



Certification of Diligent Search

Superior Court of New Jersey - Chancery Division - Family Part

Who Should Use This Packet?

You can use this packet if your **case type starts with the letters FD**.

A Non-Dissolution (FD) case is a court case about family matters such as custody, parenting time, child support, spousal support for married people that are separated, and requests from relatives such as grandparents, aunts, or uncles filing in court about the custody and care of minor children. A diligent search is used for a Non-Dissolution (FD) case when the person filing in court does not have an address for the person they are filing against in the case. That parent or legal guardian should receive a notice to appear in court.

This packet includes information on attempting to find the location of the parent or legal guardian named in your case, along with sample letters and forms that can be used to ask for location information. You must send a letter or complete the identified forms for **all** locations listed on the following pages. If you omit any location, you must explain to the court the reason for excluding that particular place.

The court must determine that you have made a serious effort to obtain information about the location of the parent or guardian named in your case, and that you have followed up on any information that you have received about their whereabouts. The Certification of Diligent Search form must be completed and returned to the Court along with copies of all letters or forms you have sent and any responses you have received.

Note: These materials have been prepared by the New Jersey Administrative Office of the Courts for use by self-represented litigants. The guides, instructions, and **forms** will be periodically updated as necessary to reflect current New Jersey statutes and court rules. The most recent version of the forms will be available at the county courthouse or on the Judiciary's Internet site njcourts.gov. However, you are ultimately responsible for the content of your court papers.

Instructions – How to Complete the Diligent Search Certification

You should send the letters or forms listed below to any people or agencies that might have an address for the parent or guardian named in your case. You must keep copies of the letters you send and any responses you receive so you can submit them to the court as evidence of your attempts to find the parent or guardian. These letters and forms include:

- a) Letters sent to the parent's or guardian's relatives and last known employers who might know their address. This letter should be sent by both regular and certified mail, return receipt requested. The signed return receipt card (or electronic receipt) should be submitted to the court as evidence.
- b) Driver History Abstract Application Request form (DO-21). If the parent or guardian had a driver's license in New Jersey, submit a completed "Driver History Abstract Application Request" form to the New Jersey Motor Vehicle Commission (MVC), along with any required fee. If you have access to the Internet, you can obtain the form at <https://www.nj.gov/mvc/pdf/license/DO-21.pdf> and a copy is included with this packet. If the parent or guardian lived in another state, you should contact that state's motor vehicle department to ask them how to request this information.
- c) The U.S. Department of Defense (Defense Manpower Data Center). Request for a Certification of Military Service or Non-Service - General. If the U.S. Department of Defense does not provide enough information, the Court might ask you to send separate letters to the different branches of the U.S. Military. If you are required to send additional letters, you can send them by regular mail.

If you have access to the Internet, and you know the parent or guardian's birth date or Social Security number, you can obtain information about active military service from the Department of Defense Manpower Data Center (DMDC) at:

<https://scra.dmdc.osd.mil/scra/#/home>

If the Court requires you to send letters to the different branches of the U.S. Military, your letters must contain as much information as you know about the parent or guardian, such as their full name, Social Security number, date, and place of birth, last known military address, service number, rank, or grade, (officer/enlisted), and last duty assignment. The reason for your request must be included. This process can take several weeks.

For information on sending inquiries to different branches of the U.S. Military, please see the detailed information below and this link: <https://www.usa.gov/military-personnel-and-installations>. **Note:** The U.S. Army and the U.S. Coastguard no longer provide military locators services.

Air Force Worldwide Locator:

HQ AFPC/DP1ORM

550 C St West

Joint Base San Antonio-Randolph TX 78150

Locator Service: <https://www.afpc.af.mil/Support/Worldwide-Locator/>

(210) 565-2660

DSN: 665-2660

Include an envelope with a return address, proper postage affixed and the individual's name in the addressee portion of the envelope. Place this envelope in a larger envelope with your check or money order for \$3.50 made payable to DAO-DE JBSA-R.

The Worldwide Locator also provides a “Statement or Verification of Service.” This applies to active-duty Air Force personnel only. A fee of \$5.20, per individual written request, is required. Checks or money orders must be made payable to DAO-DE JBSA-R.

