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FORECLOSURE CASE INFORMATION STATEMENT (FCIS)

Use for initial Chancery Division — General Equity foreclosure pleadings (not motions) under Rule 4:5-1. Pleading will be rejected for filing, under Rule 1:5-6(c), if information is not furnished or if attorney's signature is not affixed.

FOR USE BY CLERK'S OFFICE ONLY
PAYMENT TYPE: ☐ CK ☐ CG ☐ CA ☐ MO
RECEIPT NO:
AMOUNT:
OVERPAYMENT:
BATCH NUMBER:
BATCH DATE:

SECTION A: TO BE COMPLETED BY ALL PARTIES

CAPTION	COUNTY OF VENUE DOCKET NUMBER (When available)
NAME(S) OF FILING PARTY(IES)(*e.g.*, John Doe, Plaintiff)	DOCUMENT TYPE ☐ COMPLAINT ☐ ANSWER ☐ OTHER
ATTORNEY NAME (IF APPLICABLE)	FIRM NAME (If applicable)
MAILING ADDRESS	DAYTIME TELEPHONE NUMBER

SECTION B: TO BE COMPLETED BY PLAINTIFF TO INITIAL COMPLAINT

FORECLOSURE CASE TYPE NUMBER

- ☐ 088 IN PERSONAM TAX FORECLOSURE
- ☐ 089 IN REM TAX FORECLOSURE
- ☐ 0RF RESIDENTIAL MORTGAGE FORECLOSURE
- ☐ 0CF COMMERCIAL MORTGAGE FORECLOSURE
- ☐ 0CD CONDOMINIUM OR HOMEOWNER'S ASSOCIATION LIEN FORECLOSURE
- ☐ 091 STRICT FORECLOSURE
- ☐ OFP OPTIONAL FORECLOSURE PROCEDURE (NO SALE)

IS THIS A HIGH RISK MORTGAGE PURSUANT TO P.L.2009,c.84 AND P.L.2008,c.127 ☐ YES ☐ NO

PURCHASE MONEY MORTGAGE ☐ YES ☐ NO

RELATED PENDING CASE ☐ YES ☐ NO
IF YES, LIST DOCKET NUMBERS:

FULL PHYSICAL STREET ADDRESS OF PROPERTY: ZIP CODE: COUNTY:	MUNICIPALITY CODE(*) MUNICIPAL BLOCK: (LOTS):

ALL FILING PARTIES MUST SIGN AND PRINT NAMES(S) AND DATE THE FORM BELOW

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).

ATTORNEY/SELF REPRESENTED SIGNATURE PRINT ATTORNEY/SELF REPRESENTED NAME DATE

*The Municipality Codes are available at http://www.judiciary.state.nj.us/forms/CN11343_municodes_11-9-2009.pdf