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| **Kinship Matter of:** | **Superior Court of New Jersey** |
|  | **Chancery Division - Family Part** |
|   | **County of** | **- Select County -**  |
|  | **Docket Number:** | **FL -**   |
|  | **Civil Action****Complaint ForKinship Legal Guardianship** |
| 1. I, , have been providing care and support for the child, while the child has been residing in my home, for at least the last 6 consecutive months (or 9 of the last 15 months)*,* beginning on (date)   ;
2. The parents of the child are , and ;
3. Interested parties in this case are       .
4. The parents have an incapacity of such a serious nature as to demonstrate that the parents are unable, unavailable or unwilling to perform the regular and expected functions of care and support of the child;
5. The parents' inability to perform those functions is unlikely to change in the foreseeable future; and
6. Awarding Kinship Legal Guardianship is in the child's best interests.

**Wherefore I seek:**1. To be appointed as the Kinship Legal Guardian of the child, , pursuant to *N.J.S.A.* 3B:12A-1 to 3B:12A-6.
 |
|  |[ ]  The establishment of the following parenting time/visitation schedule between: |
|  |  |[ ]  (parent 1) and the child, and/or |
|  |  |[ ]  (parent 2) and the child. |

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| In support of this application, I rely upon the attached assessment report completed by  , located at , dated , 20 . |
|   |  |     |
| Caregiver |  | Date |
| **Certification of Verification and Non-Collusion**I am the plaintiff in the foregoing Complaint. I hereby certify that the allegations set forth in this complaint and any facts set forth by me in the attached assessment are true to the best of my knowledge, information and belief and are made in good faith and without collusion. I am aware that if any such statements made by me are willfully false I am subject to punishment. |
|   |  |     |
| Caregiver |  | Date |