Marine Corps:

(<https://www.marines.mil/FAQ/>)

Headquarters U.S. Marine Corps

Personnel Management Support Branch (MMSB-17)

2008 Elliott Road

Quantico, VA 22134-5030

Locator Service: 703-784-3941/3942/3943

Because of the large volume of requests that each service locator receives, please allow at least four weeks processing time for written requests. *Please contact officials of our Defense Manpower Data Center for assistance with military verification. Their telephone number is (703) 696-6762.*

Navy Worldwide Locator

(<https://www.navy.mil/Resources/Frequently-Asked-Questions/>)

BUPERS-07 Customer Service Center

5720 Integrity Drive

Millington, TN 38055-3120

(901)874-3388

- d) United States Postal Service. Mail the “Request for Change of Address or Boxholder Information Needed for Service of Legal Process” form (also referred to as the “Address Information Request Format - Process Server”) to the U.S. Post Office where you believe the parent or guardian last lived. If you have access to the Internet, you can obtain the form at <https://faq.usps.com/s/article/Address-information-requests-forms>, and a copy is included with this packet.

It is important to enclose a self-addressed, stamped envelope with each letter or form to encourage the person or agency to write back to you.

The following sample letters and forms are attached to assist you:

- Letter of Inquiry to Other Party's Relatives and Last Known Employers
- Letter of Inquiry to Military - Air Force (if necessary)
- Letter of Inquiry to Military - Marine Corps (if necessary)
- Letter of Inquiry to Military - Navy (if necessary)
- Request for Certificate of Military Service or Non-Service - General
- New Jersey Motor Vehicle Commission Form: Driver History Abstract Application Request (DO-21)
- United States Postal Service Form: Request for Change of Address or Boxholder Information Needed for Service of Legal Process, also referred to as "Address Information Request Format - Process Server."

Letter to Parent's or Guardian's Relatives or Last Known Employers

Filer's Information:

Name _____

Address _____

Email Address _____

Date _____

To: _____

Address _____

Re: _____

Docket Number _____

Dear _____,

Please be advised that I have filed a court complaint against _____,
your _____. I write to request that you inform me about the home address of
_____, if you know that information.

I am trying to give notice to _____ of the fact that I have filed a
court complaint against them so that they can appear in court, or answer and defend this
complaint. To assist you in promptly returning your answer to me, I have enclosed a stamped,
self-addressed envelope. Thank you for your assistance.

Very truly yours,

Filer's Signature

Letter of Inquiry to Military (Air Force)

Filer's Information:

Name _____

Address _____

Email Address _____

Date _____

HQ AFPC/DP1ORM

550 C St West

Joint Base San Antonio-Randolph TX 78150

Re: Request for a Certificate of Military Service or Non-Service

Re: _____ Docket Number _____

Dear Sir/Madam,

Please be advised that I have filed a court complaint against _____.

The two objects of this inquiry are (1) to obtain a certificate of military service or non-service and (2) to give notice to _____ of the fact that I have filed a court complaint against them so that they can appear in court, or answer and defend this complaint.

Please return to me a certificate along with any address that you might have, regardless of whether it is expired. I enclose a check payable to the DAQ-DE and a stamped, self-addressed envelope for this purpose. Thank you for your consideration of this request.

Very truly yours,

Filer's Signature

Letter of Inquiry to Military (Marine Corps)

Filer's Information:

Name _____

Address _____

Email Address _____

Date _____

Personnel Management Support Branch (MMSB-17)

2008 Elliott Road

Quantico, VA 22134-5030

Re: Request for a Certificate of Military Service or Non-Service

Re: _____ Docket Number _____

Dear Sir/Madam,

Please be advised that I have filed a court complaint against _____.

The two objects of this inquiry are (1) to obtain a certificate of military service or non-service and (2) to give notice to _____ of the fact that I have filed a court complaint against them so that they can appear in court, or answer and defend this complaint.

Please return to me a certificate along with any address that you might have, regardless of whether it is expired. I enclose a check payable to the United States Treasurer and a stamped, self-addressed envelope for this purpose. Thank you for your consideration of this request.

Very truly yours,

Filer's Signature

Letter of Inquiry to Military (Navy)

Filer's Information:

Name _____

Address _____

Email Address _____

Date _____

BUPERS-07 Customer Service Center
5720 Integrity Drive
Millington, TN 38055-3120

Re: Request for a Certificate of Military Service or Non-Service

Re: _____ Docket Number _____

Dear Sir/Madam,

Please be advised that I have filed a court complaint against _____.
The two objects of this inquiry are (1) to obtain a certificate of military service or non-service
and (2) to give notice to _____ of the fact that I have filed a court
complaint against them so that they can appear in court, or answer and defend this complaint.

Please return to me a certificate along with any address that you might have, regardless of
whether it is expired. I enclose a check payable to the United States Treasurer and a stamped,
self-addressed envelope for this purpose. Thank you for your consideration of this request.

