

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

Address _____

Telephone _____

_____, *Pro Se*
(Plaintiff or defendant)

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

ORDER WAIVING FEES

The Court having examined the certification of _____,
(Your name)

_____, and it appearing that _____
(Plaintiff or defendant) (Plaintiff or defendant)

is a person of insufficient means to file this action in Court,

It is on this _____ day of _____, 20____,
(DO NOT WRITE HERE)

ORDERED that the request for a waiver of filing fees and service fees pursuant to R. 1:13-2(a) is hereby granted.

_____, J.S.C.
(DO NOT WRITE HERE)