



## **How to Enforce or Request a Change of a Domestic Violence Restraining Order or Sexual Assault Survivor Protection Order**

**(Superior Court of New Jersey - Chancery Division - Family Part)**

### **Who Should Use This Packet?**

You can use this packet if your **docket number starts with the letters “FV,”** and you have an order from the court that you want to change. Some types of changes you can request with this packet include but are not limited to:

- Change(s) to an existing or establishment of a Child/Spousal Support Order;
- Change(s) to an existing Custody or Parenting Time Order
- Prohibition against contact with others
- Remove or Add a Protected Party (Please note in order to do this you must be either the Plaintiff or Defendant)
- Financial Reliefs, such as housing or living expenses
- Damages or Payments, such as compensation for property damage or other losses
- Possession of Personal Property.

**IMPORTANT NOTICE:** Look over the entire form and **check only the reliefs you are seeking.** You may seek more than one relief, but only the ones you check will be considered on the day of your hearing.

**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 at [njcourts.gov](http://njcourts.gov). However, you are ultimately responsible for the content of your court papers. With limited exceptions, any paper filed with the court can be looked at by the public.

## Things to Think About Before You Represent Yourself in Court

### Try to Get a Lawyer

The court system can be confusing and it is a good idea to get a lawyer if you can. If you cannot afford a lawyer, you may contact the legal services program in your county to see if you qualify for free legal services. Their telephone number can be found online or in your local yellow pages under “Legal Aid” or “Legal Services.”

If you do not qualify for free legal services and need help in locating an attorney, you can contact the bar association in your county. Most county bar associations have a Lawyer Referral Service. The County Bar Lawyer Referral Service can supply you with the names of attorneys in your area willing to handle your particular type of case and will sometimes consult with you at a reduced fee.

There are a variety of organizations of minority lawyers throughout New Jersey, as well as organizations of lawyers who handle specialized types of cases. Ask the Family court staff in your county for a list of lawyer referral services that include these organizations.

If you decide to proceed without an attorney, these materials explain the procedures that must be followed to have your papers properly filed and considered by the court. These materials do not provide information nor other procedural and evidentiary rules governing guardianship matters.

### What You Should Expect If You Represent Yourself

While you have the right to represent yourself in court, you should not expect special treatment, help or attention from the court. You must still comply with the Rules of the Court, even if you are not familiar with them. The following is a list of some things court staff can and cannot do for you. Please read it carefully before asking court staff for help.

- We *can* explain and answer questions about how the court works.
- We *can* tell you what the requirements are to have your case considered by the court.
- We *can* give you some information from your case file.
- We *can* provide you with samples of court forms that are available.
- We *can* provide you with guidance on how to fill out forms.
- We *can* usually answer questions about court deadlines.
- We *cannot* give you legal advice. Only your lawyer can give you legal advice.
- We *cannot* tell you whether or not you should bring your case to court.
- We *cannot* give you an opinion about what will happen if you bring your case to court.
- We *cannot* recommend a lawyer, but we can provide you with the telephone number of a local lawyer referral service.
- We *cannot* talk to the judge for you about what will happen in your case.
- We *cannot* let you talk to the judge outside of court.
- We *cannot* change an order issued by a judge.

### Keep Copies of All Papers

Make and keep copies for yourself, of any signed orders, written agreements and other important papers that relate to your case.

## **These Papers Are for Filing an Application to Modify a Domestic Violence Restraining Order or Sexual Assault Protective Order**

The word application used in this packet means a written request in which you ask the court to change or enforce an order it has already made. The court will change an order only if important facts or circumstances have changed from the time the order was issued.

### **Notice to Appear**

When you file this application with the court, you must provide the court with the most current address of the other party (if known). The court will notice the plaintiff, defendant, and any attorney connected to your case of the hearing date. Your appearance is mandatory.

### **How to File an Appeal**

An appeal is a written request asking a higher court to look at the decision of the judge and change that judge's decision. You must make that written request for an appeal within 45 days after the judge decided the case and signed a judgment in the Superior Court.

If you want to file an appeal of a court order, do not use this packet of materials. Instead, you should contact the Appellate Division in writing or by phone:

Appellate Division, Superior Court  
Hughes Justice Complex  
P.O. Box 006,  
Trenton, NJ 08625-0006

Their telephone number is (609) 292-4822. The Appellate Division staff will provide you with information on how to file an appeal.

