

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): _____

Firm _____

Office Address 0 _____

Tel. No./Fax No. _____

Attorney(s) for: _____

_____	Plaintiff,
vs.	
_____	Defendant.

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

DOCKET NO. _____
CASE INFORMATION STATEMENT
OF _____

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.

INSTRUCTIONS:

The Case Information Statement is a document which is filed with the court setting forth the financial details of your case. The required information includes your income, your spouse's/partner's income, a budget of your joint life style expenses, a budget of your current life style expenses including the expenses of your children, if applicable, an itemization of the amounts which you may be paying in support for your spouse/partner or children if you are contributing to their support, a summary of the value of all assets referenced on page 8 - **It is extremely important that the Case Information Statement be as accurate as possible because you are required to certify that the contents of the form are true.** It helps establish your lifestyle which is an important component of alimony/spousal support and child support.

The monthly expenses must be reviewed and should be based on actual expenditures such as those shown from checkbook registers, bank statements or credit card statements from the past 24 months. The asset values should be taken, if possible, from actual appraisals or account statements. If the values are estimates, it should be clearly noted that they are estimates.

According to the Court Rules, you **must** update the Case Information Statement as your circumstances change. For example, if you move out of your residence and acquire your own apartment, you should file an Amended Case Information Statement showing your new rental and other living expenses.

It is also very important that you **attach** copies of relevant documents as required by the Case Information Statement, including your most recent **tax returns with W-2 forms, 1099s and your three (3) most recent paystubs.**

If a request has been made for college or post-secondary school contribution, you must also attach 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.

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

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 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

	_____	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. \$ _____	[]
b. Life Insurance	b. \$ _____	[]
c. Union Dues	c. \$ _____	[]
d. 401(k) Plans	d. \$ _____	[]
e. Pension/Retirement Plans	e. \$ _____	[]
f. Other Plans specify	f. \$ _____	[]
g. Charity	g. \$ _____	[]
h. Wage Execution	h. \$ _____	[]
i. Medical Reimbursement (flex fund)	i. \$ _____	[]
j. Other: Federal Tax - Miscellaneous other itemized deductions	j. \$ _____	[]
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 \$ _____ 0

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.

	Joint Life Style Family, including <u>0</u> child(ren).	Current Life Style Yours and <u>0</u> child(ren).
SCHEDULE A: SHELTER		
If Tenant:		
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 <u>0</u> child(ren).	Current Life Style Yours and <u>0</u> 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	\$ _____	\$ _____

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				
_____	---	_____	_____	_____
_____	---	_____	_____	_____
_____	---	_____	_____	_____
2. Bank Accounts, CD's (identify institution and type of account(s))				
_____	---	_____	0	_____
_____	---	_____	0	_____
_____	---	_____	0	_____
_____	---	_____	0	_____
3. Vehicles				
_____	---	_____	0	_____
_____	---	_____	0	_____
_____	---	_____	0	_____
_____	---	_____	0	_____
4. Tangible Personal Property				
_____	---	_____	0	_____
_____	---	_____	0	_____
_____	---	_____	0	_____
_____	---	_____	0	_____
_____	---	_____	0	_____
5. Stocks, Bonds and Securities (identify institution and type of account(s))				
_____	---	_____	0	_____
_____	---	_____	0	_____
_____	---	_____	0	_____
_____	---	_____	0	_____
_____	---	_____	0	_____
6. Pension, Profit Sharing, Retirement Plan(s), 401(k)s, etc. (identify each institution or employer)				
_____	---	_____	_____	_____
_____	---	_____	_____	_____
_____	---	_____	0	_____
_____	---	_____	0	_____
7. IRAs				
_____	---	_____	0	_____
_____	---	_____	0	_____
_____	---	_____	0	_____
_____	---	_____	0	_____
_____	---	_____	0	_____

8. Businesses, Partnerships, Professional Practices

				0	
				0	

9. Life Insurance (cash surrender value)

				0	
				0	
				0	
				0	

10. Loans Receivable

				0	
				0	
				0	
				0	
				0	

11. Other (specify)

				0	
				0	
				0	
				0	
				0	

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: _____

Attorney(s): Joseph M. Rasa Esq. # 016511998
Firm: The Law Offices of Joseph M. Rasa, LLC
Address: 565 Newark Pompton Turnpike
Pompton Plains, NJ 07444
Telephone: (973) 831-8800
Attorney(s) for Plaintiff

SUPERIOR COURT OF NEW JERSEY
CHANCERY DIVISION, FAMILY PART
COUNTY

DOCKET NO.

CERTIFICATION OF INSURANCE
COVERAGE PURSUANT TO R. 5:4-2(f)

Plaintiff,
vs.
Defendant.

