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)