### **“My Case is an Emergency” (Emergent Application Order to Show Cause)**

An emergent hearing in family court is meant to protect children from substantial and irreparable harm. You must file for an emergent hearing at the courthouse. You cannot file for an emergent hearing through the mail. Only a judge can determine if your case will qualify as an emergent matter.

### **Where to Mail or Bring Your Papers**

You should mail or bring your completed packet to the courthouse where your case was last heard. When mailing, make sure you specify the “Family Division” and “Domestic Violence Intake” in your address to insure your papers arrive at the correct division in the court.

#### **Sample Address**

(Name of County) Courthouse  
Family Division  
Domestic Violence Intake  
1234 Street  
PO Box#  
City, State, Zip code

All courthouse addresses can be found on [njcourts.gov](http://njcourts.gov)

## Other Papers That You May Have to Complete Depending on Your Case

Each case has unique circumstances that may require different information. Read the next section carefully. Include any documents that will be needed for your case. Failure to complete certain required documents may result in your application being returned as “deficient” which may delay the scheduling of your case. The following list of documents provide a direct link when you click on the document name. If you have a hard copy of this packet the documents may be found at njcourts.com by using the CN number under the title.

### **Confidential Litigant Information Sheet** (included in this kit)

**This form must be completed to the best of the ability of the person filing this application.** If something does not apply to you, put “n/a”. **Do not leave any blank spaces.** This form is confidential and will **not** be shared with the other party.

### **Federal Child Support Services Application (IV-D Child Support Program)**

You should complete this application if you are applying to establish paternity or child support. Applying for support services under the federal child support program insures your case will be enforced through the court’s Probation Division. You may complete this application online at [NJchildsupport.org](http://NJchildsupport.org). This application is specific to the request for child support services and **must be completed in addition to this packet.**

### **Summary Form for Financial Information**

**This form must be completed if you are requesting establish or modify child support.**

You must complete this form if you are filing to establish child support. You must complete the entire form with the exception of your address, phone number, email and social security number. If something does not apply to you put “n/a”. Do not leave any blank spaces. **This form will be shared with the other party pursuant court rule (R. 5:5-3.).**

### **Family Case Information Statement (CIS)**

**This form must be completed and included in your packet only if you are married but separated and want to establish or modify spousal support. If you are pending or already divorced from the other party you must file a motion in that case.**

Pursuant to Court Rule R. 5:5-2 a spousal support modification requires the parties to submit a Case Information Statement to the court. You must complete the entire form with the exception of your address, phone number, email and social security number. If something does not apply to you put “n/a”. Do not leave any blank spaces. This completed form must be included in your packet submitted to the court. **This form will be shared with the other party.**

### **Certification of Paternity**

You must complete this form if you seeking to establish paternity and/or child support and the child was not born of a marriage. Paternity must be established prior to the issuance of a child support order. If a Certificate of Parentage (COP) or a previous court order has already established paternity, this form does not need to be completed and submitted with this packet. Put “n/a” if the questions don’t apply to you. **This form will be shared with the other party.**

## Definitions of Words Used in This Packet

**Application:** An *application* is a written request in which you ask the court to issue an order or to change an order that has already been issued.

**Award:** An *award* is the final decision of a judge granting damages or other relief to a party.

**Certification:** A *certification* is a written statement made to the court when you file papers with the court, swearing that the information contained in the filed papers is true.

**Child Support Number** (also referred to as “CS Number”): The *Child Support Number* is the identifying number assigned to your child, spousal, or alimony support case.

**Court Order:** A *court order* is the written decision issued by a court of law. For example, a child support court order sets forth how often, how much, and what kind of support is to be paid.

**Compensatory Damages:** An award of money in for actual economic loss, property damage, or injury.

**Docket Number:** The *docket number* is the identifying number assigned to every case filed in the court.

**Exhibits:** *Exhibits* are written documents you provide to the court to support what you want the court to decide.

**FV:** The letters the court uses to identify a Domestic Violence restraining order and a Sexual Assault Protection Order.

**File:** To *file* means to give the appropriate forms to the court to begin the court’s consideration of your request.

**Modification:** A change made to court order.

**Party:** A *party* is a person, business, or governmental agency involved in a court action.

**Property Damage:** *Property damage* is injury to real or personal property through another's negligence or willful destruction.

**Punitive Damages:** *Punitive damages* are awarded for the express purpose of punishing the defendant, and to deter future similar acts.

**Relief:** To ask for *relief* is to ask the court to grant something such as custody, parenting time, or support.

**Support Obligation:** *Support Obligation* is the amount of support that the court orders the obligor to pay. The court order includes how much and how often support has to be paid (i.e., per week, per month, bi-weekly, etc.).

