

NOTICE: This is a public document, which means the document as submitted will be available to the public upon request. Therefore, do not enter personal identifiers on it, such as Social Security number, driver's license number, vehicle plate number, insurance policy number, active financial account number, active credit card number, or military status.

Plaintiff or Filing Attorney Information:

Name _____
NJ Attorney ID Number _____
Address _____

Email _____
Telephone Number _____

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

_____ Plaintiff(s)
versus

_____ Defendant (s)

Docket Number: LT - _____
(to be provided by the court)

**Civil Action
SUMMONS
LANDLORD/TENANT**

Defendant Information:

Name: _____
Address: _____

Email _____
Phone: _____

_____ Nonpayment
_____ Other
_____ Commercial
_____ Residential

NOTICE TO TENANT: The purpose of the attached complaint is to permanently remove you and your belongings from the premises. You will be notified when a court proceeding is scheduled. Please contact the Office of the Special Civil Part at _____ ext. _____ regarding your case. Please go to njcourts.gov for general information on landlord/tenant actions.

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 inmediateamente al tribunal.

Date: _____

Clerk of the Superior Court

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: _____

Efforts Made to Personally Serve _____

Description of Premises if Posted _____

I hereby certify the above to be true and accurate: _____
Special Civil Part Officer