

---

**GLENN A. GRANT, J.A.D.**  
Acting Administrative Director of the Courts

---


www.njcourts.gov • Phone: 609-376-3000 • Fax: 609-376-3002

**Directive #20-19**

**[Supersedes Directive #08-11 and  
Supplement to #8-11]**

[Questions or comments may be directed to  
(609) 815-2900, ext. 55350]

**TO: Assignment Judges  
Family Presiding Judges  
Trial Court Administrators  
Family Division Managers**

**FROM: Glenn A. Grant, J.A.D.** 

**SUBJ: Family – Non-Dissolution Matters (FD Docket): Procedures and Forms**

**DATE: September 3, 2019**

---

This Directive revises Non-Dissolution procedures as necessitated by the amendments to Court Rules 5:4-2(i), 5:4-2(j), and 5:5-7(c), which were based on the Appellate Division's findings in R.K. v. D.L., 434 N.J. Super. 463 (App. Div. 2014). As such, this Directive supersedes both Directive #08-11 and the November 18, 2011 Supplement to Directive #08-11. This Directive also promulgates the attached documents: (1) Non-Dissolution Verified Complaint (revised), (2) Application for Modification of Court Order (revised), (3) Supplement to Non-Dissolution Action attorney form (previously issued, and now formally promulgated by this Directive), and (4) the Non-Dissolution Complex Case Management Order (previously issued, and now formally promulgated by this Directive). A new application for emergent hearing (Order to Show Cause (OTSC)) for Non-Dissolution matters will be promulgated separately in a subsequent directive.

The Non-Dissolution docket (FD) provides relief to parents who were never married and who are seeking custody, parenting time, paternity, child support or medical support. It also handles certain relief for litigants who are married or have a domestic partnership or civil union, such as financial support without the dissolution of their legal relationship. Additionally, the Non-Dissolution docket also includes matters where non-parent relatives are seeking custody, child support, or visitation regarding minor children.

Efficient methods for processing Non-Dissolution cases are crucial to the operation of the court and to court customers seeking relief under this docket type. Having standardized statewide practices enables all court customers to have a clear and

consistent understanding and a defined process for the resolution of disputes that fall under this docket type.

The original 2011 directive contained the following provisions, all of which continue unchanged:

- All Non-Dissolution cases will be initially processed as Summary actions, with additional discovery at the discretion of the judge. Appearance of the parties for hearings is mandatory (with specific exceptions described below). The revised procedures distinguish between Non-Dissolution motions and the Dissolution motion process governed by R. 5:5-4 and R. 1:6-2.
- Non-Dissolution cases involve various issues where different methods of complementary dispute resolution ("CDR") can be used. The screening of initial and post-dispositional Non-Dissolution applications for CDR options is important to ensure efficient case management. Use of all available CDR processes contributes to better customer service and the effective use of judicial resources.
- Initial service by mail pursuant to R. 5-4-4 (b) (1), which governs child support actions, was approved in the original directive #08-11 for use in Non-Dissolution custody and parenting time filings.
- "Diligent Inquiry" must be conducted by the filing party when the non-filing party's whereabouts is unknown, with certification of such inquiry to be submitted to the court. Instructions and forms on how to make such diligent inquiry will be provided to the filing litigant. Cases cannot proceed until certification with documentation of location efforts is submitted to the court, with the judge to determine the adequacy of the inquiry efforts made.
- The form of Summons was revised in the original directive #08-11 so as to inform the responding party that failure to appear at the hearing may result in entry of a default order or awarding the plaintiff the requested relief.
- The request to relocate children has been created as a separate relief and is listed in the "Application for Modification of Court Order." Each party will be able to advise the court as to their respective positions on the matter prior to the court hearing.
- Incarcerated litigants are to continue to use the post-dispositional application form to apply for modification of child support orders and for bench warrant review. The forms will be made available to jails and prisons via electronic distribution and posting on the Judiciary website. For both initial and post-dispositional hearings, incarcerated litigants will be permitted to request a waiver of their appearance by checking a box on the forms. The court can decide the case on the papers submitted or may utilize whatever electronic



means are available, such as video or telephone testimony, in lieu of physical appearance.

In 2015, the Supreme Court amended Rules 5:4-2(i), 5:4-2(j) and 5:5-7(c) based on the Appellate Division's decision in R.K. v. D.L., 434 N.J. Super. 463 (App. Div. 2014), which addressed the filing and management of non-dissolution cases. Although non-dissolution matters often are summary in nature, they may require additional case management.

Those rule amendments, effective September 1, 2015, established certain procedures related to non-dissolution matters as follows:

- Rule 5:4-2(i), entitled "Complaint in Non-Dissolution Matters," permits attorneys to file a non-conforming complaint, rather than the non-dissolution complaint. If an attorney elects to file a non-conforming non-dissolution complaint, that pleading must be accompanied by the attached supplemental form. Staff is to send a deficiency notice to the attorney if the supplemental form is not appended to the complaint. The supplemental form, Attorney Supplement to Complaint/Modification – Non-Dissolution Action (CN11917), is available electronically on the forms page of the Judiciary's website ([www.njcourts.gov](http://www.njcourts.gov)).
- Rule 5:4-2(j), entitled "Designation of Complex Non-Dissolution Matters," established a complex track for non-dissolution matters. Any party or attorney may in writing request assignment to this complex track either at the time of the filing of the complaint or prior to the first hearing. The supplemental form for attorneys (CN 11917) includes a checkbox for this request.
- Rule 5:5-7(c), entitled "Non-Dissolution Actions," addressed the case management procedures for complex non-dissolution matters. The complex track is reserved only for exceptional cases that cannot be heard summarily. In addition to R. 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, sua sponte, that is, without application from the parties. If a party or attorney requests a complex track designation at the time of the filing of the complaint, court staff must schedule a case management conference as the first court event. Applications for a complex track assignment made after the initial hearing may be considered upon presentation of exceptional circumstances. Once the judge determines a case to be complex, the attached non-dissolution Complex Case Management Order (CN 12092) shall be issued to the parties. The order shall detail the reasons the case is complex, and include discovery schedules, pendente lite reliefs, scheduling mediation (if appropriate) and a fixed trial date.

The attached revised non-dissolution Verified Complaint (CN 11492) and Application for Modification (CN 11487) forms were approved by the Judicial Council. These forms were modified based on the Appellate Division's decision in R.K. v. D.L., 434

N.J. Super. 463 (App. Div. 2014) as well as on the new child support termination law, N.J.S.A. 2A:17-56.67 et seq., which became effective February 1, 2017.

---

**Editor's Note**

11/18/11 – Supplement to Directive #08-11 – originally issued by Glenn A. Grant, Acting Administrative Director.

09/02/11 – Directive #08-11 – originally issued by Glenn A. Grant, Acting Administrative Director.

---

Attachments:

Verified Complaint (CN 11492)

Application for Modification of Court Order (CN 11487)

Supplement to Non-Dissolution Action attorney form (CN 11917)

Non-Dissolution Complex Case Management Order (CN 12092)

cc: Chief Justice Stuart Rabner  
Patricia Risch, Assistant Director, Division of Family Development  
Steven D. Bonville, Chief of Staff  
Jennifer M. Perez, Director  
Joanne M. Dietrich, Assistant Director  
Special Assistants to the Administrator Director  
Amelia Wachter-Smith, Chief, Family Practice  
Assistant Family Division Managers

Superior Court of New Jersey  
Chancery Division - Family Part  
County \_\_\_\_\_

Docket Number: FD - \_\_\_\_\_

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

\_\_\_\_\_  
**Plaintiff**

**vs.**

\_\_\_\_\_  
**Defendant**

**CIVIL ACTION**

☐ **Verified Complaint**

☐ **Counterclaim**

I, \_\_\_\_\_ by way of verified complaint/counterclaim, certify the following:

1. I am the ☐ Plaintiff ☐ Defendant ☐ Attorney for \_\_\_\_\_ in the above-captioned matter.

Birth Name (if applicable) \_\_\_\_\_.

2. Plaintiff resides OR is incarcerated at:

Address \_\_\_\_\_ City/Town \_\_\_\_\_

County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Relationship to the child \_\_\_\_\_

Plaintiff resides OR is incarcerated at:

Address \_\_\_\_\_ City/Town \_\_\_\_\_

County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Relationship to the child \_\_\_\_\_

3. Defendant resides OR is incarcerated at:

Address \_\_\_\_\_ City/Town \_\_\_\_\_

County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Relationship to the child \_\_\_\_\_

Defendant resides OR is incarcerated at:

Address \_\_\_\_\_ City/Town \_\_\_\_\_

County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Relationship to the child \_\_\_\_\_

4. Attorney Name \_\_\_\_\_

Firm Name \_\_\_\_\_

ID Number \_\_\_\_\_

Address \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_



5. The child(ren) involved in this complaint are:

Name	Date of Birth	M/F	Residing with (relationship)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6. Other interested parties' name(s) and address(es):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. I have previously been involved in the following New Jersey family court actions or other State/Country litigation involving at least one of the parties or children listed above. (If yes, give the title of case and docket number.) ☐ Yes ☐ No

	Title of Case	Docket Number	State/Country
a.	_____ vs. _____	_____	_____
b.	_____ vs. _____	_____	_____
c.	_____ vs. _____	_____	_____

8. A Child Protection Agency (i.e. the Division of Child Protection and Permanency or a similar agency in another State) has been involved or is currently involved with the with the child(ren) or 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

9. I request the following:

- ☐ Establish Paternity (**Certification in Support of Establishing Paternity is required** when seeking Paternity)  
Were parents of the child married at the time of birth? ☐ Yes ☐ No
- ☐ Disestablish Paternity  
Were parents of the child married at the time of birth? ☐ Yes ☐ No
- ☐ Establish Maternity
- ☐ Child Support (A Certificate of Parentage is required if available)  
(Pursuant to Court Rule 5:5-3, you are **required** to complete a **Financial Statement for Summary Support Actions** to serve on the other party. At the hearing you must have your most recent federal income tax return or your three most recent pay stubs.)
- ☐ Spousal Support  
(Pursuant to Court Rule 5:5-2, you are **required** to complete a **Case Information Statement** to serve on the other party. At the hearing you must have your most recent federal income tax return or your three most recent pay stubs)
- ☐ College Expenses
- ☐ Custody

- ☐ Medical Support Requested
- ☐ Health benefits for myself
- ☐ Health benefits for the child(ren) named in this complaint

---

---

---

---

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**Required Attachments (Check all appropriate boxes)**

- ☐ Confidential Litigant Information Statement.
- ☐ Certificate of Parentage (if available). (Please note that this is **not** the Birth Certificate.)
- ☐ Certification in Support of Establish Paternity (when requesting establishment of paternity).
- ☐ Financial Statement for Summary Support Actions (when requesting child support only).
- ☐ Case Information Statement (when requesting spousal support only).

**Additional Attachments**

- ☐ Check this box if you are attaching any additional information (a certification, exhibits)

At the hearing:

Will you require an interpreter?

☐ Yes ☐ No

If yes, indicate language: \_\_\_\_\_

Will you require an accommodation for a disability?

☐ Yes ☐ No

If yes, indicate requested accommodation: \_\_\_\_\_

I/we certify that the foregoing statements made by me/us are true. I am/We are aware that if any of the foregoing statements made by me/us are willfully false, I am/We are subject to punishment.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature ☐ Plaintiff ☐ Defendant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature ☐ Plaintiff ☐ Defendant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature ☐ Attorney

**Note that the signature of the party filing the complaint is required along with the signature of the attorney that is filing the complaint on behalf of the party.**

**COURT APPEARANCE INFORMATION FOR THE PERSON FILING THIS APPLICATION:**

Your appearance is mandatory. You should bring to court any other documentation or proof that supports your case. If you are filing for child or spousal support, bring any information about your finances with you to your court appearance such as your last three pay stubs and your most recent W-2 statement. You may bring an attorney, although an attorney is not required. If you require assistance in selecting an attorney, you may contact your County Bar Association. If you cannot afford an attorney, you may contact Legal Services of New Jersey at [www.lsnj.org](http://www.lsnj.org).

**COURT APPEARANCE INFORMATION FOR THE PERSON RECEIVING THIS APPLICATION:**

Your appearance is mandatory. If you fail to appear at the hearing an order granting the relief requested by the filing party may be granted. If the filing party's request is for child or spousal support, bring any information about your finances with you to your court appearance such as your last three pay stubs and your most recent W-2 statement. You may bring an attorney, although an attorney is not required. If you require assistance in selecting an attorney, you may contact your County Bar Association. If you cannot afford an attorney, you may contact Legal Services of New Jersey at [www.lsnj.org](http://www.lsnj.org).



## Additional Information Sheet

**Use this sheet (if necessary) to tell the court what else you want the court to know about your reason for your application.**

**Full Name** \_\_\_\_\_

Date \_\_\_\_\_

Docket Number \_\_\_\_\_

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

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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.

Date \_\_\_\_\_

Signature of Plaintiff/Counterclaimant

Superior Court of New Jersey  
Chancery Division - Family Part

County: \_\_\_\_\_

Docket Number: FD - \_\_\_\_\_

CS Number: CS- \_\_\_\_\_

\_\_\_\_\_  
**Plaintiff**

**vs.**

\_\_\_\_\_  
**Defendant**

**CIVIL ACTION**

☐ **Application for  
Modification of Court Order**

☐ **Cross-Application for  
Modification of Court Order**

I, \_\_\_\_\_ of full age, hereby certify the following in support of this Application/Cross-application to modify the court order of (date if known) \_\_\_\_\_.

1. I am the ☐ Plaintiff ☐ Defendant ☐ Attorney for \_\_\_\_\_.  
Maiden Name (if applicable) \_\_\_\_\_.

2. Plaintiff resides OR is incarcerated at:

Address \_\_\_\_\_ City/Town \_\_\_\_\_

County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Relationship to the child(ren) \_\_\_\_\_

Plaintiff resides OR is incarcerated at:

Address \_\_\_\_\_ City/Town \_\_\_\_\_

County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Relationship to the child(ren) \_\_\_\_\_

3. Defendant resides OR is incarcerated at:

Address \_\_\_\_\_ City/Town \_\_\_\_\_

County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Relationship to the child(ren) \_\_\_\_\_

Defendant resides OR is incarcerated at:

Address \_\_\_\_\_ City/Town \_\_\_\_\_

County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Relationship to the child(ren) \_\_\_\_\_

4. Attorney Name \_\_\_\_\_  
Firm Name \_\_\_\_\_  
ID Number \_\_\_\_\_  
Address \_\_\_\_\_  
City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

5. The child(ren) involved in this order are:

Name	Date of Birth	M/F	Residing with (relationship)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6. Other interested parties' name(s) and address(es):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. I have been previously been involved in the following New Jersey family court actions or other State/Country litigation with regard to any of the parties or children listed above. (If yes, give the title of case and docket number.) ☐ Yes ☐ No

	Title of Case	Docket Number	State/Country
a.	_____ vs. _____	_____	_____
b.	_____ vs. _____	_____	_____
c.	_____ vs. _____	_____	_____

A Child Protection Agency (i.e. the Division of Child Protection and Permanency or a similar agency in another State) has been involved or is currently involved with the with the child(ren) or 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

8. I request the following:

- ☐ **Paternity (Certification in Support of Establishing Paternity required when requesting Paternity)**  
Were parents of the child married at the time of birth? ☐ Yes ☐ No
- ☐ **Disestablishment of Paternity**  
Were parents of the child married at the time of birth? ☐ Yes ☐ No
- ☐ **Maternity**
- ☐ **Establish/Modify Child Support (A Certificate of Parentage is required if available when filing for Child Support)**

I am requesting (check one) an ☐ **increase** ☐ **decrease** in **child support** payments.

(Pursuant to Court Rule 5:5-3, you are **required** to complete a **Financial Statement for Summary Support Actions** to serve upon the other party. At the hearing you must have your most recent federal income tax return **or** your three most recent pay stubs.)

- ☐ **Establish/Modify Spousal Support**

I am requesting (check one) an ☐ **increase** ☐ **decrease** in **spousal support** payments.

(Pursuant to Court Rule 5:5-2, you are **required** to complete a **Case Information Statement** to serve upon the other party. At the hearing you must have your most recent federal income tax return **or** your three most recent pay stubs)

- ☐ **Establish/Modify Financial Maintenance order**



- ☐ Medical Support Requested
- ☐ Health benefits for myself
- ☐ Health benefits for the child (ren) named in this complaint

Reasons for your request: (explain in detail)

---



---



---



---

9. I am requesting the Court to **terminate** the child support for the following child(ren)

Name

Date of Birth

<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

**Please check all the following that apply:**

- ☐ I have physical custody of the child(ren) specified above.
- ☐ My child turned 18 years of age on \_\_\_\_\_.
- ☐ To the best of my knowledge my child is not physically or mentally disabled.
- ☐ My child is not attending high school or any other special education programs.
- ☐ My child is married. Date of the marriage: \_\_\_\_\_.
- ☐ My child is not attending college or a post-secondary education program.
- ☐ My child is in the military. Date enrolled: \_\_\_\_\_. Branch: \_\_\_\_\_.
- ☐ I am requesting that child/spousal support be paid directly to me without court involvement.

10. I am requesting the Court **NOT terminate** the child support for the following child(ren)

Name

Date of Birth

<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

**Please check all the following that apply:**

- ☐ I have physical custody of the child(ren) specified above.
- ☐ My child is disabled. Describe disability:
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- ☐ My child is attending high school or special education program. Provide the name of the school and most recent date(s) attended:
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- ☐ My child is not married.

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

---

---

---

- ☐ My child is not in the military.

- ☐ I am requesting that child/spousal support be made payable through the Probation Division.

**11. Enforcement of the Current Support Order**

- ☐ I am requesting enforcement of the current support order of (date if known) \_\_\_\_\_. Attach a copy of the order you want enforced.

- ☐ I have already requested enforcement through Probation.

**12. Establish or Change of Existing Custody/Parenting Time Court Order (check all that apply)**

- ☐ Establish custody

- ☐ Establish visitation/parenting time arrangements

- ☐ Parenting Time

- ☐ Grandparent Visitation

- ☐ Sibling Visitation

- ☐ I am requesting to **change** the custody/parenting time terms of the current order.

Reasons for your request: (explain in detail)

---

---

---

**13. Request to Relocate the Child(ren)/Opposition to Relocation**

- ☐ I am applying to relocate the child(ren) listed above to another state or country. I want to relocate the child(ren) by (date) \_\_\_\_\_.

New location:

---

---

---

---

---

Reason for relocation:

- ☐ Attached is the additional information form.

- ☐ I am opposed to the relocation of the children listed above. I believe this move is not in the best interest of the child(ren). Explain:

---

---

---

---

- ☐ Attached is the additional information form.





**Required Attachments (Check all applicable boxes)**

- ☐ Confidential Litigant Information Statement.
- ☐ Certificate of Parentage (if available). (Please note that this is **not** the Birth Certificate.)
- ☐ Certification to Establish Paternity (when requesting establishment of paternity).
- ☐ Financial Statement for Summary Support Actions (when requesting child support).
- ☐ Case Information Statement (when requesting spousal support).
- ☐ Check this box if you are attaching any additional information (a certification, exhibits)
- ☐ I am presently incarcerated and would like to appear; however, I understand that unless a judge orders my appearance through a court order to the facility of my incarceration, my request will be decided on the papers that I filed.

At the hearing:

Will you require an interpreter? ☐ Yes ☐ No

If yes, indicate language: \_\_\_\_\_

Will you require an accommodation for a disability? ☐ Yes ☐ No

If yes, indicate requested accommodation: \_\_\_\_\_

I/we certify that the foregoing statements made by me/us are true. I am/We are aware that if any of the foregoing statements made by me/us are willfully false, I am/We are subject to punishment.

\_\_\_\_\_  
Date Signature ☐ Plaintiff ☐ Defendant

\_\_\_\_\_  
Date Signature ☐ Plaintiff ☐ Defendant

\_\_\_\_\_  
Date Signature ☐ Plaintiff Attorney ☐ Defendant Attorney

**Note: Both the person filing this modification and the attorney (if any) must sign above.**

**COURT APPEARANCE INFORMATION FOR THE PERSON FILING THIS APPLICATION:**

Your appearance is mandatory. You should bring to court any other documentation or proof that supports your case. If you are filing for child or spousal support, bring any information about your finances with you such as your last three pay stubs and your most recent W-2 statement. You may bring an attorney, although an attorney is not required. If you require assistance in selecting an attorney, you may contact your County Bar Association. If you cannot afford an attorney, you may contact Legal Services of New Jersey at [www.lsnj.org](http://www.lsnj.org).

**COURT APPEARANCE INFORMATION FOR THE PERSON RECEIVING THIS APPLICATION:**

Your appearance is mandatory. If you fail to appear at the hearing an order granting the relief requested by the filing party may be granted. If the filing party's request is for child or spousal support, bring any information about your finances with you such as your last three pay stubs and your most recent W-2 statement. You may bring an attorney, although an attorney is not required. If you require assistance in selecting an attorney, you may contact your County Bar Association. If you cannot afford an attorney, you may contact Legal Services of New Jersey at [www.lsnj.org](http://www.lsnj.org).

## Additional Information Sheet

**Use this sheet (if necessary) to tell the court anything else you want the court to know about why you filed your application.**

**Full Name** \_\_\_\_\_

Date \_\_\_\_\_

Docket Number \_\_\_\_\_

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

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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.

Date \_\_\_\_\_

Signature of Applicant/Cross-applicant

Attorney Name: \_\_\_\_\_  
Attorney for: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Attorney ID: \_\_\_\_\_

Superior Court of New Jersey  
Chancery Division – Family Part  
\_\_\_\_\_ County

Docket Number: FD - \_\_\_\_\_

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

\_\_\_\_\_  
Plaintiff  
v.  
\_\_\_\_\_  
Defendant

**Supplement to**

☐ Complaints

☐ Modification

**Non-Dissolution Action**

I am the Attorney for the ☐ Plaintiff / ☐ Defendant  
Relationship to the Child(ren): \_\_\_\_\_

☐ I am requesting this case be designated as complex (*R. 5:4-2(j)*).

1. The child(ren) pertaining to this matter are:

Name	Date of Birth	M/F	Residing with (Relationship)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. Have these parties previously been involved in any NJ Family Court actions or other state/country family litigation? ☐ Yes ☐ No

If yes, give the title of the case and docket number.

Title of case (____ vs ____)	Docket Number	State/Country
a. _____	_____	_____
b. _____	_____	_____

3. The Division of Child Protection and Permanency (or a similar agency in another state) has been involved or is currently involved with the child(ren) or 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 Support

☐ Oppose Termination of Child Support

☐ Oppose Termination of Spousal Support

☐ Enforce the current support order of \_\_\_\_\_. Attach a copy of the order you want enforced.

☐ Medical Support Requested:

☐ Health Benefits for: ☐ Plaintiff / ☐ Defendant

☐ Health Benefits for the child(ren) named in this complaint

☐ Establish Custody

☐ Change Custody

☐ Establish Parenting Time

☐ Change Parenting Time

☐ Establish Grandparent Visitation

☐ Change Grandparent Visitation

☐ Establish Sibling Visitation

☐ Change Sibling Visitation

☐ Request to Relocate Child(ren)

☐ Request to Change Venue

☐ Other Relief(s) Requested:

---

---

---

---

**Required Attachments:**

☐ Attorney Complaint

☐ Attorney Modification

☐ IV-D Application

☐ A Confidential Litigant Information Statement

☐ A Certificate of Parentage is attached (if available) (Please note that this is not the Birth Certificate)

☐ A Certification to establish Paternity attached (when seeking establishment of Paternity)

☐ A Financial Statement for Summary Support Actions (when seeking Child Support/Modification)

☐ A Case Information Statement (when seeking Spousal Support/College Expenses/or for any Financial request)

**Additional Attachments:**

☐ Check this box if you are attaching any additional information (a certification, exhibits).

☐ Request for Interpreting Services at the Hearing

Language: \_\_\_\_\_

☐ Request for ADA Accommodation

Specify: \_\_\_\_\_

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.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Attorney Signature

\_\_\_\_\_  
Plaintiff,

vs.

\_\_\_\_\_  
Defendant.

Superior Court of New Jersey  
Chancery Division - Family Part

\_\_\_\_\_  
County

Docket Number - FD \_\_\_\_\_

**Civil Action**

**Non-Dissolution (FD)  
Complex Case Management Order**

This matter being opened to the Court on \_\_\_\_\_, 20\_\_\_\_,

- ☐ a. during a case management conference before \_\_\_\_\_.
- ☐ b. during a telephonic conference with \_\_\_\_\_.
- ☐ c. by consent of both attorneys.

Plaintiff being represented by \_\_\_\_\_, of the firm of \_\_\_\_\_,  
and the Defendant being represented by \_\_\_\_\_, of the firm of \_\_\_\_\_,  
and good cause existing for entry of this Order,

**IT IS hereby ORDERED** that the above title matter is assigned to the complex track.

**IT FURTHER APPEARING** that the following issues are in dispute:

- |  |  |
|--|--|
| <input type="checkbox"/> Child Support   | <input type="checkbox"/> Spousal Support         |
| <input type="checkbox"/> Medical Insurance   | <input type="checkbox"/> Remove child from state |
| <input type="checkbox"/> Financial Maintenance   | <input type="checkbox"/> Life Insurance          |
| <input type="checkbox"/> Parenting Time/Visitation   | <input type="checkbox"/> Counsel Fees            |
| <input type="checkbox"/> Grandparent visitation  | <input type="checkbox"/> Partition               |
| <input type="checkbox"/> Custody (The Custody/Parenting Time Plan, required pursuant to R. 5:8-5 is attached hereto/or will be submitted by _____. |  |
| <input type="checkbox"/> Other Issues _____.   |  |

**IT IS FURTHER ORDERED** that the following be furnished no later than the dates indicated:

- ☐ 1. Case Information Statement filed? Plaintiff ☐ Yes ☐ No Defendant ☐ Yes ☐ No
- ☐ 2. CIS to be filed by: ☐ Plaintiff ☐ Defendant ☐ Both by \_\_\_\_\_, 20\_\_\_\_.
- ☐ 3. Plaintiff/Defendant/Both-shall propound Interrogatories/Notice to Produce by \_\_\_\_\_, 20\_\_\_\_.
- ☐ 4. Plaintiff/Defendant/Both-shall answer Interrogatories and comply with Notice to Produce by \_\_\_\_\_, 20\_\_\_\_.
- ☐ 5. Plaintiff/Defendant/Both-shall complete Depositions by \_\_\_\_\_, 20\_\_\_\_.
- ☐ 6. Plaintiff/Defendant/Both-shall produce proof of bank account balances, pension, or other records, such as: \_\_\_\_\_, by \_\_\_\_\_, 20\_\_\_\_.



- ☐ 7. Parties shall attend a consent conference scheduled on \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_.
- ☐ 8. Parties shall attend a mediation on \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_.
- ☐ 9. Plaintiff/Defendant/Both shall also:  
\_\_\_\_\_  
\_\_\_\_\_
- ☐ 10. Other (Expert Reports or related issues):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IT IS FURTHER ORDERED** that a second Case Management Conference has been scheduled on \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_, before \_\_\_\_\_.

**IT IS FURTHER ORDERED**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Next hearing date: \_\_\_\_\_ Judge's Signature \_\_\_\_\_

### IMPORTANT

**DO NOT provide an undisclosed address and telephone number of a party if a Domestic Violence Restraining Order is in effect.**

Plaintiff \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Defendant \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

We hereby consent to the form and entry of this Order.

Attorney for Plaintiff \_\_\_\_\_  
Attorney Address \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Attorney for Defendant \_\_\_\_\_  
Attorney Address \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_