

Attorney Name: _____
Attorney for: _____
Address: _____
Telephone: _____
Attorney ID: _____

Superior Court of New Jersey
Chancery Division – Family Part
_____ County

Docket Number: FD - _____

CS Number: _____

Plaintiff
v.

Defendant

Supplement to

Complaint

Modification

Non-Dissolution Action

I am the Attorney for the Plaintiff / Defendant
Relationship to the Child(ren): _____

I am requesting this case be designated as complex (R. 5:4-2(j)).

1. The child(ren) pertaining to this matter are:

Name	Date of Birth	M/F	Residing with (Relationship)
_____	_____	___	_____
_____	_____	___	_____
_____	_____	___	_____

2. Have these parties previously been involved in any NJ Family Court actions or other state/country family litigation? Yes No

If yes, give the title of the case and docket number.

Title of case (____vs____)	Docket Number	State/Country
a. _____	_____	_____
b. _____	_____	_____

3. The Division of Child Protection and Permanency (or a similar agency in another state) has been involved or is currently involved with the child(ren) or listed parties. Yes No

Is any party in this case currently receiving public assistance? (Governed by 41 U.S.C.A. 602 (A)(26), N.J.S.A. 44:10-1.1 et seq.) Yes No

4. The following relief(s) is being sought:

Establish Paternity

Were the parents of the child(ren) married at the time of birth? Yes No

Establish Maternity

Disestablish Paternity

Establish Child Support

Establish Spousal Support

Increase Child Support

Increase Spousal Support

Decrease Child Support

Decrease Spousal Support

Terminate Child Support

Terminate Spousal Support

Oppose Termination of Child Support

Oppose Termination of Spousal Support

Enforce the current support order of _____. Attach a copy of the order you want enforced.

Medical Support Requested:

Health Benefits for: Plaintiff / Defendant

Health Benefits for the child(ren) named in this complaint

Establish Custody

Change Custody

Establish Parenting Time

Change Parenting Time

Establish Grandparent Visitation

Change Grandparent Visitation

Establish Sibling Visitation

Change Sibling Visitation

Request to Relocate Child(ren)

Request to Change Venue

Other Relief(s) Requested:

Required Attachments:

Attorney Complaint

Attorney Modification

IV-D Application

A Confidential Litigant Information Statement

A Certificate of Parentage is attached (if available) (Please note that this is not the Birth Certificate)

A Certification to establish Paternity attached (when seeking establishment of Paternity)

A Financial Statement for Summary Support Actions (when seeking Child Support/Modification)

A Case Information Statement (when seeking Spousal Support/College Expenses/or for any Financial request)

Additional Attachments:

Check this box if you are attaching any additional information (a certification, exhibits).

Request for Interpreting Services at the Hearing

Language: _____

Request for ADA Accommodation

Specify: _____

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

Attorney Signature