



New Jersey Judiciary  
Family Practice Division  
**Economic Mediation Roster Change/Update Form**

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

Date: \_\_\_\_\_ Attorney ID: \_\_\_\_\_

Counties Where Currently Listed: \_\_\_\_\_  
\_\_\_\_\_

**Please Check to be Removed From Roster**

Please provide changes/updates below. Do not include the information unless you are making changes.

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

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

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

Website: \_\_\_\_\_

Additional Counties to be Listed: \_\_\_\_\_  
\_\_\_\_\_

Hourly Fee: \_\_\_\_\_

Email your completed form to [AOCFamily.Mailbox@njcourts.gov](mailto:AOCFamily.Mailbox@njcourts.gov).

You may also fax your completed form to  
*Economic Mediation Program Coordinator* at 609.376.3021.