



New Jersey Judiciary

Confidential Litigant Contact Form for Kinship Legal Guardianship (KLG) Matters

NOTICE: This is a not a public document. The information entered on this form will be kept confidential. You therefore must enter all requested information, including any requested personal identifiers, which are your Social Security number, driver's license number, vehicle plate number, insurance policy number, active financial account number, active credit card number, or military status.

Kinship Matter of:	Docket Number FL-
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I am: (check one) Parent Kinship Legal Guardian
 Other: (specify relationship) _____

Parent 1: Name

Address: Street

City	State	Zip Code
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Cell Phone	Other Phone	Email
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I cannot provide the current address. I have done the following to locate this person:

Parent 2: Name

Address: Street

City	State	Zip Code
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Cell Phone	Other Phone	Email
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I cannot provide the current address. I have done the following to locate this person:

Kinship Legal Guardian: Name

Address: Street

City	State	Zip Code
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Cell Phone	Other Phone	Email
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I cannot provide the current address. I have done the following to locate this person:

Other interested parties' name(s), address(es), email and phone number(s):

I certify that the foregoing statements made by me are true. I am aware if any of the foregoing statements made by me are willfully false; I am subject to punishment. (Certification *Rule 1:4-4(b)*)

Date

Signature of Applicant