

**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 (CIS-LP)

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

**Part A. Please check one of the following case types and the filing fee**

- |                                                                |                                                      |
|----------------------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Direct Appeal                         | <input type="checkbox"/> Added or Omitted Assessment |
| <input type="checkbox"/> Appeal from County Tax Board Judgment | <input type="checkbox"/> Farmland Qualification      |
| <input type="checkbox"/> Correction of Error                   | <input type="checkbox"/> Farmland Rollback           |
| <input type="checkbox"/> Exemption                             | <input type="checkbox"/> Other                       |

**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 B. Fill in the following for all cases**

- |                                                           |                                                                             |            |       |
|-----------------------------------------------------------|-----------------------------------------------------------------------------|------------|-------|
| 1. Plaintiff                                              | Defendant                                                                   |            |       |
| 2. County                                                 | Block                                                                       | Lot        | Unit  |
| 3. Assessment year(s) in contest                          |                                                                             |            |       |
| 4. Property Address                                       |                                                                             |            |       |
| 5. Property Type (check one)                              |                                                                             |            |       |
| <input type="checkbox"/> 1-4 Family Residence (class 2)   | <input type="checkbox"/> Business Personal Property                         | Percentage | _____ |
| <input type="checkbox"/> Casino                           | <input type="checkbox"/> Commercial                                         |            |       |
| <input type="checkbox"/> Condominium                      | <input type="checkbox"/> Farm Residence (class 3A)                          |            |       |
| <input type="checkbox"/> Farmland                         | <input type="checkbox"/> Hotel                                              |            |       |
| <input type="checkbox"/> Industrial                       | <input type="checkbox"/> Multi-Unit Residential (over 4 Units)              |            |       |
| <input type="checkbox"/> Nursing Home                     | <input type="checkbox"/> Pipeline                                           |            |       |
| <input type="checkbox"/> Senior Citizen/Veteran Deduction | <input type="checkbox"/> Tax Exempt                                         |            |       |
| <input type="checkbox"/> Vacant Land                      | <input type="checkbox"/> Vacant land used as part of a 1-4 family residence |            |       |
| <input type="checkbox"/> Other _____                      |                                                                             |            |       |

6. Is plaintiff the

Owner

Tenant

Contract Purchaser

Court Appointed Rent Receiver

Municipality

Other \_\_\_\_\_

7. Is an exemption claimed?

Yes

No

Type \_\_\_\_\_

If more than one assessed property is included in the complaint, are they contiguous **and** in common ownership?

Yes

No

Attach individual Case Information Statements for each separately assessed parcel. If multiple condominium units, attach the Condominium/Multiple Assessment Schedule.

**Part C. Fill in the following for all Case Types except Farmland Rollback**

Assessment for the year set forth in No. 3 above

**Original Assessment**

Land \$ \_\_\_\_\_  
Improvements \$ \_\_\_\_\_  
Exemption \$ \_\_\_\_\_  
Total \$ \_\_\_\_\_

**County Tax Board Assessment**

Land \$ \_\_\_\_\_  
Improvements \$ \_\_\_\_\_  
Exemption \$ \_\_\_\_\_  
Total \$ \_\_\_\_\_

**Part D. Fill in the following only for Farmland Rollback**

Year	Non Qualified Assessed Value	Qualified Assessed Value	Assessment Subject to Rollback
	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____

**Part E. Fill in the following:**

**For Added Assessment ONLY**

Said property is the subject of an added assessment for the assessment year \_\_\_\_\_ as follows:

**Original Assessment**

Improvements \$ \_\_\_\_\_  
Prorated Assessment \$ \_\_\_\_\_  
for \_\_\_\_\_ months

**County Tax Board Judgment**

Improvements \$ \_\_\_\_\_  
Prorated Assessment \$ \_\_\_\_\_  
for \_\_\_\_\_ months

**For Omitted or Omitted/Added Assessment ONLY**

Said property is the subject of an added assessment for the assessment year \_\_\_\_\_ as follows:

**Original Assessment**

Land \$ \_\_\_\_\_  
Improvements \$ \_\_\_\_\_  
Prorated Assessment \$ \_\_\_\_\_  
for \_\_\_\_\_ months

**County Tax Board Judgment**

Land \$ \_\_\_\_\_  
Improvements \$ \_\_\_\_\_  
Prorated Assessment \$ \_\_\_\_\_  
for \_\_\_\_\_ months

Do you or your client have any needs under the Americans with Disabilities Act?

Yes

No

If yes, please identify any requirements or accommodations you may require.

Will an interpreter be needed?

Yes

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 *Rule 1:38-7(b)*

\_\_\_\_\_  
Dated

\_\_\_\_\_  
Signed

Make Filing Fee checks payable to: **Treasurer, State of New Jersey**  
**Mailing Address:** Tax Court Management Office, P.O. Box 972, Trenton, NJ 08625-0972