## NOTICE TO THE BAR

## Family Part Non-Dissolution Complaint and Complex Track Procedures; Supplemental Form for Attorneys

This Notice concerns the court rule amendments that were effective September 1, 2015 relating to Family Part non-dissolution matters.

New paragraph (i) of  $\underline{R}$ . 5:4-2, entitled "Complaint in Non-Dissolution Matters," was adopted to permit attorneys to file a non-conforming complaint, rather than a form complaint, to initiate a non-dissolution action. If an attorney elects to file a non-conforming complaint, that complaint must be accompanied by the attached completed supplemental form for attorneys.

New paragraph (j) of  $\underline{R}$ . 5:4-2, entitled "Designation of Complex Non-Dissolution Matters," was adopted to establish a complex track for non-dissolution matters. Any party or attorney may request a complex track assignment in writing either at the time of the filing of the complaint or prior to the first hearing. The appended supplemental form for attorneys includes a checkbox for this request.

New paragraph (c) of <u>R.</u> 5:5-7, entitled "Non-Dissolution Actions," was adopted to address the case management procedure of complex non-dissolution matters. The complex track is reserved for only exceptional cases that cannot be heard summarily. In addition to <u>R.</u> 5:4-2(j), which states that a party or attorney may request a case to be designated as complex early in the litigation, the court also may make such a determination without application from the parties. If the court considers a non-dissolution matter to be complex at the first hearing, an initial case management conference shall be held at that time. A case management order shall be issued detailing the reasons that the case is complex, and include discovery schedules, pendente lite reliefs, scheduling mediation (if appropriate) and a fixed trial date.

Glénn A. Grant, J.A.D.

Acting Administrative Director of the Courts

Dated: October 27, 2015

Att	orney Name:	_		
Αtt	orney for:	_		
Ad	dress:	-		
Te	lephone:	_		
Αtt	orney ID:	•		
		Superior Court of New Jersey Chancery Division – Family P County	art	
	Plaintiff	Docket Number: FDCS Number:		
	V.	Supplement		
	Defendant ☐ Complaint			
		☐ Modification	on	
		Non-Dissolution	Action	
<ul><li>□</li><li>1.</li><li>2.</li></ul>	I am requesting this case be designated as co The child(ren) pertaining to this matter are:  Name  D  Have these parties previously been involved in an	rate of Birth M/F Residing wit		
4.	other state/country family litigation?  If yes, give the title of the case and docket number		<u> </u>	
	Title of case (vs) a. b.	Docket Number	State/Co	untry
3.	The Division of Child Protection and Permanence another state) has been involved or is currently in listed parties.		☐ Yes	□No
	Is any party in this case currently receiving public assistance? (Governed by 41 U.S.C.A. 602 (A)(26), N.J.S.A. 44:10-1.1 et seq.)		☐ Yes	□No

4.	The following relief(s) is being sought:					
	Establish Paternity					
	Were the parents of the child(ren) married at the time of birth?		☐ Yes	□ No		
	☐ Establish Maternity	☐ Disestablish Paternity				
	☐ Establish Child Support	☐ Establish Spousal Support				
	☐ Increase Child Support	☐ Increase Spousal Support				
	☐ Decrease Child Support	☐ Decrease Spousal Support				
	☐ Terminate Child Support	☐ Terminate Spousal Suppor	t			
	☐ Oppose Termination of Child Support	☐ Oppose Termination of Sp	ousal Supp	ort		
	☐ Enforce the current support order ofenforced.	. Attach a copy of the	he order yo	u want		
☐ Medical Support Requested:						
	☐ Health Benefits for: ☐ Plaintiff / [	☐ Defendant				
	☐ Health Benefits for the child(ren) named	d in this complaint				
	☐ Establish Custody	☐ Change Custody				
	☐ Establish Parenting Time	☐ Change Parenting Time				
	☐ Establish Grandparent Visitation	☐ Change Grandparent Visit	ation			
	☐ Establish Sibling Visitation	☐ Change Sibling Visitation				
	☐ Request to Relocate Child(ren)					
	☐ Request to Change Venue					
	Other Relief(s) Requested:					
Re	quired Attachments:					
	Attorney Complaint					
	Attorney Modification					
	IV-D Application					
	• • • • • • • • • • • • • • • • • • • •					
	Financial request)					
Ad	ditional Attachments:					
	Check this box if you are attaching any addi	tional information (a certifica	ition, exhil	oits).		
	·					

☐ Request for Interpreting Services at the Hearing	Language:
☐ Request for ADA Accommodation	Specify:
I certify that the foregoing statements made by me are trustatements made by me are willfully false, I am subject to	
Date	Attorney Signature