

Form A

Name

Street Address

City, State, Zip

Email Address

Telephone Number

In the Matter of the Application of:

Your Name

To Assume the Name of:

Name you wish to assume

Superior Court of New Jersey
Law Division
_____ County

Docket No. _____
(To be filled in by the court)

Civil Action
Verified Complaint Including
Certification of Plaintiff for Name
Change

The plaintiff, _____, whose place of residence is _____, in the City of _____, County of _____, in the State of New Jersey says:

1. I am the Plaintiff in this matter.
2. My current legal name is _____.
3. My social security number can be found in the attached Certification of Confidential Information for Name Change.
4. I was born on _____.
5. I have since birth been identified by the following names: (first, middle, last)

6. I (check one) have/ have not been married.

Form A

7. I (check one) have/ have never been convicted of a crime, and have no criminal charges pending against me, except: (please supply county, municipality, nature, date of crime and/or pending charges)
-
-
8. This application (check one) is/ is not being made with the intent to avoid creditors or criminal prosecution or for other fraudulent purpose.
9. I (check one) have/ have no unsatisfied judgments of record, or suits pending against me, except: (enter any recorded judgments or pending suits)
-
-
10. I request this name change for the following reasons:
-
-
-
11. I (check one) have/ have not made any previous applications to assume another name.
12. I (check one) do/ do not have any pending applications for a name change in any other court or jurisdiction to the best of my knowledge and belief, except: (enter the state, county and docket number(s) of any pending applications)
-
-
13. I understand that I must advise the court if there are any changes in the facts stated in this Verified Complaint.

WHEREFORE, plaintiff demands judgment pursuant to *N.J.S.A. 2A:52-1 to -4*.

Signature of Plaintiff

Certification

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.

Dated

Signature of Plaintiff

Form A-1

Name

Superior Court of New Jersey
Law Division

Street Address

_____ County

City, State, Zip

Docket No. _____
(To be filled in by the court)

Email Address

Telephone Number

In the Matter of the Application of:

Your Name

To Assume the Name of:

Name you wish to assume

**Civil Action
Certification of Confidential
Information for Name Change**

In support of my application for a change of name, I, _____,
state the following:

1. I am the Plaintiff in this matter and currently reside at _____, in the City of _____, County of _____, in the State of New Jersey.
2. My social security number is _____.

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.

Dated

Signature of Plaintiff

Form B

Name

Street Address

City, State, Zip

Email Address

Telephone Number

In the Matter of the Application of:

Your Name

To Assume the Name of:

Name you wish to assume

Superior Court of New Jersey
Law Division
_____ County

Docket No. _____
(To be filled in by the court)

Civil Action
Order Fixing Date of Hearing

Application being made to the Court by _____, for a judgment authorizing the applicant to assume another name and for the entry of an order fixing a date for the hearing of such application,

DO NOT WRITE BELOW THIS LINE THE COURT WILL COMPLETE

IT IS ON THIS _____ day of _____, 20____, **ORDERED** that the _____ day of _____, 20____, at _____ a.m., or as soon thereafter as the matter can be heard, at the courthouse in the City of _____, County of _____, State of New Jersey, be fixed as the time and place for the hearing of such application and of any objections that may be made thereto.

J.S.C.

NOTE: A copy of the Order Fixing Date of Hearing must be served on the Director of the Division of Criminal Justice. If there are criminal charges pending, copies of the Verified Complaint, Certification of Confidential Information for Name Change and Order Fixing Date of Hearing must be sent via regular mail and certified mail and served on the County Prosecutor and/or the Office of the Attorney General.

Form C

Name

Superior Court of New Jersey
Law Division

Street Address

_____ County

City, State, Zip

Docket No. _____
(To be filled in by the court)

Email Address

Telephone Number

In the Matter of the Application of:

Your Name

**Civil Action
Final Judgment**

To Assume the Name of:

Name you wish to assume

_____, having made application to this Court by duly verified complaint for a judgment authorizing the applicant to assume the name of _____, and it appearing to the Court that all the provisions of *N.J.S.A. 2A:52-1-4* and the New Jersey Rules of Court having been complied with:

IT IS ON THIS _____ day of _____, 20____, **ORDERED** and **ADJUDGED**
(leave blank for the court to complete)

that _____, who was born on _____, and whose social security number is contained in the attached Final Judgment Addendum, be and hereby is authorized to assume the name of _____,
(name you wish to assume)

effective _____, (NOTE: This is the date you may begin using your assumed name)
(leave blank for the court to complete)

and

DO NOT WRITE BELOW THIS LINE THE COURT WILL COMPLETE

IT IS FURTHER ORDERED that within forty-five days after entry of Judgment, a certified copy of this Final Judgment, with the Final Judgment Addendum attached, must be sent to the Department of Treasury pursuant to the provisions of the Statute and Rules in such case made and provided.

Dated

J.S.C.

Form C-1

Final Judgment Addendum

Pursuant to the Final Judgment dated _____,
(leave blank for the court to complete)

_____, whose social security number is _____,
is authorized to assume the name of _____.

This Final Judgment Addendum shall not be made public in any form.



