NOTICE: This is a not a public document. The information entered on this form will be kept confidential. You therefore must enter all requested information, including any requested personal identifiers, which are your Social Security number, driver’s license number, vehicle plate number, insurance policy number, active financial account number, active credit card number, or military status.

|  |  |
| --- | --- |
|  | Superior Court of New Jersey  |
| **Kinship Matter of:** | Chancery Division – Family Part |
|  | County of | - Select County -  |
|  | Docket Number: | FL -  |
|  | NJSpirit Case Number: |   |
|  | **Civil Action****Application to Amend or Vacate an Order/Judgment of Kinship Legal Guardianship** |
|   |
| NJSpirit Participant Number:  |
| FC Docket Number:  |
|  |
|  |
|  |  |  |

I am the (check one): [ ]  Parent [ ]  Kinship Legal Guardian

[ ]  Other (specify relationship):

I,    , of full age, hereby certify the following in support of this Application to [ ]  amend [ ]  vacate the court order of    . date
(if known)

The child (age ) resides with:

[ ]  Parent (name)

[ ]  Kinship Legal Guardian (name)

[ ]  Other (name)

**1.** I am seeking the following relief from the court:

[ ]  Change the court ordered parenting time/visitation schedule.

[ ]  Establish a parenting time/visitation schedule.

[ ]  Change the court ordered supervision of the parenting time/visitation.

[ ]  Establish supervision of the parenting time/visitation.

[ ]  I am the parent and I am asking the court to vacate the judgment because changes have occurred since the court awarded kinship legal guardianship. (I have attached to this application all documentation supporting my request).

[ ]  I am the kinship legal guardian and I am asking the court to vacate the judgment.

**2.** If the relief I am seeking is not listed above, I am requesting the following from the court:

  .

**3.** I am seeking this relief because:

  .

**4.** I propose the following plan for the child:

  .

**5.** I attach the following documents to support this application (check all that apply):

[x]  Confidential Litigant Contact Form (required to be attached)

[ ]  Successful completion of a substance abuse program

[ ]  Successful completion of an anger management program

[ ]  Successful completion of parenting classes

[ ]  Lease or other proof of stable housing

[ ]  Proof of stable employment or income

[ ]  Positive report and recommendation from a mental health professional

[ ]  (Other)

I understand that failure to provide proof may result in the denial of this application.

I certify that the statements made above are true. I am aware that if any statements made by me are willfully false, I am subject to punishment.

|  |
| --- |
| s/   |
| Signature of Applicant |

**Notice to Parties:** The person filing this application is asking the court to change a Kinship Legal Guardianship order for the above-named minor child. If you object to this request, you must appear at the hearing at the time and date scheduled by the court. You may, but are not required to, send a written response to the court for consideration in addition to appearing at this hearing. If you want to appear, but cannot, or if you have any other questions please call
 (insert contact number)  .

You have the right, but are not required, to obtain a lawyer to help you in this matter. If you need a lawyer, you may contact the lawyer referral service of your local Bar Association or the office of Legal Services of New Jersey.