

**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: \_\_\_\_\_

**Certification of Service**

**D.** I certify that on \_\_\_\_\_, I served two copies of the following document(s):

**E.** By: (select all that apply):

☐ hand delivery

☐ regular mail to last known address

☐ registered or certified mail, return receipt, to last known address

☐ other\* \_\_\_\_\_

\*Note: There must be consent of receiving party to use a method of service other than mail or hand delivery. **By signing this form, you are certifying that there is consent.** If serving by email or fax, provide the receiving party's email or fax number below:

\_\_\_\_\_

**F.** on the following parties, or their attorney if represented, in the above-captioned matter

Name of party and party's attorney, if represented:		
Address (use attorney's address if represented): Street		
City	State	Zip Code

Name of party and party's attorney, if represented:		
Address (use attorney's address if represented): Street		
City	State	Zip Code

**G.** 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.  
(See Rule 1:4-4(b))

**H.** \_\_\_\_\_  
Date

**I.** \_\_\_\_\_  
Signature – Original ink signature is required.



New Jersey Judiciary- Supreme Court of New Jersey

## Instructions for Completing a *Certification of Service*

Please print legibly or type the information on the form.

Section	Instruction
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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 <b>exactly</b> as it appears on the papers from the Appellate Division. Write the full names of all parties.   |
| C. | Enter the Supreme Court docket number, if known. If you do not have a Supreme Court docket number, leave the line blank, and in the space below, enter the Appellate Division docket number.   |
| D. | Enter the date you served the documents and list all the documents you are serving on your adversaries.  |
| E. | Select the method(s) of service. If you select "other," you must explain what method of service you are using (for example, email, fax), and whether there is consent to that method of service. <b>There must be consent of the receiving party to use a method of service other than mail or hand delivery.</b> By signing the <i>Certification of Service</i> form, you are certifying to the Supreme Court that there <b>is consent</b> for the alternate method of service.<br><br>If you are serving by email or fax, you must provide the email address or fax number of the receiving party. If you are serving by registered or certified mail, you are not required to file the return receipt card unless otherwise ordered by the court. |
| F. | List each party you are serving along with the address to which you are serving the document(s) on. If the party is represented by an attorney, you serve the attorney with the document(s). If you are serving by email or fax, you must provide the email address or fax number of the receiving party.  |
| G. | Please read the <u>Rule</u> 1:4-4(b) certification language carefully. By signing the <i>Certification of Service</i> form, you are agreeing to that language.   |
| H. | Enter the current date.  |
| I. | Sign your name. An original ink signature is required.   |