

# **Emergent Hearing (Order to Show Cause)**

Orders to Show Cause are generally used to avert or prevent irreparable harm to a child or to protect their health, safety, and welfare. Prevention of harm is the reason to seek emergent remedy with the court. The court, in its discretion, may issue an emergency order. Only a judge can determine if an emergency hearing is necessary.

Examples of issues that may be raised in an Order to Show Cause are: emergency custody, termination of visitation or temporary prevention of relocation of a child outside New Jersey boundaries. Non-payment of spousal support, if a family is facing immediate eviction, may be an issue for an Order to Show Cause. Non-payment of child support is NOT an issue for an Order to Show Cause.

If you wish to apply for an emergency hearing the following steps must be completed:

## **New Cases**

1. If this is your first filing of an **FD case** (no previous FD docket # concerning the same people), complete the “Initial Application/Cross Application” and all forms required for a new case.
2. If you are filing a **new complaint for divorce (FM)**, then you will need to complete the Emergent Application and the Order to Show Cause forms.
3. Check “other Relief” and write that you are requesting an emergency hearing.
4. Complete the “Emergent Application” form in its entirety. Use the “**Additional Information form**” to further explain why your case is an emergency. Sign and date both forms.

## **Reopen Cases**

5. If you already have a FD docket # involving the same people, complete the “Application/Cross Application to Modify a Court Order” form and all accompanying forms required to reopen your case. On the “Application to Modify a Court Order”, check number 6, “The relief I am seeking is not listed above”. Check “I am seeking the following from the court”. Write that you are requesting an emergent hearing.
6. If you already have a FM or FV docket # involving the same people, complete both the Emergent Application and the Order to Show Cause forms.
7. Complete the “Emergent Application” form in its entirety. Use the “**Additional Information form**” to further explain why your case is an emergency. Sign and date both forms.

Superior Court of New Jersey  
Chancery Division - Family Part

County: \_\_\_\_\_

Docket Number: F - \_\_\_\_\_

CS Number: \_\_\_\_\_

\_\_\_\_\_  
**Plaintiff**

vs.

\_\_\_\_\_  
**Defendant**

**Civil Action**

**Emergent Application  
(Order to Show Cause)**

Plaintiff email: \_\_\_\_\_

Defendant email: \_\_\_\_\_

**Attach to All Applications When Filing for an Order to Show Cause:**

- This application is an emergency, which cannot be handled through the normal court procedures because:
  - Threats have been made to remove the child(ren) from the State of New Jersey which would violate the NJ Anti-removal statute, N.J.S.A. 9:2-2.
  - Without my consent or approval, the child(ren) were removed/abducted on \_\_\_\_\_ from the State of New Jersey in violation of my parental rights and New Jersey law.
  - The child(ren) were not returned after a parenting time period.
  - The child(ren) will suffer substantial and irreparable harm unless the  defendant  plaintiff is immediately:
    - Restrained from taking the child(ren) from my custody and removing them from their current home in New Jersey.
    - Required to return the child(ren) to me.
  - Other. Explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Other Information required for Emergent Application.**

- There is no other person who is a party to this matter that has physical custody of the child(ren) or claims to have custody or parenting time rights.
- Other person(s) who is/are party/parties in this matter having physical custody of the child(ren) or claiming to have custody or parenting time rights include:

Names and Addresses:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A complaint for  support  parenting time  custody has been filed on this date simultaneously with this emergent application since there is no existing court order involving the plaintiff, the defendant and the status of the child(ren) in this State or any other jurisdiction.

If my request is not granted, I believe that I and/or the child(ren) will suffer immediate and irreparable harm (damage that cannot be corrected, compensated or undone) as follows:

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I/We certify that **all** the statements made above are true. I am aware that if **any** of the statements made by me/us are willfully false, I/we am subject to punishment.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature  
 Plaintiff  Defendant  
 Plaintiff / Cross Applicant  Defendant / Cross Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature  
 Co-Plaintiff  Co-Defendant  
 Co-Plaintiff / Co-Cross Applicant  Co-Defendant / Co-Cross Applicant