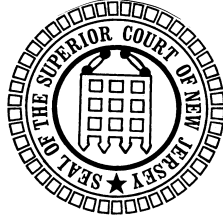


SURROGATE OF HUDSON COUNTY

TILO E. RIVAS
SURROGATE

DEPUTY CLERK OF THE SUPERIOR
COURT OF NEW JERSEY



ADMINISTRATIVE BUILDING
595 NEWARK AVENUE, ROOM 407
JERSEY CITY, NEW JERSEY 07306
(201) 795-6378
(201) 795-5488 (FAX)

INSTRUCTIONS FOR FILING AN ACTION “PRO SE”

Please be advised that in order to address your concerns regarding a matter that cannot be settled among the interested parties, or that has already been probated by the Hudson County Surrogate, a Verified Complaint and Order to Show Cause must be filed in the Superior Court of New Jersey, Chancery Division, Probate Part. If you cannot afford an attorney, it is suggested that you submit your Complaint, in the form of a letter, addressed to:

TILO E. RIVAS, SURROGATE
ADMINISTRATIVE BUILDING
595 NEWARK AVENUE, ROOM 407
JERSEY CITY, NEW JERSEY 07306

In your letter, you must indicate the relief sought. Your letter must be supported by an Affidavit or written statement setting forth the factual basis for the relief. In addition, you must list all interested parties in the matter, including addresses and degrees of kinship, to the extent known.

The filing fee for a (Letter) Complaint and Order to Show Cause is \$175.00. Your check or money order must be made payable to the “Surrogate of Hudson County.” The matter will then be scheduled for a hearing before the Judge.

VERIFICATION

I, the undersigned, hereby verify that the information contained in the attached Letter Complaint is true to the best of my knowledge, information, and belief. I also acknowledge that if any of the information is willfully false that I am subject to appropriate penalties of law.

Date: _____

PRINT NAME

SIGNATURE

CERTIFICATION

(Pursuant to R. 4:5-1)

I hereby certify that, to the best of my knowledge, there are no proceedings dealing with the matters in this Complaint now pending or having been adjudicated by the Court, or any arbitration proceedings now pending with respect to these parties and these issues, and that there are no other parties that should be joined to this matter.

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

Date: _____

PRINT NAME

SIGNATURE