Very truly yours,

Filer's Signature

Request for Certificate of Military Service or Non-Service - General

Filer's Information:

Name _____

Address _____

Email Address _____

Date _____

Defense Manpower Data Center
Attention: Military Verification
1600 Wilson Boulevard, Suite 400
Arlington, Virginia 22209-2593

Re: Request for a Certificate of Military Service or Non-Service

Re: _____ Docket Number _____

Dear Sir/Madam,

Please be advised that I have filed a court complaint against _____.
The two objects of this inquiry are (1) to obtain a certificate of military service or non-service
and (2) to give notice to _____ of the fact that I have filed a court
complaint against them so that they can appear in court, or answer and defend this complaint.

Please return to me a certificate along with any address that you might have, regardless of
whether it is expired. I enclose a check payable to the United States Treasurer and a stamped,
self-addressed envelope for this purpose. Thank you for your consideration of this request.

Very truly yours,

Filer's Signature

Driver History Abstract Application Request



Complete a separate form for each record requested. You may photocopy this form for your convenience. For applications other than official Government use, the proper fee(s) must accompany each request in the form of a check or money order payable to: "New Jersey Motor Vehicle Commission." Please supply a separate check for each record request and **DO NOT SEND CASH. Please note that turnaround time is approximately 3-4 weeks.**

MAIL TO:

**New Jersey Motor Vehicle Commission
Business & Government Services
225 East State Street
PO Box 142
Trenton, NJ 08666-0142**

*If you have any questions or need to obtain the status of a request sent by mail, please call 609-292-6100

**ALL APPLICANTS MUST COMPLETE SECTIONS A, B, C, AND E OF THIS FORM. COMPLETE SECTION D, IF APPLICABLE.
(Please print clearly)**

SECTION A – Applicant's Information		
**Please put your <u>CURRENT ADDRESS</u>. Your documents will be mailed to the address that you provide in this section. Mail from the NJMVC is <u>not</u> forwarded.		
Applicant's Name:		
Applicant Type:	<input type="checkbox"/> Individual/Business <input type="checkbox"/> Government/Law Enforcement Entity	Phone Number:
Email Address:		
Business or Government/Law Enforcement Entity Name (if applicable):		
Street Address:		
City:	State:	Zip Code:
Applicant Driver License Number or Government Issued ID Number (Please include a photocopy of your ID):		
For Government or Law Enforcement Applicants: Please include a copy of your current Government issued Identification Card. Otherwise, include a photocopy of your Driver License or a photocopy of a Passport, Birth Certificate, or any valid state or federally issued ID.		
SECTION B – Information Requested On		
NJ Driver License Number (If you do not have the Driver's License number, you <u>MUST</u> supply name, DOB, gender, and address):		
Name:	Date of Birth:	<input type="checkbox"/> M(Male) <input type="checkbox"/> F(Female) <input type="checkbox"/> X(Unspecified)
Street Address:		
City:	State:	Zip Code:
SECTION C - Information Requested. Check all that apply and include the specific date you want covered for each record if applicable. <u>Please supply separate checks for each record.</u>		
<input type="checkbox"/>	Certified Complete Driver History Abstract \$15	
<input type="checkbox"/>	Certified 5 Year Driver History Abstract \$15	
<input type="checkbox"/>	Order of Suspension \$15	Date(s): _____
<input type="checkbox"/>	Schedule of Suspension \$15	Date(s): _____
<input type="checkbox"/>	Restoration Notice \$15	Date(s): _____
<input type="checkbox"/>	Mailing List \$15	Date(s): _____
<input type="checkbox"/>	Summons \$15	Date(s): _____
<input type="checkbox"/>	Accident Report \$5	Date(s): _____

**** IF YOU REQUIRE THE ISSUE DATE OF YOUR LICENSE, YOU MUST SUBMIT THE DO-11 FORM.**

SECTION D – Purpose for the Request (required ONLY when requesting another’s record)

PLEASE READ THE BELOW SECTION OF THE NEW JERSEY DRIVER PRIVACY PROTECTION ACT, INITIAL NEXT TO THE PERMITTED USE(S) THAT APPLY TO YOUR SPECIFIC USE OF THE MVC RECORDS. THEN PROVIDE A WRITTEN EXPLANATION OF THE REASON FOR YOUR REQUEST AND INTENDED USE OF THE INFORMATION.

USES PERMITTED BY N.J.S.A. 39:2-3.4(c)

____ 1. For use by any government agency including any court or law enforcement agency carrying out its functions, or any private person or entity acting on behalf of a Federal, State, or local agency in carrying out its functions.

If acting on behalf of a Federal, State, or Local agency, please include a copy of an individual release consent form, the agreement with the client, or other proof that you have been retained to conduct an investigation.

