Name	
Name(Plaintiff's name, address, and	
Address	<u> </u>
Telephone	
Date	
Plaintiff, Pro Se	
Superior Court of New Jersey	
	County Family Part
(County where complaint is filed)	_ ,
(Fill in address from App	endix A)
, New	Jersey
(City)	(Zip code)
ATTENTION: FILING CLERK	
RE:	Docket No. FM
(Caption/title of case)	Docket No. FM (Docket number of complaint)
Dear Madam/Sir:	
Enclosed please find an origin counterclaim for divorce/dissolution	al and two copies of plaintiff's answer to defendant's in the above matter.
Kindly file the enclosed docur marked "filed" in the enclosed self-a	ments, retain the original, and return two copies addressed, stamped envelope.
	Very truly yours,
	(Plaintiff's signature)
	(Figure 5 Signature)
Copy with enclosures sent to	(Name of defendant or defendant's attorney)
	,