <input type="checkbox"/> |
| i. Medical Reimbursement (flex fund) | i. \$ _____ <input type="checkbox"/> |
| j. Other: Federal Tax - Miscellaneous other itemized deductions | j. \$ _____ <input type="checkbox"/> |
| 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 nontaxable, [] Yes [] 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 [] 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 [] 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 [] No
If yes, explain. _____

8. Have you received income from overtime work during either the current or immediate past calendar year? [] Yes [] No
If yes, explain. _____
9. Have you been awarded or granted stock options, restricted stock or any other non-cash compensation or [] Yes [] 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 [] 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 [] Yes [] No.
immediate past calendar year? If yes, state the date(s) of receipt and set forth the gross and net amounts
received. _____
12. List the names of the dependents you claim: _____
13. Are you paying or receiving any alimony? [] Yes [] 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 [] No.
for each child and to whom paid or from whom received. _____

15. Is there a wage execution in connection with support? [] Yes [] No
If yes explain. _____

16. Does a Safe Deposit Box exist and if so, at which bank? [] Yes [] No

17. Has a dependent child of yours received income from social security, SSI or other government program during [] Yes [] 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.

SCHEDULE A: SHELTER (expenses itemized by residence)

1. Homeowner Expenses

| | |
|--|--|
| Joint Life Style Family, including ___ child(ren). | Current Life Style Yours and ___ child(ren). |
|--|--|

If Homeowner:

| | | |
|--|----------|----------|
| Mortgage | \$ _____ | \$ _____ |
| Real Estate Taxes (not incl w/ mrtg) | \$ _____ | \$ _____ |
| Homeowners Ins (if not included w/ mortgage payment) | \$ _____ | \$ _____ |
| Other Mortgage 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 Assoc. fees | \$ _____ | \$ _____ |
| Other Charges | \$ _____ | \$ _____ |

Tenant or Homeowner:

| | | |
|--------------------------------------|----------|----------|
| Telephone | \$ _____ | \$ _____ |
| Mobile/Cellular Telephone | \$ _____ | \$ _____ |
| Service Contracts on Equipment | \$ _____ | \$ _____ |
| Cable TV | \$ _____ | \$ _____ |
| Plumber / Electrician | \$ _____ | \$ _____ |
| Equipment & Furnishings | \$ _____ | \$ _____ |
| Internet | \$ _____ | \$ _____ |
| Home Security System | \$ _____ | \$ _____ |
| Other Household | \$ _____ | \$ _____ |

2. Homeowner Expenses

| | |
|------------------|--------------------|
| Joint Life Style | Current Life Style |
|------------------|--------------------|

If Homeowner:

| | | |
|--|----------|----------|
| Mortgage | \$ _____ | \$ _____ |
| Real Estate Taxes (not incl w/ mrtg) | \$ _____ | \$ _____ |
| Homeowners Ins (if not included w/ mortgage payment) | \$ _____ | \$ _____ |
| Other Mortgage 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 Assoc. fees | \$ _____ | \$ _____ |
| Other Charges | \$ _____ | \$ _____ |

Tenant or Homeowner:

| | | |
|--------------------------------------|----------|----------|
| Telephone | \$ _____ | \$ _____ |
| Mobile/Cellular Telephone | \$ _____ | \$ _____ |
| Service Contracts on Equipment | \$ _____ | \$ _____ |
| Cable TV | \$ _____ | \$ _____ |
| Plumber / Electrician | \$ _____ | \$ _____ |
| Equipment & Furnishings | \$ _____ | \$ _____ |
| Internet | \$ _____ | \$ _____ |

| | | |
|----------------------------|----------|----------|
| Home Security System | \$ _____ | \$ _____ |
| Other Household | \$ _____ | \$ _____ |

3. Homeowner Expenses

Joint Life Style

Current Life Style

If Homeowner:

| | | |
|--|----------|----------|
| Mortgage | \$ _____ | \$ _____ |
| Real Estate Taxes (not incl w/ mrtg) | \$ _____ | \$ _____ |
| Homeowners Ins (if not included w/ mortgage payment) | \$ _____ | \$ _____ |
| Other Mortgage 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 Assoc. fees | \$ _____ | \$ _____ |
| Other Charges | \$ _____ | \$ _____ |

Tenant or Homeowner:

| | | |
|--------------------------------------|----------|----------|
| Telephone | \$ _____ | \$ _____ |
| Mobile/Cellular Telephone | \$ _____ | \$ _____ |
| Service Contracts on Equipment | \$ _____ | \$ _____ |
| Cable TV | \$ _____ | \$ _____ |
| Plumber / Electrician | \$ _____ | \$ _____ |
| Equipment & Furnishings | \$ _____ | \$ _____ |
| Internet | \$ _____ | \$ _____ |
| Home Security System | \$ _____ | \$ _____ |
| Other Household | \$ _____ | \$ _____ |

4. Homeowner Expenses

Joint Life Style

Current Life Style

If Homeowner:

| | | |
|--|----------|----------|
| Mortgage | \$ _____ | \$ _____ |
| Real Estate Taxes (not incl w/ mrtg) | \$ _____ | \$ _____ |
| Homeowners Ins (if not included w/ mortgage payment) | \$ _____ | \$ _____ |
| Other Mortgage 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 Assoc. fees | \$ _____ | \$ _____ |
| Other Charges | \$ _____ | \$ _____ |