I, _____, residing at NJ
certify:

- 1. I am the Plaintiff in the above-captioned matter.
2. Pursuant to R. 5:4-2(f), I submit this Certification of Insurance Coverage, which specifies all insurance coverage relating to the above-captioned parties and our minor children.
3. To the best of my knowledge, information and belief, none of the insurance policies listed below were cancelled or modified within 90 days before the date of this certification.
4. I further certify that insurance coverage which I am required to identify herein shall be maintained pending further order of the Court.

LIFE INSURANCE

1. Company Name
Company Address
Company Phone Number
Policy Owner
Policy Number
Beneficiary
Face Amount (\$)
Policy Term (if applicable)

HEALTH INSURANCE

1. Name of Insured
Company Name
Company Address
Company Phone Number
ID Number
Group Number
Persons Covered
Coverage Type

checkbox Made available through employment or checkbox Personally Obtained

AUTOMOBILE INSURANCE

1. Name of Insured _____
 Company Name _____
 Address of Company _____
 Policy Number _____
 Policy Expiration Date _____
 Year, Make and Model of Vehicle .. _____
 Coverage Limits _____
 Lawsuit Threshold Yes No
 Umbrella Coverage Yes (Coverage amount: \$ _____) No
 Driver(s) of Vehicle _____
 Lien holder/Lessor (if applicable) .. _____
 Address of Lien holder/Lessor _____
 Use of Vehicle Personal Business Personal and Business

HOMEOWNER'S INSURANCE or RENTER'S INSURANCE

1. Name of Company _____
 Address of Company _____
 Policy Number _____
 Policy Expiration Date _____
 Address of Covered Residence _____
 Coverage Limits _____
 Umbrella Coverage Yes (Coverage Amount: \$ _____) No
 Mortgagee (if applicable) _____
 Address of Mortgagee _____
 Rider(s) to Policy Jewelry Furs Artwork Other _____

LONG-TERM CARE INSURANCE

1. Name of Insured _____
 Company Name _____
 Company Address _____
 Company Phone Number _____
 ID Number _____
 Persons Covered _____

DISABILITY INSURANCE

1. Name of Insured _____
 Company Name _____
 Company Address _____
 Company Phone Number _____
 ID Number _____
 Persons Covered _____

I hereby certify that the foregoing information is true and complete. I am aware that if I willfully provide false insurance information or if I omit any insurance information, I am subject to punishment.

 Date

Filer's Name
Address
City, State, Zip
Telephone Number

Plaintiff
vs.

Defendant

SUPERIOR COURT OF NEW JERSEY
CHANCERY DIVISION – FAMILY PART
COUNTY OF _____

DOCKET NO. _____
CASE ID _____

CIVIL ACTION
CERTIFICATION OF NON-MILITARY SERVICE

I _____, hereby certify that:

1. I am the (check one) plaintiff defendant in the above-entitled civil action.
2. I am personally acquainted with the other party and know that he or she resides at:

3. The other party is not in the Military Service of the United States.
4. I am supplying the Court with the following information as to how I know the other party is not in the military. (Check all statements below that apply to your case) In each case you must explain how any contact proves that the other party is not in the military):

I have recently seen the other party (when, where, circumstances):

My child(ren) last had parenting time with him or her on (when, where, circumstances):

_____ at _____

I have recently had telephone contact with the other party.

I know where the other party works (indicate employer name and address):

To my knowledge, the other party's age exceeds the military requirements (state age) _____

The other party is disabled (indicate nature of disability):

The other party is incarcerated (indicate location):

Any other reason:

and/or

I have checked with the Department of Defense website and the printout is attached.
(<https://www.dmdc.osd.mil/appj/scra/scraHome.do>) OR

I have attached statements from the 5 armed forces that the other party is not in the military service.

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

Plaintiff / Defendant

NOTICE TO THE BAR

DIVORCE – DISPUTE RESOLUTION ALTERNATIVES TO CONVENTIONAL LITIGATION – DESCRIPTIVE MATERIAL REQUIRED BY RULE 5:4-2(h); CERTIFICATION FORMS

As part of the July 27 rule amendments that went into effect September 1, the Supreme Court adopted a new paragraph in Rule 5:4-2 (“Complaint”) that requires the first pleading of each party in a divorce action to include an affidavit or certification “that the litigant has been informed of the availability of complementary dispute resolution (‘CDR’) alternatives to conventional litigation, including but not limited to mediation or arbitration, and that the litigant has received descriptive literature regarding such CDR alternatives.” Rule 5:4-2(h) (“Affidavit or Certification of Notification of Complementary Dispute Resolution Alternatives”). The Court recently adopted a clarifying amendment to that paragraph, changing “descriptive literature” to “descriptive material.”

In a September 18 Notice to the Bar, I advised that the “descriptive material” was still in the process of being developed by the Committee on Complementary Dispute Resolution. The Committee completed its work and submitted the proposed text and the accompanying certification forms. The Court at its October 10 Administrative Conference approved the “descriptive material” text and the certification forms, subject to some final editing.