____ 2. For use in connection with matters of motor vehicle or driver safety and theft; motor vehicle emissions; motor vehicle product alterations, recalls or advisories; performance monitoring of motor vehicles; motor vehicle parts and dealers; motor vehicle market research activities, including survey research; and the removal of non-owner records from the original owner records of motor vehicle manufacturers.

Please include the documentation supporting your request if the information is to be used for motor vehicle emissions, recalls, or advisories, etc.

____ 3. For use in the normal course of business by a legitimate business or its agents, employees or contractors, but only;

- To verify the accuracy of personal information submitted by the individual to the business or agents, employees or contractors; and
- If such information as so submitted is not correct or is no longer correct, to obtain the correct information, but only for the purposes of preventing fraud by pursuing legal remedies against or recovering on a debt or security interest against the individual.

Please include a copy of the individual release consent form.

____ 4. For use in connection with any civil, criminal, administrative or arbitral proceeding in any Federal, State, or Local court or agency or before any self-regulating body, including service of process, investigation in anticipation of litigation, and the execution or enforcement of judgments and orders, or pursuant to an order of a Federal, State, or Local court.

Please include the Docket number and a letter from the client confirming that you have been retained. Please provide an explanation if no Docket number has been assigned. If no Docket number is available, please submit the case file number on Attorney letterhead and include a copy of the accident report.

____ 5. For use in educational initiatives, research activities, and for use in producing statistical reports, so long as the personal information is not published, redisclosed, or used to contact individuals and, in the case of educational initiatives, only organ procurement organizations as aggregated, non-identifying information.

Please include a description of the initiative or research on official letterhead.

____ 6. For use by an insurer or insurance support organization, or by a self-insured entity, or its agents, employees, or contractors, in connection with claims investigation activities, antifraud activities, rating or underwriting.

Please include supporting documents for intended use.

____ 7. For use in providing notice to the owners of towed or impounded vehicles.

Please include proof of authorization to tow or impound vehicles.

____ 8. For use by an employer or its agent or insurer to obtain or verify information relating to a holder of a commercial driver's license that is required under the "Commercial Motor Vehicle Safety Act," 49 U.S.C. App. §2710 et seq.

Please include a copy of an individual release consent form, a copy of the insurance policy, and a copy of the agreement if done on behalf of a client.

____ 9. For use in connection with the operation of private toll transportation facilities.

If your request does not fall under one of the above reasons:

____ 10. For use by any applicant, if the applicant demonstrates it has obtained the **notarized** written consent of the individual to whom the information pertains.

***Please note: If you selected number 10, a "Notarized Authorization to Release Personal Motor Vehicle Information" (Form BGS/DO-21A) must be submitted and will not be accepted unless it is acknowledged by a Notary Public or Attorney at Law.**

Explanation of reason

Please explain in detail your reason for requesting this information and how you plan to use it. If involving a lawsuit, please state the type of lawsuit and your relationship to the case.

SECTION E – Terms and Conditions

The disclosure and use of personal information * contained in the record you have requested is governed by the “New Jersey Drivers’ Privacy Act” (NJDPPIA), N.J.S.A. 39:2-3.3 et seq. The NJDPPIA provides that a person who knowingly obtains or discloses information from a motor vehicle record for any use not permitted by the Act is guilty of a crime of the fourth degree and can be held liable, in a civil action in the Superior Court, to the individual to whom the information pertains, including an award of actual damages, punitive damages, and reasonable attorney’s fees and litigation costs.

* “Personal Information” means information that identifies an individual, including an individual’s photograph; social security number; driver identification number; name; address other than the five-digit zip code; telephone number; and medical or disability information, but does not include information on vehicular accidents, driving violations, and driver’s status.

I hereby certify that the foregoing statements and submitted supporting documents are true. I understand that if any of the statements or submitted supporting documents are willfully false, I am subject to punishment. I have read N.J.S.A. 39:2-3.3, et seq. (NJDPPIA) and I have initialed all the permitted purposes that apply to my request for online access. I will only use any personal information contained in records I have requested as permitted by the NJDPPIA.

I agree to hold the New Jersey motor Vehicle Commission (NJMVC) harmless in the event of any errors or omissions in the record and document(s) furnished under this application.

