

Name _____
(Plaintiff's name, address, and telephone number)

Address _____

Telephone _____

Plaintiff, *Pro Se*

SUPERIOR COURT OF NEW JERSEY
CHANCERY DIVISION—FAMILY PART

_____ COUNTY
(County where complaint is filed)

DOCKET NO. FM _____
(Docket number of complaint)

Name: _____
Plaintiff
vs.
Name: _____
Defendant

CIVIL ACTION
**NOTICE OF DEFAULT
DIVORCE/DISSOLUTION
HEARING**

TO: _____
(Name and address of defendant or defendant's attorney)

PLEASE TAKE NOTICE, that on _____,
(Date of default hearing)

the above-referenced matter will be heard before

The Honorable _____, J.S.C.,
(Name of the judge who will be hearing your case)

at _____, in the _____ County Superior
(Time of appearance scheduled by the court) (County)

Court, at _____
(Address of the courthouse)

_____, New Jersey.

(Plaintiff's signature)

Dated _____
(Date on which plaintiff signs this document)