

TENANCY SUMMONS AND RETURN OF SERVICE (R. 6:2-1)

Plaintiff or Plaintiff's Attorney Information:

Name: _____

Address: _____

Phone: _____

_____ Plaintiff(s)

versus

_____ Defendant (s)

Defendant Information:

Name: _____

Address: _____

Phone: _____

**Superior Court of New Jersey
Law Division, Special Civil Part
_____ County**

Docket Number: LT - _____
(to be provided by the court)

**Civil Action
SUMMONS
LANDLORD/TENANT**

_____ Nonpayment
_____ Other

NOTICE TO TENANT: The purpose of the attached complaint is to permanently remove you and your belongings from the premises. If you want the court to hear your side of the case you must appear in court on this date and time: _____ at _____ a.m. p.m., or the court may rule against you. REPORT TO: _____.

If you cannot afford to pay for a lawyer, free legal advice may be available by contacting Legal Services at _____. If you can afford to pay a lawyer but do not know one, you may call the Lawyer Referral Services of your local county Bar Association at _____.

You may be eligible for housing assistance. To determine your eligibility, you must immediately contact the welfare agency in your county at _____, telephone number _____.

If you need an interpreter or an accommodation for a disability, you must notify the court immediately.

Si ud. no tiene dinero para pagar a un abogado, es posible que pueda recibir consejos legales gratuitos si se comunica con Servicios Legales (Legal Services) al _____. Si tiene dinero para pagar a un abogado pero no conoce ninguno puede llamar a Servicios de Recomendación de Abogados (Lawyer Referral Services) del Colegio de Abogados (Bar Association) de su condado local al _____.

Es posible que pueda recibir asistencia con la vivienda si se comunica con la agencia de asistencia publica (welfare agency) de su condado al _____, telefono _____.

Si necesita un interprete o alguna acomodación para un impedimento fisico, tiene que notificárselo inmediatamente al tribunal.

Date: _____

Clerk of the Special Civil Part

COURT OFFICER'S RETURN OF SERVICE (FOR COURT USE ONLY)

Docket Number: _____ Date: _____ Time: _____
WM ___ WF ___ BM ___ BF ___ OTHER _____ HT ___ WT ___ AGE ___ MUSTACHE ___ BEARD ___ GLASSES ___ NAME: _____
RELATIONSHIP: _____

Efforts Made to Personally Serve _____

Description of Premises if Posted _____

I hereby certify the above to be true and accurate: _____

Special Civil Part Officer