

**5. SUPERIOR COURT OF NEW JERSEY
APPELLATE DIVISION
NOTICE OF MOTION**

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(Your Name)

(Address)

(Telephone Number and e-mail address)

Superior Court of New Jersey
Appellate Division Docket Number
A- _____

OR

Number assigned by trial/tax court or
agency (if no Appellate Docket Number):

Notice of Motion for

V. _____

TO:

(Name of adversary and attorney, if represented)

(Address – use attorney’s address if represented)

PLEASE TAKE NOTICE that the undersigned hereby moves before the Superior Court of New Jersey, Appellate Division, for an Order granting the above-listed relief(s). In support of this motion, I shall rely on the attached:

- ☐ brief and appendix
☐ certification (procedural motions only)

I am filing the original and 4 copies of my motion with the Clerk of the Appellate Division, and serving 2 copies of my motion on all of the parties to the above-captioned matter. Attached is a copy of my Certification of Service. RESPONDING PARTIES: Per *Rule* 2:8-1, answers to this motion should be filed with the Clerk of the Appellate Division within 10 days of your receipt of this motion unless otherwise directed by the Clerk.

(Date)

(Your Signature)

(Print your name)