Name: (Plaintiff's or defendant's name, a	alders a seed to be a second to	
Address:		r)
- 144414500.		_
		<u> </u>
Telephone:		<u> </u>
	, Pro Se	
(Plaintiff or defendant)		Γ OF NEW JERSEY
		SION—FAMILY PART
		COUNTY
	(County where	complaint is filed)
	DOCKET NO. FM	(Docket number of complaint)
		(Docket number of complaint)
Name:		CIVIL ACTION
Plaintiff		CERTIFICATION
VS.		OF SERVICE
Name:		SERVICE
Defendant		
		<u> </u>
I,		pro se (Plaintiff/defendant)
(Plaintiff's or defen in the within action, hereby certify		
in the within action, hereby certify	y that on the date below	, an original and two copies of
(List titles of	documents you are filing with	the court)
were filed with the Clerk of the Si	inerior Court	
were filed with the Clerk of the Su	(Name and	address of the county court where filed)
I further certify that on		, a
copy of each of the above-listed d		
(Plaintiff or defendant, or plaintiff's or defe	at the follo	owing address:

	(Name and addres	ss of plaintiff or defendant or plaintiff's or	defendant's attorney
-			
-			
-			
	I hereby certify	that the foregoing statements ma	ide by me are true. I am aware
that if a	ny of the foregoing	g statements made by me are will	fully false, I am subject to
punishn	nent.		
		(Plaintiff's or defendant's signature)	Plaintiff or Defendant, Pro Se
		(Plaintiff's or defendant's name printed)	
Dated _			
	(Date on which do	ocument is signed)	