

**NOTICE:** This is a public document, which means the document as submitted will be available to the public upon request. Therefore, do not enter personal identifiers on it, such as Social Security number, driver's license number, vehicle plate number, insurance policy number, active financial account number, active credit card number, or military status.

**Plaintiff or Filing Attorney Information:**

Name \_\_\_\_\_  
NJ Attorney ID Number \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Email \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Superior Court of New Jersey  
Law Division, Special Civil Part  
\_\_\_\_\_ County**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Docket Number: LT - \_\_\_\_\_**  
(to be provided by the court)

**versus**

Plaintiff(s)

**Civil Action  
SUMMONS  
LANDLORD TENANT**

Defendant (s)

**Defendant Information:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Email \_\_\_\_\_  
Phone: \_\_\_\_\_

\_\_\_\_ Nonpayment  
\_\_\_\_ Other (Holdover/For Cause)  
\_\_\_\_ Commercial  
\_\_\_\_ Residential

**NOTICE TO TENANT:** The purpose of the attached complaint is to permanently remove you and your belongings from the premises. If you want the court to hear your side of the case, you must appear in court on this date and time:

\_\_\_\_\_ at \_\_\_\_\_ ☐ a.m. / ☐ p.m., or the court may rule against you. **REPORT TO:**  
\_\_\_\_\_

**You may contact the Office of the Special Civil Part at \_\_\_\_\_ ext. \_\_\_\_\_ regarding your case. Please go to [njcourts.gov](http://njcourts.gov) for general information on landlord tenant actions.**

If you cannot afford to pay for a lawyer, free legal advice may be available by contacting Legal Services at \_\_\_\_\_. If you can afford to pay a lawyer but do not know one, you may call the Lawyer Referral Services of your local county Bar Association at \_\_\_\_\_.

You may be eligible for housing assistance. To determine your eligibility, you must immediately contact the welfare agency in your county at \_\_\_\_\_, telephone number \_\_\_\_\_.

**If you need an interpreter or an accommodation for a disability, you must notify the court immediately.**

Si ud. no tiene dinero para pagar a un abogado, es posible que pueda recibir consejos legales gratuitos si se comunica con Servicios Legales (Legal Services) al \_\_\_\_\_. Si tiene dinero para pagar a un abogado pero no conoce ninguno puede llamar a Servicios de Recomendación de Abogados (Lawyer Referral Services) del Colegio de Abogados (Bar Association) de su condado local al \_\_\_\_\_.

Es posible que pueda recibir asistencia con la vivienda si se comunica con la agencia de asistencia publica (welfare agency) de su condado al \_\_\_\_\_, telefono \_\_\_\_\_.

Si necesita un interprete o alguna acomodación para un impedimento fisico, tiene que notificárselo inmediatamente al tribunal.

**Date:** \_\_\_\_\_

\_\_\_\_\_  
**Clerk of the Superior Court**

**COURT OFFICER'S RETURN OF SERVICE (FOR COURT USE ONLY)**

Docket Number: _____		Date: _____		Time: _____	
WM _____	WF _____	BM _____	BF _____	OTHER _____	HT _____
WT _____		AGE _____		MUSTACHE _____	
BEARD _____		GLASSES _____			
NAME: _____			RELATIONSHIP: _____		
Efforts Made to Personally Serve					
_____					
_____					
Description of Premises if Posted					
_____					
_____					
I hereby certify the above to be true and accurate: _____					
Special Civil Part Officer					