

NOTICE: This is a public document, which means the document as submitted will be available to the public upon request. Therefore, do not enter personal identifiers on it, such as Social Security number, driver's license number, vehicle plate number, insurance policy number, active financial account number, or active credit card number.



Tax Court of New Jersey
Case Information Statement
Correction of Error in Assessment (CIS-C/E)

Instructions: To be attached to face of complaint (type or print)

Attorney Name (List your information if you are not represented by an attorney)

Attorney ID Number

Street

E-mail Address

City

State

Zip

Telephone Number

Is Case Hurricane Sandy related?

Yes No

Note: In order to proceed in the Small Claims Division, the property at issue must be a class 2 property (1-4 family residence) or a class 3A farm residence or prior year's taxes were less than \$25,000. See *Rule 8:11-(a)(2)*.

Check for Small Claims Division

Filing Fee Submitted
\$

Check / other

Attorney Charge Account #

Part A. Fill in the following:

1. Plaintiff

Defendant

2. County

Block

Lot

Unit

3. Assessment year(s) in contest

4. Property Address

5. Property Type (check one)

1-4 Family Residence (class 2)

Business Personal Property

Percentage _____

Casino

Commercial

Condominium

Farm Residence (class 3A)

Farmland

Hotel

Industrial

Multi-Unit Residential (over 4 Units)

Nursing Home

Pipeline

Senior Citizen/Veteran Deduction

Tax Exempt

Other _____

Vacant Land

6. Is plaintiff the

Owner

Tenant

Contract Purchaser

Court Appointed Rent Receiver

Municipality

Other _____

7.	Type of error (check one)	
	<input type="checkbox"/> Typographical <input type="checkbox"/> Transposition <input type="checkbox"/> Other _____	
8.	Is any action pending before the Tax Court for above property for a prior year(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Year(s) _____	
9.	Is the Verified Affidavit complete and attached to complaint?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Do you or your client have any needs under the Americans with Disabilities Act? If yes, please identify any requirements or accommodations you may require.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Will an interpreter be needed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, for what language _____	
Please Note: Only an interpreter registered with the Administrative Office of the Courts may be used during a court proceeding.		
I certify that confidential personal identifiers have been removed from documents now submitted to the court, and will be removed from all documents submitted in the future in accordance with <i>Rule 1:38-7(b)</i>		
_____ Dated	_____ Signed	
<p>Make Filing Fee checks payable to: Treasurer, State of New Jersey</p> <p>Mailing Address: Tax Court Management Office, P.O. Box 972, Trenton, NJ 08625-0972</p>		