

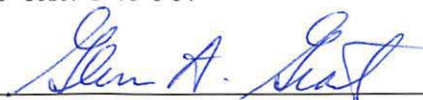
## **NOTICE TO THE BAR**

### **CIVIL CASE INFORMATION STATEMENT (CIVIL CIS) – REVISIONS TO PAGE 4 – AFFORDABLE HOUSING; BARD IMPLANTED PORT CATHETER PRODUCTS**

This notice promulgates revisions to the Civil Case Information Statement (“Civil CIS”), which is included in the Rules of Court as Appendix XII-B1. The attached version of the Civil CIS reflecting those revisions is effective immediately. The revisions, on Page 4 of the Civil CIS, are as follows:

- The redesignation of the Affordable Housing case type from 806 to 816. Case type 816 is to be used exclusively for the filing of actions in connection with legislation (L. 2024, c. 2) amending N.J.S.A. 52:27D-302, the Fair Housing Act (FHA), and establishing the Alternate Dispute Resolution Program.
- The addition of case type 640 involving Bard Implanted Port Catheter Products pursuant to the Supreme Court’s October 15, 2024 Order.

Any questions concerning the changes should be directed to the Civil Practice Division at (609)815-2900 ext. 54900.

  
\_\_\_\_\_  
Glenn A. Grant, J.A.D.  
Acting Administrative Director of the Courts

Dated: December 2, 2024



New Jersey Judiciary  
Civil Practice Division

## Civil Case Information Statement (CIS)

Use for initial Law Division Civil Part pleadings (not motions) under Rule 4:5-1.  
Pleading will be rejected for filing, under Rule 1:5-6(c), if information above the  
black bar is not completed, or attorney's signature is not affixed.

### For Use by Clerk's Office Only

|                                                                                                                                                |                     |                  |                                                                         |                 |
|------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|------------------|-------------------------------------------------------------------------|-----------------|
| Payment type<br><input type="checkbox"/> check<br><input type="checkbox"/> charge<br><input type="checkbox"/> cash                             | Charge/Check Number | Amount<br>\$     | Overpayment<br>\$                                                       | Batch Number    |
| Attorney/Pro Se Name                                                                                                                           |                     | Telephone Number |                                                                         | County of Venue |
| Firm Name (if applicable)                                                                                                                      |                     |                  | Docket Number (when available)                                          |                 |
| Office Address - Street                                                                                                                        |                     | City             | State                                                                   | Zip             |
| Document Type                                                                                                                                  |                     |                  | Jury Demand<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                 |
| Name of Party (e.g., John Doe, Plaintiff)                                                                                                      |                     | Caption          |                                                                         |                 |
| Case Type Number (See page 3 for listing) _____                                                                                                |                     |                  |                                                                         |                 |
| Are sexual abuse claims alleged? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                      |                     |                  |                                                                         |                 |
| Does this case involve claims related to COVID-19? <input type="checkbox"/> Yes <input type="checkbox"/> No                                    |                     |                  |                                                                         |                 |
| Is this a professional malpractice case? <input type="checkbox"/> Yes <input type="checkbox"/> No                                              |                     |                  |                                                                         |                 |
| If "Yes," see N.J.S.A. 2A:53A-27 and applicable case law regarding your obligation to file an affidavit of merit.                              |                     |                  |                                                                         |                 |
| Related Cases Pending? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                |                     |                  |                                                                         |                 |
| If "Yes," list docket numbers                                                                                                                  |                     |                  |                                                                         |                 |
| Do you anticipate adding any parties (arising out of same transaction or occurrence)? <input type="checkbox"/> Yes <input type="checkbox"/> No |                     |                  |                                                                         |                 |
| Name of defendant's primary insurance company (if known) <input type="checkbox"/> None <input type="checkbox"/> Unknown                        |                     |                  |                                                                         |                 |

**The Information Provided on This Form Cannot be Introduced into Evidence.**

Case Characteristics for Purposes of Determining if Case is Appropriate for Mediation

Do parties have a current, past or recurrent relationship? ☐ Yes ☐ No

If "Yes," is that relationship:

☐ Employer/Employee ☐ Friend/Neighbor ☐ Familial ☐ Business

☐ Other (explain) \_\_\_\_\_

Does the statute governing this case provide for payment of fees by the losing party? ☐ Yes ☐ No

Use this space to alert the court to any special case characteristics that may warrant individual management or accelerated disposition.



