

To be used by Pro Se Litigant

Name of Plaintiff/Petitioner: _____

Address: _____

Telephone Number: _____

Fax and/ or email: _____

_____	:	SUPERIOR COURT OF NEW JERSEY
In the Matter of,	:	CHANCERY DIVISION- Probate Part
	:	BURLINGTON COUNTY
	:	
_____,	:	DOCKET NO.:
	:	
	:	
an Alleged Incapacitated Person.	:	CIVIL ACTION
	:	
	:	Certification in Support of Relaxing
	:	6-month Requirement of
	:	RULE 4:86-10(b)
_____	:	

I, _____, being of full age, hereby certify as follows:

For these reasons, I respectfully request the Court to relax the 6-month requirement under Court Rule 4:86-10(b).

I certify that the above statements are true to the best of my knowledge. I am aware that if I make any willfully false statements herein I am subject to punishment.

Dated: _____

Print Name: _____