## Form 10A: *Ex Part*e Request for Order for Substituted Service on a Special Agent and Supporting Certification—Page 1 of 3

Name(Plaintiff's name, a			
(Plaintiff's name, a			
Telephone			
Plaintiff, <i>Pro Se</i>	CHANCERY	COURT OF NEW JERSEY Z DIVISION—FAMILY PART	
	(County	where complaint is filed)	Y
	DOCKET NO	O. FM(Docket number of complaint)	
Name:	. 00	CIVIL ACTION	
Plaint vs.		<i>EX PARTE</i> REQUEST FOR ORDER FOR SUBSTITUTED SERVICE	2
Name:Defen		ON A SPECIAL AGENT AND SUPPORTING CERTIFICATION	
Please enter an order	r granting plaintiff	(Your name)	
		t's name), the	
defendant in the above-entit			
(Name of person :	accepting service on behalf o	. The reasons	S
for this request are set forth			
	CERTIFICATI	ION	
I,(Your r	, of fu	Ill age, certify that:	
1. I am the plaintif	f in the above-entitled a	action.	
2. I do not know th	e present whereabouts	of the defendant and have not seen o	r
heard from direc	tly or indirectly since o	on or about(Date)	
(Him/her)		(Date)	

3. I have made diligent inquiry in good faith respecting the defendant's residency

and post office address in an attempt to locate and serve defendant with the complaint in this matter.

4. More specifically, I have contacted the following individuals in an attempt to locate the defendant:

А. U	On or about(Date)	, 1
	(200)	
	(Describe what you did in your attempt to locate the defendant. If yo sent a letter, say, "A copy of the letter is attached hereto as Exhibit A	
		-
B. O	On or about(Date)	, I
	(Date)	
	(Describe what you did in your attempt to locate the defendant. If you sent a letter, say, "A copy of the letter is attached hereto as Exhibit B	
	rther attempts to locate the defendant, I did the following: the applicable sections)	
(Fill in		
(Fill in A. I	obtained a motor vehicle search from	e search)
(Fill in A. I o	n the applicable sections) obtained a motor vehicle search from Fitle of the State Motor Vehicle Commission or Division where you requested the	
(Fill in A. I o (Ti They	obtained a motor vehicle search from Fitle of the State Motor Vehicle Commission or Division where you requested the v had no information as to the defendant's whereabouts. A copy	
(Fill in A. I d (Ti They search	Title of the State Motor Vehicle Commission or Division where you requested the had no information as to the defendant's whereabouts. A copy th is attached hereto as Exhibit	,
(Fill in A. I o (Ti They search	obtained a motor vehicle search from Fitle of the State Motor Vehicle Commission or Division where you requested the v had no information as to the defendant's whereabouts. A copy	,
(Fill in A. I o (Ti They search B. I o	Title of the State Motor Vehicle Search from Title of the State Motor Vehicle Commission or Division where you requested the v had no information as to the defendant's whereabouts. A copy th is attached hereto as Exhibit checked all of the telephone books for(County)	of this
(Fill in A. I o (Ti They search B. I o	The applicable sections) obtained a motor vehicle search from Fitle of the State Motor Vehicle Commission or Division where you requested the r had no information as to the defendant's whereabouts. A copy wh is attached hereto as Exhibit checked all of the telephone books for	of this
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(Fill in A. I o (Ti They search B. I o count	the applicable sections) obtained a motor vehicle search from fitle of the State Motor Vehicle Commission or Division where you requested the had no information as to the defendant's whereabouts. A copy th is attached hereto as Exhibit checked all of the telephone books for, and, (County) (County) (County) (County)	of this

and this employer does not know defendant's whereabouts.

D. I have written to the post office in town and they indicated through a

written reply that there is no forwarding address for defendant.

A copy of this reply is attached hereto as Exhibit D.

6. To the best of my knowledge, I know of no individuals other than

	, defendant's			
(Name of person to be served)	(Relationship to defendant)			
who lives at				
(Addr	(Address of person to be served)			

with whom defendant might be residing or communicating.

7. I do not know of any other person connected with the defendant by marriage

or business who knows defendant's residence or post office address.

- 8. I believe that service cannot be made within this state or outside of this state in the manner prescribed by paragraphs (a) or (b) of R. 4:4-5 of this Court, and therefore apply for an order for substituted service under paragraph (d) of that Rule, or for another form of service as the Court shall deem proper.
  - 9. For the reasons set forth above, I request that the Court order substituted

service upon		, the defendant's		
at resid	(Name of person to be served)		(Relationship to defendant)	
(His/her)		(Address of person to be served)		

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.

(Your signature)

Plaintiff, Pro Se

(Your name printed)

Dated

(Date on which you sign this document)