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|  | | **Superior Court of New Jersey** | | |
|  | | **- Select County -** | | **County** |
| Plaintiff, | | **Docket Number:** |  | |
| vs. |  | **Civil Action**  Certification – Lack of Consent or Unknown Position as to Proceeding Remotely | | |
|  | |
| Defendant. | |

I,    , an attorney at law of the State of New Jersey, certify as follows:

1. I represent     in the above matter.
2. The court on     proposed to schedule a remote proceeding in the above matter, which pursuant to the Supreme Court’s February 22, 2021 Order cannot proceed remotely without the consent of all parties.
3. **Option 1:** I have advised my client that pursuant to the Supreme Court’s February 22, 2021 Order, this matter cannot proceed remotely over their objection.
   1. I have further advised my client that in the absence of consent to proceed remotely, the court will schedule this matter for an in-person hearing.
   2. I have informed my client of (a) the options for participating in remote court events, including through use of technology provided by the Judiciary; and (b) the public health precautions implemented by the Judiciary to prevent exposure to the COVID-19 coronavirus.
   3. I have advised my client that even for an in-person hearing, the court will determine how other participants, including witnesses, will participate (including whether they will be required to appear in person or to participate remotely).
   4. My client,    , has advised me that my client does not consent to proceed remotely and understands that based on that lack of consent this matter will be conducted in person.

**Option 2**: Despite diligent efforts, including      
   , I have been unable to communicate with my client. Accordingly, I cannot advise the court of my client’s position about proceeding remotely or in person.

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

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|  |  | s/ |
| Date |  | Signature |
|  |  |  |
|  |  | Name |
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