### **Definitions of Words Used in This Packet (continued)**

**Support Enforcement:** The Probation Division is required to enforce court orders that call for the payment of child support, health care coverage, and/or spousal support/alimony. If support is not being paid timely, Probation Support Enforcement has many state and federal tools available to enforce child support orders. These can include, but are not limited to:

- Income withholding
- Court hearing
- Bench warrant
- Tax offset – federal and state
- Judgment (liens attached to property & assets)
- Credit bureau notification
- Financial Institution Data Match (FIDM) – seizure of bank accounts
- Child Support Lien Network (CSLN) – seizure of proceeds from law suits
- Passport denial
- License suspension
- Lottery interception

## **Instructions for Completing the Application to Modify a Court Order**

**IMPORTANT NOTICE:** Look over the entire form and **check only the reliefs you are seeking.** You may seek more than one relief, but only the ones you check will be considered on the day of your hearing.

1. Enter the names of the Plaintiff and Defendant as they appear on your final order.
2. Select the County where you are filing the application.
3. Fill in the Docket Number that has been issued in your case. You can find that number on the previous court order you received.
4. Enter the CS Number that has been issued in your case. You can find that number on the previous court order you received.
5. Type or print your name on the line that says "P". This tells the court who is filing the application to modify the existing court order.
6. Select the appropriate checkbox as to whether you are the plaintiff or defendant filing this application.
7. Enter the Plaintiff's Attorney information (Name, Address, Phone Number)
8. Enter the Defendant's Attorney information (Name, Address, Phone Number)
9. Enter the date that the current order was entered (mm/dd/yyyy format)
10. Describe in detail the change requested to your order.
11. Check all the boxes you would like the court to consider for modification. Please give a complete explanation for your request. If you need more space for your explanation, please use the Additional Information Sheet in this packet. (**Note:** if attaching the additional information sheet, please select the checkbox on the last page of the Application form.)
12. Sign and date the application and select the appropriate checkbox as to whether you are the plaintiff, plaintiff, defendant, or defendant.
13. All your supporting documentation should be included with this packet.
14. Please make two copies, keep one complete copy for your records and send the original and one complete copy (including attachments) to the appropriate courthouse, addressing it to the Domestic Violence Intake Unit. The Domestic Violence Intake Unit will then serve the packet to the other party. You will receive your court date in the mail. You may also hand deliver your packet to the Domestic Violence Intake Unit.

\_\_\_\_\_  
Plaintiff

\_\_\_\_\_  
Defendant

**Superior Court of New Jersey  
Chancery Division - Family Part**

County \_\_\_\_\_

Docket Number FV- \_\_\_\_\_

CS Number \_\_\_\_\_

**Civil Action**

**Application for Modification or Enforcement of  
a Domestic Violence Restraining Order/Sexual  
Assault Survivor Protection Order**

I, \_\_\_\_\_, certify as follows:

I am the  Plaintiff /  Defendant in this matter.

Plaintiff's Attorney: Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Defendant's Attorney: Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

The current Order was entered on \_\_\_\_\_.

1. I am requesting a change to the following conditions of the order:

Prohibition from my current residence (plaintiff only):

Modification/Enforcement of exclusive possession of residence/alternate housing (specify)

\_\_\_\_\_  
\_\_\_\_\_

Prohibition from my current employer (plaintiff only): (specify place of employment)

\_\_\_\_\_

Modification/Enforcement of payment for emergent monetary relief previously ordered by the court

2. Modification/Enforcement of court ordered monitoring of batterers program or other mental health interventions (specify)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



3. DCP&P (formerly known as DYFS)  **is** /  **is not** actively involved with the child(ren).  
Explain if applicable.

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4. Modification/Enforcement of custody of the children included in the order (be specific):

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5. Modification/Enforcement of parenting time as follows (be specific):

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6. Modification/Enforcement of prohibition of contact or communication with others (be specific)

Name	Relationship
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<hr/>	<hr/>
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7. Modification/Enforcement of court ordered risk assessment, substance abuse, mental health or other evaluation:

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8. I  **am** /  **am not** receiving public assistance.

9. Establishment of child support.

10. Modification of current child support (increase/decrease) previously ordered by the court in the amount of \$\_\_\_\_\_ per \_\_\_\_\_.  
(weekly, bi-monthly, etc.)

Explain the change in circumstances that support your request for modification. **For modification to increase/decrease child support payments**, pursuant to R. 5:5-3, you must file with the court a Financial Statement for Summary Support Action and your most recent Federal Income Tax Return or three (3) most recent paystubs. Please remove or cover any personal identifiers and/or addresses from all attachments.

