

**Complaint and Proposed Form of Order
for Action Seeking Title to Motor Vehicle**

These forms are to be used only when a person seeking to obtain title to a motor vehicle has been instructed by the legal department at the Motor Vehicle Commission that a court order is necessary. Most requests for title can be handled through the agency procedures at the MVC. The number for the Motor Vehicle Commission's Special Title Unit is (609) 292-6500 ext. 5064.

Plaintiff or Filing Attorney Information:

Name _____

NJ Attorney ID Number _____

Address _____

Telephone Number _____

I/M/O OWNERSHIP OF

Year, Make, Model

VIN Number of Vehicle

Superior Court of New Jersey

_____ Division _____ County

_____ Part

Docket No. _____

**Verified Complaint for Declaration of
Ownership of Motor Vehicle**

Plaintiff, (your name) _____, residing at
(street address) _____,

(city, county, state, zip code) _____, SAYS:

1. I have been in continuous possession of (described vehicle: make, model, year) _____
(Vehicle Identification Number (VIN) _____) vehicle for the past _____
(Enter length of time the Vehicle has been in your possession) _____. During that time the
vehicle was not in use.
2. I acquired possession of the above described vehicle in the following manner:
_____.
3. I cannot obtain a title from the previous owner of the vehicle or the New Jersey Motor Vehicle
because:

_____.
4. I made a diligent effort to locate the owner of the vehicle including initiating a Department of Motor
Vehicle search to locate the owner of the vehicle. This effort (check one) failed to locate the former
owner located the former owner. I have attached the results of that search to my verified
complaint.
5. I have checked with the local/State police who have confirmed that the above-referenced
vehicle has not been reported as stolen. Attached is a copy of the report received from the
(name of police dept.) _____ Police / State Police.
6. I want to restore the vehicle to running condition and to register and insure it for operation on the
road.
7. I have been instructed by the New Jersey Motor Vehicle Commission to obtain a court order
declaring me the owner of this vehicle so that title may be issued to me.

WHEREFORE, Plaintiff asks the Court to consider the evidence presented and declare ownership of the vehicle in my name.

Date

Signature

Print Name

VERIFYING CERTIFICATION

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 false, I am subject to punishment.

Date

Signature

Print Name

Attachments:

1. Certification of Inquiry effort to locate the owner
2. Negative stolen vehicle report

Plaintiff or Filing Attorney Information:

Name _____

NJ Attorney ID Number _____

Address _____

Telephone Number _____

I/M/O OWNERSHIP OF

Year, Make, Model

VIN Number of Vehicle

Superior Court of New Jersey

Division _____ County

Part
Docket No. _____

**CIVIL ACTION
Judgment Directing Title to Issue**

THIS MATTER having been brought before the court on the application by
(your name) _____, to be declared the owner of
(year, make, model, VIN of vehicle) _____, vehicle
and the court having considered the testimony and evidence submitted and being satisfied that a diligent
searches for the true owner and the title have been made, and being further satisfied that, if a lien has
been found, Plaintiff has been unable to obtain a lien satisfaction, and having considered the absence of
objection to the relief requested by any party claiming a superior interest and being satisfied that
Plaintiff is entitled to have title to the above-described vehicle issued directly to him/her:

It is **ORDERED**, this _____ day of _____, 20____ that:

1. (your full name) _____, to be declared the owner of
(year, make, model, VIN of vehicle) _____.

2. The declared owner shall pay to New Jersey Motor Vehicle Commission all appropriate
statutory fees.

J.S.C.

Plaintiff or Filing Attorney Information:

Name _____

NJ Attorney ID Number _____

Address _____

Telephone Number _____

I/M/O OWNERSHIP OF

Year, Make, Model

VIN Number of Vehicle

Superior Court of New Jersey

Division _____ County

Part
Docket No. _____

**CIVIL ACTION
Order to Show Cause**

THIS MATTER having been opened to the Court by
(your name) _____, appearing pro se, on notice to the
Motor Vehicle Commission, the Attorney General’s Office, and
(former owner, if known) _____, and the Court having reviewed the
pleadings submitted by Plaintiff in support of the Order to Show Cause, and the Court having
considered the equities and relief request by Plaintiff(s), and for good cause shown:

It is on this _____ day of _____, 20_____, **ORDERED** that:

1. The Motor Vehicle Commission, the Attorney General’s Office,
(former owner, if known) _____, and any other person or entity claiming
title to or an interest in a motor vehicle described as:

Make: _____

Model: _____

Year: _____

VIN#: _____

show cause before the Superior Court, _____ Division, at the _____
County Civil Courthouse at (address) _____

on the _____ day of _____, 20_____, at _____ o’clock in the _____ noon

why an order should not be entered in favor of the Plaintiff declaring the Plaintiff as the owner of
the aforementioned motor vehicle and directing the New Jersey Motor Vehicle Commission to

issue title therefore.