If I am requesting another’s record, I certify that:

1. Use of the information provided by the NJMVC pursuant to this Application will only be for the purposes explicitly set forth in this Application;
2. The information provided by the NJMVC pursuant to this Application will not be used for the purpose of commercial solicitation or marketing, political canvassing or campaigning or any similar purpose or objective, and I shall not provide such information to any person or entity that seeks to use such information for any of these purposes;
3. If the information requested is to be used “in anticipation of litigation,” pursuant to N.J.S.A. 39:2-3.4(c)4, personal information will only be used where litigation is imminent or foreseeable, or where the party on whose behalf the information is obtained has made the conscious decision to prepare a claim or defend against a probable claim;
4. In the event of a breach of any of the security obligations or other event requiring notification under applicable law, I shall comply with all applicable State and Federal laws that require notification of individuals in the event of unauthorized release of Person Information, or other event requiring notification, and assume responsibility for informing the NJMVC within twenty-four (24) hours and all such appropriate individuals, including the customer whose information is the subject of the release, in accordance with applicable law and to indemnify, hold harmless and defend the State of New Jersey from, and against any claims, damages, or other harm related to such breach or event. All communications must be coordinated with the State of New Jersey by contacting the NJMVC at 609-341-5777.

Signature of Applicant (original signature only – signature
Stamps are unacceptable)

Date

Change of Address or Boxholder Request Format - Process Servers

Postmaster _____

Date _____

City, State, ZIP Code**United States Postal Service Request for Change of Address or
Boxholder Information Needed for Service of Legal Process Form**

Please furnish the new address or the name and street address (if a boxholder) for the following:

Name: _____

Address: _____

Note: Only one request may be made per completed form. The name and last known address are required for change of address information. The name, if known, and Post Office box address are required for boxholder information.

The following information is provided in accordance with 39 CFR 265.6(d)(5)(ii). There is no fee for providing boxholder or change of address information.

1. Capacity of requester (e.g., process server, attorney, party representing self): _____
2. Statute or regulation that empowers me to serve process (not required when requester is an attorney or a party acting pro se - except a corporation acting pro se must cite statute): _____
3. The names of all known parties to the litigation: _____
4. The court in which the case has been or will be heard: _____
5. The docket or other identifying number (a or b must be completed):
☐ a. Docket or other identifying number: _____
☐ b. Docket or other identifying number has not been issued.
6. The capacity in which this individual is to be served (e.g., defendant or witness) _____

WARNING

THE SUBMISSION OF FALSE INFORMATION TO OBTAIN AND USE CHANGE OF ADDRESS INFORMATION OR BOXHOLDER INFORMATION FOR ANY PURPOSE OTHER THAN THE SERVICE OF LEGAL PROCESS IN CONNECTION WITH ACTUAL OR PROSPECTIVE LITIGATION COULD RESULT IN CRIMINAL PENALTIES INCLUDING A FINE OF UP TO \$10,000 OR IMPRISONMENT OF NOT MORE THAN 5 YEARS, OR BOTH (TITLE 18 U.S.C. SECTION 1001).

I certify that the above information is true and that the address information is needed and will be used solely for service of legal process in conjunction with actual or prospective litigation.

Signature_____
Printed Name_____
Address_____
City, State, ZIP Code**POST OFFICE USE ONLY**

- ☐ No change of address order on file
☐ Moved, left no forwarding address.
☐ No such address

NEW ADDRESS OR BOXHOLDER'S NAME
AND STREET ADDRESS

Plaintiff

v.

Defendant

**Certification of
Diligent Search**

Plaintiff Email _____

Defendant Email _____

I, _____ of full age, hereby certify that:

1. I am the ☐ plaintiff/☐ defendant in the above-entitled action.
2. I do not know the present whereabouts of the ☐ plaintiff/☐ defendant and have not seen or heard from them since on or about _____.
3. Despite diligent efforts, I do not know the ☐ plaintiff's/☐ defendant's mailing address, and the last known address of record of the ☐ plaintiff/☐ defendant is:

4. I attempted to locate the ☐ plaintiff's/☐ defendant's last known mailing address by contacting, on the following dates, the following individual(s) whom I believed possessed information about the ☐ plaintiff's/☐ defendant's whereabouts. Result of search:

5. I performed a search to locate the ☐ plaintiff/☐ defendant through the United States Post Office for the current address or any previous address. Result of search:

6. I inquired of the state motor vehicle agency at _____. Result of search:

7. The Department of Defense website was checked, or letters were sent to the Armed Forces of the United States and their response as to whether or not there is any information regarding the ☐ plaintiff/☐ defendant. Result of search:

8. My other attempts to locate the other party resulted in the following:

9. I have kept copies of the letters I sent and responses I received from the above individuals/agencies so that they can be submitted to the court as evidence of my attempts to find the ☐ plaintiff/☐ defendant.

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Date

☐ Plaintiff/☐ Defendant (Print Name)

Signature