Do you or your client need any disability accommodations? ☐ Yes ☐ No

If yes, please identify the requested accommodation:

Will an interpreter be needed? ☐ Yes ☐ No

If yes, for what language?

**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 Litigant Signature: \_\_\_\_\_

# Civil Case Information Statement (CIS)

Use for initial pleadings (not motions) under *Rule 4:5-1*

## CASE TYPES

(Choose one and enter number of case type in appropriate space on page 1.)

### Track I - 150 days discovery

- 151 Name Change
- 175 Forfeiture
- 302 Tenancy
- 399 Real Property (other than Tenancy, Contract, Condemnation, Complex Commercial or Construction)
- 502 Book Account (debt collection matters only)
- 505 Other Insurance Claim (including declaratory judgment actions)
- 506 PIP Coverage
- 510 UM or UIM Claim (coverage issues only)
- 511 Action on Negotiable Instrument
- 512 Lemon Law
- 801 Summary Action
- 802 Open Public Records Act (summary action)
- 804 Election Law
- 805 Civil Commitment Expungement
- 999 Other (briefly describe nature of action)

### Track II - 300 days discovery

- 305 Construction
- 509 Employment (other than Conscientious Employees Protection Act (CEPA) or Law Against Discrimination (LAD))
- 599 Contract/Commercial Transaction
- 603N Auto Negligence – Personal Injury (non-verbal threshold)
- 603Y Auto Negligence – Personal Injury (verbal threshold)
- 605 Personal Injury
- 610 Auto Negligence – Property Damage
- 621 UM or UIM Claim (includes bodily injury)
- 699 Tort – Other

### Track III - 450 days discovery

- 005 Civil Rights
- 301 Condemnation
- 602 Assault and Battery
- 604 Medical Malpractice
- 606 Product Liability
- 607 Professional Malpractice
- 608 Toxic Tort
- 609 Defamation
- 616 Whistleblower / Conscientious Employee Protection Act (CEPA) Cases
- 617 Inverse Condemnation
- 618 Law Against Discrimination (LAD) Cases

**Track IV - Active Case Management by Individual Judge / 450 days discovery**

156 Environmental/Environmental Coverage Litigation  
303 Mt. Laurel  
508 Complex Commercial  
513 Complex Construction  
514 Insurance Fraud  
620 False Claims Act  
701 Actions in Lieu of Prerogative Writs  
816 Affordable Housing

**Multicounty Litigation (Track IV)**

282 Fosamax  
291 Pelvic Mesh/Gynecare  
292 Pelvic Mesh/Bard  
293 DePuy ASR Hip Implant Litigation  
296 Stryker Rejuvenate/ABG II Modular Hip Stem Components  
300 Talc-Based Body Powders  
601 Asbestos  
624 Stryker LFIT CoCr V40 Femoral Heads  
626 Abilify  
627 Physiomesh Flexible Composite Mesh  
628 Taxotere/Docetaxel  
629 Zostavax  
630 Proceed Mesh/Patch  
631 Proton-Pump Inhibitors  
633 Prolene Hernia System Mesh  
634 Allergan Biocell Textured Breast Implants  
635 Tassigna  
636 Strattice Hernia Mesh  
637 Singulair  
638 Elmiron  
639 Pinnacle Metal-on-Metal (MoM) Hip Implants  
640 Bard Implanted Port Catheter Products

If you believe this case requires a track other than that provided above, please indicate the reason on page 1, in the space under "Case Characteristics".

**Please check off each applicable category**

☐ Putative Class Action      ☐ Title 59      ☐ Consumer Fraud  
☐ Medical Debt Claim