



## 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)

Street

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                       |

**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-(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"/> Industrial   | <input type="checkbox"/> Multi-Unit Residential (over 4 Units) |
| <input type="checkbox"/> 1-4 Family Residence (class 2)                     | <input type="checkbox"/> Vacant Land                           |
| <input type="checkbox"/> Farm Residence (class 3A)                          | <input type="checkbox"/> Farmland                              |
| <input type="checkbox"/> Commercial   | <input type="checkbox"/> Other                                 |
| <input type="checkbox"/> Vacant land used as part of a 1-4 family residence |  |

6. Is plaintiff the

- Owner       Tenant       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		County Tax Board Assessment	
Land	\$ _____	Land	\$ _____
Improvements	\$ _____	Improvements	\$ _____
Exemption	\$ _____	Exemption	\$ _____
Total	\$ _____	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		County Tax Board Judgment	
Improvements	\$ _____	Improvements	\$ _____
Prorated Assmt.	\$ _____	Prorated Assmt.	\$ _____
for _____ months		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		County Tax Board Judgment	
Land	\$ _____	Land	\$ _____
Improvements	\$ _____	Improvements	\$ _____
Prorated Assmt.	\$ _____	Prorated Assmt.	\$ _____
for _____ months		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 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).

\_\_\_\_\_  
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