2. A copy of this Order to Show Cause and the Verified Complaint be served upon the New Jersey Motor Vehicle Commission, the Attorney General's Office, and any other party who may claim title to or have an interest in the aforementioned vehicle within _____ days of the date hereof. Said service to be made by certified mail, return receipt requested, and by regular mail, or by personal service.

3. If the Plaintiff is unable to serve by personal or substituted service then the Plaintiff shall cause a Notice to be published in a newspaper of general circulation in the county in which Plaintiff lives once per week for three consecutive weeks within _____ days of the date hereof.

4. A person or entity claiming title to or an interest in the aforementioned vehicle shall serve and file an Answer, answering affidavit or motion within _____ days of the date of service by the Plaintiff of the aforesaid papers; and

5. If a person or entity claiming title to or an interest in the aforementioned vehicle fails to serve and file an Answer, within the time set forth herein, judgment by default may be entered against him or her for the relief sought in the Verified Complaint.

6. The Plaintiff must file with the court his/her/its proof of service of the pleadings on the defendant(s) no later than three (3) days before the return date.

7. Take notice that the Plaintiff has filed a lawsuit in the Superior Court of New Jersey seeking title to a motor vehicle. The verified complaint attached to this order to show cause states the basis of the lawsuit. If you dispute this complaint, you, or your attorney, must file a written answer, an answering affidavit or a motion returnable on the return date to the order to show cause and proof of service before the return date of the order to show cause.

These documents must be filed with the Clerk of the Superior Court in the county listed above. A directory of these offices is available in the Civil Division Management Office in the county listed above and online at njcourts.gov. Include a \$_____ filing fee payable to the *Treasurer State of New Jersey*. You must also send a copy of your answer, answering affidavit or motion to the Plaintiff's attorney whose name and address appear above, or to the Plaintiff, if no attorney is named above. A telephone call will not protect your rights; you must file and serve

your answer, answering affidavit or motion with the fee or judgment may be entered against you by default.

8. If you cannot afford an attorney, you may call the Legal Services office in the county in which you live or the Legal Services of New Jersey Statewide Hotline at 1-888-LSNJ-LAW (1-888-576-5529). If you do not have an attorney and are not eligible for free legal assistance you may obtain a referral to an attorney by calling one of the Lawyer Referral Services. A directory with contact information for local Legal Services Offices and Lawyer Referral Services is available in the Civil Division Management Office in the county listed above and online at njcourts.gov.

/J.S.C.

Plaintiff or Filing Attorney Information:

Name _____

NJ Attorney ID Number _____

Address _____

Telephone Number _____

I/M/O OWNERSHIP OF

Year, Make, Model

VIN Number of Vehicle

Superior Court of New Jersey

_____ Division _____ County

_____ Part

Docket No. _____

CIVIL ACTION

Certification of Service

On (date) _____, I served copies of the Order to Show Cause and Verified Complaint on:

FORMER OWNER

(name) _____

(street) _____

(city, state, zip) _____

New Jersey Office of the Attorney General
R.J. Hughes Justice Complex
25 W. Market Street, P.O. Box 80
Trenton, NJ 08625

New Jersey Motor Vehicle Commission
Special Title Unit
P.O. Box 017
Trenton, NJ 08666

LIEN HOLDER (if any)

(name) _____

(street) _____

(city, state, zip) _____

by regular and certified mail, return receipt requested. I also published a notice once for three consecutive weeks on (dates) _____ in (newspaper) _____ as evidenced by the attached affidavit of publication.

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 false, I am subject to punishment.

Date

Signature

Print Name

NEWSPAPER NOTICE

(Use if personal or substituted service cannot be made on the putative/former owner)

(newspaper name) _____

(street address) _____

(city, state, zip) _____

Re: I/M/O OWNERSHIP OF

(year, make, model) _____

(VIN of vehicle) _____

Please take notice that the Court has established (date) _____, as the return date of hearing for an Order to Show Cause, sought by Plaintiff, (your name) _____, wherein _____, I am seeking an Order directing the New Jersey Motor Vehicle Commission to issue Certificate of Title to the above described vehicle in my name.

Objection to this application must be sent to the Court at the following address:

Court name _____

Court address _____

City, state, zip _____

Your name _____

Your address _____

City, state, zip _____