New Jersey Judiciary
Civil Practice Division

Civil Case Information Statement (CIS)

Use for initial Law Division Civil Part pleadings (not motions) under Rule 4:5-1. Pleading will be rejected for filing, under Rule 1:5-6(c), if information above the black bar is not completed, or attorney's signature is not affixed.

For Use by Clerk's Office Only

Payment type <input type="checkbox"/> check <input type="checkbox"/> charge <input type="checkbox"/> cash	Charge/Check Number	Amount \$	Overpayment \$	Batch Number
Attorney/Pro Se Name		Telephone Number		County of Venue
Firm Name (if applicable)			Docket Number (when available)	
Office Address - Street		City	State	Zip
Document Type			Jury Demand <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Party (e.g., John Doe, Plaintiff)		Caption		
Case Type Number (See page 3 for listing) _____				
Are sexual abuse claims alleged?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does this case involve claims related to COVID-19?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is this a professional malpractice case? If "Yes," see N.J.S.A. 2A:53A-27 and applicable case law regarding your obligation to file an affidavit of merit.			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Related Cases Pending? If "Yes," list docket numbers			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you anticipate adding any parties (arising out of same transaction or occurrence)?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name of defendant's primary insurance company (if known)			<input type="checkbox"/> None	<input type="checkbox"/> Unknown

The Information Provided on This Form Cannot be Introduced into Evidence.

Case Characteristics for Purposes of Determining if Case is Appropriate for Mediation

Do parties have a current, past or recurrent relationship? Yes No


If "Yes," is that relationship:

Employer/Employee Friend/Neighbor Familial Business

Other (explain) _____

Does the statute governing this case provide for payment of fees by the losing party? Yes No

Use this space to alert the court to any special case characteristics that may warrant individual management or accelerated disposition.

 Do you or your client need any disability accommodations? Yes No

If yes, please identify the requested accommodation:

Will an interpreter be needed? Yes No

If yes, for what language?

I certify that confidential personal identifiers have been redacted from documents now submitted to the court and will be redacted from all documents submitted in the future in accordance with Rule 1:38-7(b).

Attorney/Self-Represented Litigant Signature: _____

Civil Case Information Statement (CIS)

Use for initial pleadings (not motions) under *Rule 4:5-1*

CASE TYPES

(Choose one and enter number of case type in appropriate space on page 1.)

Track I - 150 days discovery

- 151 Name Change
- 175 Forfeiture
- 302 Tenancy
- 399 Real Property (other than Tenancy, Contract, Condemnation, Complex Commercial or Construction)
- 502 Book Account (debt collection matters only)
- 505 Other Insurance Claim (including declaratory judgment actions)
- 506 PIP Coverage
- 510 UM or UIM Claim (coverage issues only)
- 511 Action on Negotiable Instrument
- 512 Lemon Law
- 801 Summary Action
- 802 Open Public Records Act (summary action)
- 999 Other (briefly describe nature of action)

Track II - 300 days discovery

- 305 Construction
- 509 Employment (other than Conscientious Employees Protection Act (CEPA) or Law Against Discrimination (LAD))
- 599 Contract/Commercial Transaction
- 603N Auto Negligence – Personal Injury (non-verbal threshold)
- 603Y Auto Negligence – Personal Injury (verbal threshold)
- 605 Personal Injury
- 610 Auto Negligence – Property Damage
- 621 UM or UIM Claim (includes bodily injury)
- 699 Tort – Other

Track III - 450 days discovery

- 005 Civil Rights
- 301 Condemnation
- 602 Assault and Battery
- 604 Medical Malpractice
- 606 Product Liability
- 607 Professional Malpractice
- 608 Toxic Tort
- 609 Defamation
- 616 Whistleblower / Conscientious Employee Protection Act (CEPA) Cases
- 617 Inverse Condemnation
- 618 Law Against Discrimination (LAD) Cases

Track IV - Active Case Management by Individual Judge / 450 days discovery

- 156 Environmental/Environmental Coverage Litigation
- 303 Mt. Laurel
- 508 Complex Commercial
- 513 Complex Construction
- 514 Insurance Fraud
- 620 False Claims Act
- 701 Actions in Lieu of Prerogative Writs

Multicounty Litigation (Track IV)

- 282 Fosamax
- 291 Pelvic Mesh/Gynecare
- 292 Pelvic Mesh/Bard
- 293 DePuy ASR Hip Implant Litigation
- 296 Stryker Rejuvenate/ABG II Modular Hip Stem Components
- 300 Talc-Based Body Powders
- 601 Asbestos
- 624 Stryker LFIT CoCr V40 Femoral Heads
- 626 Abilify
- 627 Physiomesh Flexible Composite Mesh
- 628 Taxotere/Docetaxel
- 629 Zostavax
- 630 Proceed Mesh/Patch
- 631 Proton-Pump Inhibitors
- 633 Prolene Hernia System Mesh
- 634 Allergan Biocell Textured Breast Implants
- 635 Tassigna
- 636 Stratice Hernia Mesh
- 637 Singulair
- 638 Elmiron
- 639 Pinnacle Metal-on-Metal (MoM) Hip Implants

If you believe this case requires a track other than that provided above, please indicate the reason on page 1, in the space under “Case Characteristics”.

Please check off each applicable category

- Putative Class Action
- Title 59
- Consumer Fraud
- Medical Debt Claim