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11. Enforcement of child support previously ordered by the court in the amount of \$ \_\_\_\_\_  
per \_\_\_\_\_.  
(weekly, bi-monthly, etc.)

Obligee	_____	Birth Date	_____
Child	_____	Birth Date	_____
Child	_____	Birth Date	_____
Child	_____	Birth Date	_____

12. Modification/Enforcement of medical coverage for plaintiff or children (be specific):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Modification/Enforcement of emergent support awarded to plaintiff or children (be specific):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Modification to increase/decrease spousal support. Pursuant to R.5:5-2, (be specific):

**Note:** This request requires that you attach a Case Information Statement.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. I am requesting the court to (select one)  **emancipate** /  **terminate** /  **continue**  
child support for my child(ren) named:

Child	_____	Birth Date	_____
Child	_____	Birth Date	_____
Child	_____	Birth Date	_____

To the best of my knowledge, my child(ren) **is not** physically or mentally disabled.

My child **is** disabled. Describe disability:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My child is **not** attending high school or any other post-elementary education program.

My child is attending high school or other post-elementary education program. Provide the name of school and most recent date(s) attended:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My child is **not** attending college or any other post-secondary education program.

- My child is attending college or other post-secondary education program. Provide the name of school and most recent date(s) attended:

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- My child **is** not married.  
 If married, date of marriage: \_\_\_\_\_.  
 My child is **not** in the military.  
 If in the military, date enrolled \_\_\_\_\_ and branch \_\_\_\_\_.

16. Check any additional reliefs you are seeking to modify or enforce and explain your reason.

- Compensatory Damages  
 Punitive Damages  
 Rent/Mortgage Payments (specify amount and recipient(s) owed)  
 Possession of Personal Property granted by previous order (specify property in dispute)

Explain your request for any checked item. Be specific and use “*Additional Information Form*” if necessary.

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17. Modification/Enforcement of a relief not stated above (be specific):

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Attached is a copy of the order I am requesting the court to modify or enforce.

- Additional Information Form attached

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

Date \_\_\_\_\_

\_\_\_\_\_  
Signature

Plaintiff

Defendant



**New Jersey Judiciary**

**Confidential Litigant Information Sheet (R. 5:4-2(g))**

To assure accuracy of court records - To be filled out by Plaintiff, or Defendant, or Attorney  
Collection of the following information is pursuant to N.J.S.A. 2A:17-56.60 and R. 5:7-4.

**Confidentiality of this information must be maintained**

Please complete the entire form, leaving no blank spaces. If something does not apply to you, enter "N/A". This form is confidential and will not be shared with the other party.

Docket Number:	CS Number:	Do you have an active Domestic Violence Order with the other party in this case? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Plaintiff					Defendant						
<b>Name (last, first, middle initial)</b>					<b>Name (last, first, middle initial)</b>						
Social Security Number	Date of Birth	Place of Birth			Social Security Number	Date of Birth	Place of Birth				
Address: Street					Address: Street						
City			State	Zip	City			State	Zip		
Plaintiff Telephone Number		Employer Telephone Number			Defendant Telephone Number		Employer Telephone Number				
Employer Name (or other income source)					Employer Name (or other income source)						
Employer Address: Street					Employer Address: Street						
City			State	Zip	City			State	Zip		
Professional, Occupational, Recreational Licenses (include types and license numbers)					Professional, Occupational, Recreational Licenses (include types and license numbers)						
Driver's License Number		State of Issuance			Driver's License Number		State of Issuance				
Sex	Race/Ethnicity	Height	Weight	Eyes	Hair	Sex	Race/Ethnicity	Height	Weight	Eyes	Hair
Auto: License Plate	State	Make	Model	Year		Auto: License Plate	State	Make	Model	Year	
Attorney Name					Attorney Name						
Attorney Address: Street					Attorney Address: Street						
City			State	Zip	City			State	Zip		

**Children Information**

Name (last, first, middle initial)	Date of Birth	Race	Sex	Social Security Number	Place of Birth
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____

Health Coverage for Children - available through parent filling out this form ( Plaintiff /  Defendant)

Health Care Provider: _____	Policy Number: _____	Group Number: _____
Health Care Provider: _____	Policy Number: _____	Group Number: _____
Health Care Provider: _____	Policy Number: _____	Group Number: _____

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

Date \_\_\_\_\_ Signature \_\_\_\_\_