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

- ☐ Direct Appeal
- ☐ Appeal from County Tax Board Judgment
- ☐ Correction of Error
- ☐ Exemption
- ☐ Added or Omitted Assessment
- ☐ Farmland Qualification
- ☐ Farmland Rollback
- ☐ 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)
   - ☐ Industrial
   - ☐ 1-4 Family Residence (class 2)
   - ☐ Farm Residence (class 3A)
   - ☐ Commercial
   - ☐ Vacant land used as part of a 1-4 family residence
   - ☐ Multi-Unit Residential (over 4 Units)
   - ☐ Vacant Land
   - ☐ Farmland
   - ☐ Other

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.

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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

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