## **SUMMONS**

| Name                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Address                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                         |
| City/State/Zip                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                         |
| Phone No                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                         |
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|                                                                                                                                                                                                                                                                                                                  | SUPERIOR COURT OF                                                                                                                                                                                                                                                                       |
| Plaintiff                                                                                                                                                                                                                                                                                                        | NEW JERSEY                                                                                                                                                                                                                                                                              |
|                                                                                                                                                                                                                                                                                                                  | CHANCERY DIVISION                                                                                                                                                                                                                                                                       |
| VS                                                                                                                                                                                                                                                                                                               | FAMILY PART                                                                                                                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                  | COUNTY                                                                                                                                                                                                                                                                                  |
|                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                         |
| Defendant                                                                                                                                                                                                                                                                                                        | DOCKET NO                                                                                                                                                                                                                                                                               |
|                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                         |
|                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                         |
|                                                                                                                                                                                                                                                                                                                  | CIVIL ACTION                                                                                                                                                                                                                                                                            |
|                                                                                                                                                                                                                                                                                                                  | GIN MANA                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                  | SUMMONS                                                                                                                                                                                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                         |
| THE STATE OF NEW IEDSEV TO T                                                                                                                                                                                                                                                                                     | THE ABOVE-NAMED DEFENDANT(S):                                                                                                                                                                                                                                                           |
| THE STATE OF NEW JERSET, TO I                                                                                                                                                                                                                                                                                    | THE ADOVE-IVAIVILED DEFENDATVI(3).                                                                                                                                                                                                                                                      |
| Jersey, instituted by the above-named planame and office address appears above, general appearance in accordance with I of the Summons and Complaint upon your fail to file a general appearance in accordance decrendered against you for the relief demandanswer or your general appearance and product Filing | torney, call a Legal Service Office. An individual not ain a referral to an attorney by calling a county lawyer ffices and county lawyer referral services is provided for tate of New Jersey, you must call the numbers for the ne numbers in which this action is pending are: Lawyer |
| <b>D</b>                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                         |
| Dated:                                                                                                                                                                                                                                                                                                           | Clade of the Community of Co.                                                                                                                                                                                                                                                           |
|                                                                                                                                                                                                                                                                                                                  | Clerk of the Superior Court                                                                                                                                                                                                                                                             |
| Name of Defendant to be Served:                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                         |
|                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                         |
| Address for Service:                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                         |