That final editing having been made, attached as approved by the Supreme Court is the “descriptive material” on dispute resolution alternatives to conventional divorce litigation, as referenced in Rule 5:4-2(h). Also attached are the two approved certification forms relating to the descriptive literature, one for use by self-represented matrimonial litigants, the other by those litigants represented by counsel. The descriptive material and certification forms should be used effective immediately.

The descriptive material and certification forms also will be published and posted by a Notice to the Bar. Questions may be directed to Assistant Director Harry Cassidy at 609-984-4228.

Note: The adoption of Rule 5:4-2(h) and the promulgation of the attached descriptive material is in no way intended to indicate any change in the Court’s policy, grounded in statutes and court rules, against mediation in any matter in which a temporary or final restraining order has been entered pursuant to the Prevention of Domestic Violence Act.

/s/ Philip S. Carchman

Philip S. Carchman, J.A.D.
Acting Administrative Director of the Courts

Dated: December 4, 2006

DIVORCE – DISPUTE RESOLUTION ALTERNATIVES **TO CONVENTIONAL LITIGATION**^{*}

[Text Promulgated 12/04/06 as Approved by the Supreme Court]

Resolving issues concerning your divorce can be costly and difficult. While only a judge can actually grant a divorce, division of your property and your debts, alimony, child support, custody and parenting time are some of the other issues that may need to be resolved. A judge can decide all issues at trial. However, there are other ways to resolve many of the issues in your divorce. These alternate dispute resolution methods offer greater privacy than resolving the issues in a public trial. They also may be faster and less expensive, and may reduce the level of conflict between you and your spouse during your divorce. You are encouraged to discuss alternative dispute resolution with your lawyer to decide whether these alternate methods may help you and your spouse resolve as many of the issues relating to your divorce as possible before the matter is presented to the judge.

What follows are short descriptions of various forms of alternative dispute resolution that may be used in divorce cases.

MEDIATION^{**}

Mediation is a means of resolving differences with the help of a trained, impartial third party. The parties, with or without lawyers, are brought together by the mediator in a neutral

^{*} This constitutes the “descriptive material” referenced in Rule 5:4-2(h) that each divorce litigant must receive and certify as having received (using the attached certification forms).

^{**} Note: The adoption of Rule 5:4-2(h) and the promulgation of this descriptive material is in no way intended to indicate any change in the Court’s policy, grounded in statutes and court rules, against mediation in any matter in which a temporary or final restraining order has been entered pursuant to the Prevention of Domestic Violence Act.

setting. A mediator does not represent either side and does not offer legal advice. Parties are encouraged to retain an attorney to advise them of their rights during the mediation process. The mediator helps the parties identify the issues, gather the information they need to make informed decisions, and communicate so that they can find a solution agreeable to both. Mediation is designed to facilitate settlements in an informal, non-adversarial manner. The court maintains a roster of approved mediators or you can use private mediation services. The judge would still make the final determination as to whether to grant the divorce.

ARBITRATION

In an arbitration proceeding, an impartial third party decides issues in a case. The parties select the arbitrator and agree on which issues the arbitrator will decide. The parties also agree in advance whether the arbitrator's decisions will be binding on them or instead treated merely as a recommendation. While an arbitrator may decide issues within a divorce case, the judge would still make the final determination as to whether to grant the divorce.

USE OF PROFESSIONALS

Parties in a divorce may also seek the assistance of other skilled professionals to help resolve issues in a case, such as attorneys, accountants or other financial professionals, and various types of mental health professionals (e.g., psychiatrists, psychologists, social workers, therapists). These professionals may help the parties resolve all of the issues or just specific portions of the case. As with mediation and arbitration, parties making use of these professionals to resolve issues in the divorce are encouraged to consult their attorney for advice

throughout this process. While this approach may resolve some issues in the case, the judge would still need to make the final decision to grant the divorce.

COMBINATIONS OF ALTERNATIVES

Depending on your circumstances, it may be helpful for you to use a combination of mediation, arbitration, and skilled professionals to resolve issues in your divorce.

CONCLUSION

Just as every marriage is unique, every divorce is unique as well. The specific circumstances of your divorce determine what method or methods of dispute resolution are best suited to resolve issues in your divorce. You are encouraged to ask your attorney about these alternative dispute resolution methods to resolve issues relating to your divorce.

Using these alternative dispute resolution methods allows you to participate in the decision on those issues, rather than leaving all of the issues to the judge to decide. And presenting the judge with a case in which the only decision remaining is whether to grant the divorce will permit that decision to be made more expeditiously. While the judge must be the one to decide whether to grant the divorce, your role in deciding some or all of the other issues can be enhanced through these alternative dispute resolution methods.