

FORM OF NOTICE OF APPLICATION

(To be sent by both Certified Mail, return receipt requested, and regular first class mail.)

Or (To be PUBLISHED IN A LOCAL NEWSPAPER)

Your Name and Address:

**HUDSON COUNTY
SURROGATE'S COURT**

In the Matter of the Estate

of _____, Minor

To:

YOU ARE HEREBY NOTIFIED THAT on (DAY OF THE WEEK), the _____ day of _____, 20_____, at 8:30 AM, I shall apply to the Surrogate of the County of Hudson, at his office in the Brennan Courthouse, 595 Newark Avenue, 4th Floor, Room 407, Jersey City, New Jersey 07306, for the granting of letters of guardianship of _____ a minor, who resides at

_____ and State of New Jersey, who was born on _____.

If you have any objections in this matter, you may contact the Hudson County Surrogate, by notifying him, in writing of your objection, or by an appearance in the Hudson County Surrogate's Court on or before _____, 20_____.

Date:

Your Name and Address