From the desk of:

**YOUR FULL NAME**

Home Address

City, State, Zip

  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

: SUPERIOR COURT OF NEW JERSEY

(YOUR NAME – PLAINTIFF’S NAME) : YOUR COUNTY

: CHANCERY DIVISION/FAMILY PART

: DOCKET NO. (Your docket number)

*Plaintiff,* :

:

Vs. : Civil Action

:

(DEFENDANT’S NAME) :

: **CERTIFICATION IN SUPPORT**

: OF YOUR MOTION

*Defendant* :

:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ :

I, YOUR FULL NAME , of full age, hereby certifies:

Your Signature

Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Your Name Typed)