

**A. Filing Attorney or Self-Represented Litigant Information**

Filer Name: \_\_\_\_\_

NJ Attorney ID Number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

**B.** \_\_\_\_\_

**Plaintiff**

**v.**

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

**C.** Supreme Court of New Jersey

Supreme Court

Docket Number: \_\_\_\_\_

Appellate Division

Docket Number: \_\_\_\_\_

**D.**

**Notice of Motion for**

**E.** To: (List the attorneys for your adversaries. If they are not represented by counsel, list your adversaries by their names and addresses.)

**F.** (State the reliefs being requested.)

**G.** \_\_\_\_\_  
Date

**H.** \_\_\_\_\_  
Signature - An original ink signature is required.



New Jersey Judiciary – Supreme Court of New Jersey

## **Instructions for Completing a *Notice of Motion***

Please print legibly or type the information on the form.

<b>Section</b>	<b>Instruction</b>
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- |    |  |
|----|--|
| A. | Enter your name, address, daytime telephone number and email address. If you are not an attorney, leave the <i>NJ Attorney ID</i> field blank.   |
| B. | Enter the complete caption or title of the case exactly as it appears on the papers from the Appellate Division. Write all party names in full.  |
| C. | Enter the Supreme Court docket number, if known. If you do not have the Supreme Court docket number, leave the line blank, and in the space below, enter the Appellate Division docket number. |
| D. | Enter the specific relief (or reliefs) that you are seeking from the Supreme Court, in just a few words. For example, "Fee Waiver" or "Stay Pending Appeal."                                   |
| E. | List the names and addresses of your adversaries' attorneys or, if not represented by an attorney, the names and addresses of your adversaries.  |
| F. | Briefly state the relief being requested.  |
| G. | Enter the current date.  |
| H. | Sign your name. An original ink signature is required.   |