

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

Address _____

Telephone _____

Date _____

Plaintiff, *Pro Se*

_____ County Sheriff's Office
(County where defendant lives)

_____ (Fill in address from Appendix B)

_____, New Jersey _____
(City) (Zip code)

RE: _____ Docket No. FM _____
(Caption/title of case) (Docket number of complaint)

Dear Madam/Sir:

Enclosed please find an original and one copy of a summons, complaint, certification of insurance, certification of notification of complementary dispute resolution, and _____
(Fill in "order waiving fees" or "check [or money order] covering the fees for service of these documents")
to be served upon _____, the defendant named
(Defendant's name)
in this action.

Please serve a copy of each of the enclosed documents upon the defendant at the address listed on the summons and return a proof of service in the enclosed self-addressed, stamped envelope.

Very truly yours,

(Your signature) Plaintiff, *Pro Se*