

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 PROPOSED FINAL
JUDGMENT Pursuant to R. 5:5-10**

TO: _____
(Name and address of defendant or his/her attorney, if applicable)

PLEASE TAKE NOTICE, that on _____,
(Date the hearing is scheduled)

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 where complaint is filed)

Court, at _____
(Address of the courthouse—see Appendix A)

_____, New Jersey.

PLEASE TAKE FURTHER NOTICE that plaintiff is seeking judgment:

1. Equitably distributing the property of the _____, which is the subject
(marriage/civil union)
of this divorce/dissolution action between the parties. The property that
plaintiff requests be given to _____ includes the following:
(Her/him)

(List and describe real or personal property that you are asking be given to you)

- A. _____
- B. _____
- C. _____
- D. _____
- E. _____
- F. _____
- G. _____
- H. _____
- I. _____
- J. _____
- K. _____

PLEASE TAKE FURTHER NOTICE that plaintiff is seeking judgment

(Check the applicable statements)

_____ Compelling the defendant to pay child support for the minor child(ren)
of the _____ in the amount of _____.
(Marriage/civil union) (Amount of child support per week you are requesting)

_____ Compelling the defendant to pay alimony to the plaintiff in the amount
of _____.
(List amount of alimony per week that you are requesting)

_____ Compelling the defendant to maintain a life insurance policy on _____
(His/her)
life naming the child(ren) as irrevocable beneficiary(ies) and plaintiff as
trustee.

_____ Compelling the defendant to maintain full health insurance, including dental insurance, for the benefit of the child(ren).

_____ Compelling the defendant to be liable for future medical, dental, prescription drugs, and eyeglass expenses for the minor child(ren) that are not otherwise covered under the defendant's health insurance policy, Medicaid, or other health care program.

_____ _____
(Write in additional requests)

This notice has been filed with the Superior Court, Chancery Division, Family Part, _____ County. This notice may be examined by the defendant in this action during normal business hours at the Family Division Manager's Office of the Superior Court located at _____
(County where complaint is filed) (Address of the courthouse where complaint is filed)

(Plaintiff's signature) Plaintiff, *Pro Se*

(Plaintiff's name printed)

Dated _____
(Date on which plaintiff signs this document)