

Dear Taxpayer:

PLEASE BE SURE THAT YOU HAVE ENCLOSED ALL OF THE FOLLOWING DOCUMENTS:

1. **CIVIL ACTION COMPLAINT FORM** - Must be completely filled out and signed. NOTE - In a Tax Court complaint where the taxpayer is the plaintiff, the proper defendant is the **municipality**.
2. **LOCAL PROPERTY TAX CASE INFORMATION STATEMENT** - If your complaint includes more than one contiguous property, you must complete a separate case information statement for each property.
3. **PROOF OF SERVICE** - The proof of service form is sent to the Tax Court Management Office **only**. In this form, you certify that you delivered, personally or by ordinary mail, a copy of your complaint to the Assessor, Clerk and County Board of Taxation.
4. **COPY OF THE COUNTY BOARD OF TAXATION JUDGMENT** - If your complaint includes more than one contiguous property, you **must** attach a separate county board of taxation judgment for each separately assessed property. A separate complaint must be filed for each tax year for each separately assessed property. See Rule 8:3-1(c) for exceptions. If an assessment is over \$750,000, a copy of the Notice of Assessment card or tax bill must be attached to the complaint for each separately assessed property.
5. **CORRECT FILING FEE** - Be sure to enclose the correct filing fee (payable to the Treasurer, State of New Jersey) with the complaint. See Tax Court Rule 8:12 in the booklet entitled Rules Governing the Tax Court, Part VIII. Your complaint will not be processed until you submit the correct filing fee.

Shortly after your complaint has been docketed, you will receive a Case Management Notice. The Case Management Notice will contain the docket number assigned to your complaint, important information about dates for completion of discovery, the anticipated month and year of your trial, as well as the name of the case manager to contact should you have any questions.

For cases assigned to the STANDARD TRACK, please note that you should **not** file the Mandatory Settlement Conference Report with your complaint. Your Case Management Notice will also contain important information about the month and year during which the Mandatory Settlement Conference is to be held. You must participate in the Mandatory Settlement Conference and complete the Mandatory Settlement Conference Report at that time.

Please see the Rules Governing the Tax Court, Part VIII for further information on the requirements for local property tax cases.

**NOTE:**

1. The use of this printed complaint form is optional. If another form is used, it must set forth the claim for relief and the facts on which the claim is based. The form of the complaint shall conform to the rules of court. The wording in this sample form may be modified to conform to the claim made and relief sought in a particular case. However, the applicable Local Property Tax Case Information Statement (CIS-LP) must be attached to the **face** of the complaint.
2. If the complaint contests the assessments of condominium units, the complaint will consist of the following: a single case information statement (not one for each separate condominium unit), to which is attached the condominium schedule in the form required by the Court, both of which shall be attached to the **face** of the complaint.
3. A local property tax assessment complaint for review of the action of the County Board of Taxation must be **received** in the Tax Court Management Office within the **45 day time period** provided by the rules of court, together with the proof of service as required and with the correct filing fee.

A local property tax appeal that is not an added or omitted assessment and exceeds \$1,000,000 or a local property tax appeal that is an added or omitted assessment and exceeds \$750,000 may be filed directly with the Tax Court. The complaint must be received in the Tax Court Management Office on or before **April 1** of the tax year.

In a taxing district where a municipal-wide revaluation or a municipal-wide reassessment has been implemented, complaints that qualify for direct review of the assessment by the Tax Court must be filed on or before **May 1** of the tax year.

4. If the complaint seeks review of the judgment of the county board of taxation, the proper defendant is the municipality, **not** the county board of taxation or the municipal assessor.
5. If the complaint is a direct appeal to the Tax Court, a copy of the Notice of Assessment card or tax bill must be attached.
6. A tenant who is entitled to file a complaint to contest a local property tax assessment shall state whether the tenant has the authorization of the owner to file the complaint. The tenant shall serve a copy of the complaint on the record owner of the property in accordance with Rule 8:5-3(a)(8).

**Please note:**

Rule 1:38-7(b) requires attorneys and self-represented litigants to redact (remove) confidential personal identifiers from all documents prior to filing, unless required by statute, court rule, administrative directive or court order.

Rule 1:38-7(a) defines a confidential personal identifier as a *Social Security number, driver's license number, vehicle plate number, insurance policy number, active financial account number, or active credit card number*. An active financial account number may be identified by the last four digits when the account is the subject of litigation and cannot otherwise be identified.

It is not the responsibility of court staff to redact (remove) confidential personal identifiers when included in pleadings or other documents submitted to the court.



## 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**

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 Assmt. \$ \_\_\_\_\_

for \_\_\_\_\_ months

**County Tax Board Judgment**

Improvements \$ \_\_\_\_\_

Prorated Assmt. \$ \_\_\_\_\_

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 Assmt. \$ \_\_\_\_\_

for \_\_\_\_\_ months

**County Tax Board Judgment**

Land \$ \_\_\_\_\_

Improvements \$ \_\_\_\_\_

Prorated Assmt. \$ \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone Number \_\_\_\_\_

\_\_\_\_\_  
Plaintiff,

v.

\_\_\_\_\_  
Defendant.

**Tax Court of New Jersey**

Docket No. \_\_\_\_\_

**Civil Action  
Taxpayer Complaint  
(Local Property Tax)**

1. Plaintiff is the taxpayer of the property shown on the local property tax case information statement(s) attached to the **face** of the complaint.
2. Plaintiff contests the action of the \_\_\_\_\_ County Board of Taxation with respect to the assessment(s), or the assessment(s) if a direct appeal, on the ground that the assessment(s) is/are in excess of the true or assessable value of the property.
3. This complaint pertains to \_\_\_\_\_ separately assessed parcel(s). (If the assessment of more than one separately assessed parcel is contested, each will be considered as a separate count of this complaint, and each must be shown on a separate local property tax case information statement attached to this complaint, except for condominium units. See note 2).
4. Are any prior years pending in the Tax Court for the same property? ☐ Yes ☐ No  
If yes, list assessment year(s). \_\_\_\_\_
5. Additional allegations, if any, are set forth in the attached Rider.

Wherefore, Plaintiff demands judgment **reducing** the said assessment(s) to the correct assessable value of the said property and such other relief as may be appropriate.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Plaintiff or Attorney for Plaintiff

Telephone Number \_\_\_\_\_

## Additional Information Sheet

Plaintiff,

---

Defendant.

Tax Court of New Jersey

Docket No. \_\_\_\_\_

**Civil Action  
Complaint**  
(Local Property Tax)

**PROOF OF SERVICE** - A COPY OF YOUR COMPLAINT MUST BE SERVED ON THE CLERK AND ASSESSOR OF THE TAXING DISTRICT AND THE ADMINISTRATOR OF THE COUNTY BOARD OF TAXATION.  
**ALL THREE MUST BE SERVED.**

1. On \_\_\_\_\_, I, the undersigned, served on the Clerk of \_\_\_\_\_ (taxing district), or the person in charge of the office, personally OR by ordinary mail in accordance with *Rule 8:5-4* (strike one out), a copy of the within complaint.
2. On \_\_\_\_\_, I, the undersigned, served on the Assessor of \_\_\_\_\_ (taxing district), or the person in charge of the office, personally OR by ordinary mail in accordance with *Rule 8:5-4* (strike one out), a copy of the within complaint.
3. On \_\_\_\_\_, I, the undersigned, served on the Administrator of the \_\_\_\_\_ County Board of Taxation, or the person in charge of the office, personally OR by ordinary mail in accordance with *Rule 8:5-4* (strike one out), a copy of the within complaint.

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature