

**Plaintiff or Plaintiff's Attorney Information:**

Name: \_\_\_\_\_

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

Phone: (\_\_\_\_) \_\_\_\_\_

**Superior Court of New Jersey  
Law Division, Special Civil Part**  
\_\_\_\_\_ County

(\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_, **Plaintiff(s)**

**Docket Number: LT - \_\_\_\_\_**  
(to be provided by the court)

**versus**

\_\_\_\_\_, **Defendant(s)**

**Civil Action  
SUMMONS  
LANDLORD/TENANT**

**Defendant Information:**

Name: \_\_\_\_\_

\_\_\_ Nonpayment

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

\_\_\_ Other

Phone: (\_\_\_\_) \_\_\_\_\_

**NOTICE TO TENANT: The purpose of the attached complaint is to permanently remove you and your belongings from the premises. If you want the court to hear your side of the case you must appear in court on this date and time: \_\_\_\_\_ at \_\_\_\_\_ a.m./p.m., or the court may rule against you. REPORT TO:**  
\_\_\_\_\_

If you cannot afford to pay for a lawyer, free legal advice may be available by contacting Legal Services at \_\_\_\_\_. If you can afford to pay a lawyer but do not know one, you may call the Lawyer Referral Services of your local county Bar Association at \_\_\_\_\_.

You may be eligible for housing assistance. To determine your eligibility, you must immediately contact the welfare agency in your county at \_\_\_\_\_, telephone number \_\_\_\_\_.

If you need an interpreter or an accommodation for a disability, you must notify the court immediately. Si Ud. no tiene dinero para pagar a un abogado, es posible que pueda recibir consejos legales gratuitos si se comunica con Servicios Legales (Legal Services) al \_\_\_\_\_. Si tiene dinero para pagar a un abogado pero no conoce ninguno puede llamar a Servicios de Recomendación de Abogados (Lawyer Referral Services) del Colegio de Abogados (Bar Association) de su condado local al \_\_\_\_\_.

Es posible que pueda recibir asistencia con la vivienda si se comunica con la agencia de asistencia publica (welfare agency) de su condado al \_\_\_\_\_, telefono \_\_\_\_\_.

Si necesita un interprete o alguna acomodación para un impedimento fisico, tiene que notificárselo inmediatamente al tribunal.

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

**Clerk of the Special Civil Part**

**COURT OFFICER'S RETURN OF SERVICE (FOR COURT USE ONLY)**

Docket Number: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
WM \_\_\_ WF \_\_\_ BM \_\_\_ BF \_\_\_ OTHER \_\_\_\_\_ HT \_\_\_ WT \_\_\_ AGE \_\_\_ MUSTACHE \_\_\_ BEARD \_\_\_ GLASSES \_\_\_ NAME: \_\_\_\_\_  
RELATIONSHIP: \_\_\_\_\_

Description of Premises \_\_\_\_\_

I hereby certify the above to be true and accurate: \_\_\_\_\_

Court Officer