Tenant or Homeowner:

| | | |
|--------------------------------------|----------|----------|
| Telephone | \$ _____ | \$ _____ |
| Mobile/Cellular Telephone | \$ _____ | \$ _____ |
| Service Contracts on Equipment | \$ _____ | \$ _____ |
| Cable TV | \$ _____ | \$ _____ |
| Plumber / Electrician | \$ _____ | \$ _____ |
| Equipment & Furnishings | \$ _____ | \$ _____ |
| Internet | \$ _____ | \$ _____ |
| Home Security System | \$ _____ | \$ _____ |
| Other Household | \$ _____ | \$ _____ |

5. Homeowner Expenses

Joint Life Style

Current Life Style

If Homeowner:

| | | |
|--|----------|----------|
| Mortgage | \$ _____ | \$ _____ |
| Real Estate Taxes (not incl w/ mrtg) | \$ _____ | \$ _____ |
| Homeowners Ins (if not included w/ mortgage payment) | \$ _____ | \$ _____ |
| Other Mortgage 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 Assoc. fees | \$ _____ | \$ _____ |
| Other Charges | \$ _____ | \$ _____ |

Tenant or Homeowner:

| | | |
|--------------------------------|----------|----------|
| Telephone | \$ _____ | \$ _____ |
| Mobile/Cellular Telephone | \$ _____ | \$ _____ |
| Service Contracts on Equipment | \$ _____ | \$ _____ |
| Cable TV | \$ _____ | \$ _____ |
| Plumber / Electrician | \$ _____ | \$ _____ |
| Equipment & Furnishings | \$ _____ | \$ _____ |
| Internet | \$ _____ | \$ _____ |
| Home Security System | \$ _____ | \$ _____ |
| Other Household | \$ _____ | \$ _____ |

6. Homeowner Expenses

Joint Life Style

Current Life Style

If Homeowner:

| | | |
|--|----------|----------|
| Mortgage | \$ _____ | \$ _____ |
| Real Estate Taxes (not incl w/ mrtg) | \$ _____ | \$ _____ |
| Homeowners Ins (if not included w/ mortgage payment) | \$ _____ | \$ _____ |
| Other Mortgage 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 Assoc. fees | \$ _____ | \$ _____ |
| Other Charges | \$ _____ | \$ _____ |

Tenant or Homeowner:

| | | |
|--------------------------------|----------|----------|
| Telephone | \$ _____ | \$ _____ |
| Mobile/Cellular Telephone | \$ _____ | \$ _____ |
| Service Contracts on Equipment | \$ _____ | \$ _____ |
| Cable TV | \$ _____ | \$ _____ |
| Plumber / Electrician | \$ _____ | \$ _____ |
| Equipment & Furnishings | \$ _____ | \$ _____ |
| Internet | \$ _____ | \$ _____ |
| Home Security System | \$ _____ | \$ _____ |
| Other Household | \$ _____ | \$ _____ |

SCHEDULE A: SHELTER (summary)

Joint Life Style

Current Life Style

If Tenant:

Family, including
____ child(ren).

Yours and
____ child(ren).

| | | |
|-----------------------------------|----------|----------|
| Rent | \$ _____ | \$ _____ |
| Heat (if not furnished) | \$ _____ | \$ _____ |
| Electric & Gas (if not furnished) | \$ _____ | \$ _____ |
| Renters' Insurance | \$ _____ | \$ _____ |
| 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 \$ _____ \$ _____
 Service Contracts on Equipment \$ _____ \$ _____
 Cable TV \$ _____ \$ _____
 Plumber/Electrician \$ _____ \$ _____
 Equipment & Furnishings \$ _____ \$ _____
 Internet Charges \$ _____ \$ _____
 Home Security System \$ _____ \$ _____
 Other Household (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 Life Style Family, including _____ child(ren). | Current Life Style Yours and _____ child(ren). |
|---|--|--|
| 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)* | \$ _____ | \$ _____ |
| Clubs Dues and Memberships | \$ _____ | \$ _____ |
| Sports and Hobbies | \$ _____ | \$ _____ |
| Camps | \$ _____ | \$ _____ |
| Vacation | \$ _____ | \$ _____ |
| Children's Private School Costs | \$ _____ | \$ _____ |
| Parent's Education 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) | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ |
| 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) | \$ _____ | \$ _____ |
| Pet Care and Expenses | \$ _____ | \$ _____ |
| Other (specify) _____ | \$ _____ | \$ _____ |
| *unreimbursed only | TOTAL | |
| | \$ _____ | \$ _____ |

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 | \$ _____ | \$ _____ |
| Schedule B: Transportation | \$ _____ | \$ _____ |
| Schedule C: Personal | \$ _____ | \$ _____ |
| Grand Totals | \$ _____ | \$ _____ |

6. Pension, Profit Sharing, Retirement Plan(s), 401(k)s, etc. (identify each institution or 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: \$ _____

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 | | | | | |
| | | | | | |
| 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)

TOTAL ASSETS SUBJECT TO EQUITABLE DISTRIBUTION: \$ _____

TOTAL ASSETS NOT 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.

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: _____