



New Jersey Victim’s Assistance and Survivor Protection Act (VASPA) Filing Packet

Superior Court of New Jersey - Chancery Division - Family Part

Who Should Use This Packet?

A. To file for a Temporary Protective Order (TPO) or amend your Verified Complaint you may use the forms in this packet if you are:

- A victim of nonconsensual sexual contact, sexual penetration, lewdness, cyber-harassment, or stalking (see definitions on page 4) or any attempt at such conduct.
- A parent or guardian filing on behalf of your child who is less than 18 years of age or has a developmental disability or a mental disease or defect that renders them temporarily or permanently incapable of understanding the nature of the defendant’s conduct, including, but not limited to, being incapable of providing consent, or of understanding the nature of the alleged conduct.
- Filing an amended verified complaint to include additional information about the acts the defendant committed or attempted to commit against you.

Do NOT use this packet if:

You meet the definition of a “victim” under the Prevention of Domestic Violence Act (PDVA)-N.J.S.A. 2C:25-19 (d)(a) which is as follows:

A person protected by the PDVA includes any person:

1. **Who** is 18 years of age or older, **or** who is an emancipated minor, and who has been subjected to domestic violence by:
 - a. A spouse, or
 - b. A former spouse, or
 - c. Any other person who is a present household member or was at any time a household member, **or**

2. **Who, regardless of age,** has been subjected to domestic violence by a person:
 - a. With whom the victim has a child in common, or
 - b. With whom the victim anticipates having a child in common, if one of the parties is pregnant, or
 - c. Has been subjected to domestic violence by a person with whom the victim has or has had a dating relationship.

B. You may file to amend your existing VASPA TPO for the following reason:

- Add additional locations you would like the defendant to be barred from.
- Add or remove protected parties: or
- Other relief.

This packet contains instructions and forms for the following:

1. How to File a *New Jersey Victim's Assistance and Survivor Protection Act (VASPA) Verified Complaint* (page 8)
2. How to File a *New Jersey Victim's Assistance and Survivor Protection Act (VASPA) Amended Verified Complaint* (page 8)
3. How to request to amend an existing *VASPA Temporary Protective Order (TPO)* (page 18)

Note: If you are a victim of domestic violence and want to file for a domestic violence restraining order and it is after normal court hours, please contact your local law enforcement agency.

If you are filing on behalf of a minor child and the person you are filing against is a parent or guardian of the minor child, you cannot file under the Victim's Assistance and Survivor Protection Act. You must call the Division of Permanency and Protection at: 1-877 NJ ABUSE (1-877-652-2873); TTY/TDD 1-800-835-5510

Note: These materials have been prepared by the New Jersey Administrative Office of the Courts for use by self-represented litigants. The guides, instructions, and forms will be periodically updated as necessary to reflect current New Jersey statutes and court rules. The most recent version of the forms will be available at the county courthouse or on the Judiciary's Internet site njcourts.gov. However, you are ultimately responsible for the content of your court papers.

**Completed forms are to be submitted to your local Family Division.
A list of Family Division Offices can be found on njcourts.gov**

Things to Think About Before You Represent Yourself in Court

Try to Get a Lawyer

The law, the proofs necessary to present your case, and the procedural rules governing cases in the Family Division are complex. It is recommended that you make every effort to obtain the assistance of a lawyer. If you cannot afford a lawyer, you may contact the legal services program in your county to see if you qualify for free legal services. Their telephone number can be found online under "Legal Aid" or "Legal Services."

If you do not qualify for free legal services and need help in locating an attorney, you can contact the bar association in your county. The telephone number can also be found in your local yellow pages. Most county bar associations have a Lawyer Referral Service.

The County Bar Lawyer Referral Service can supply you with the names of attorneys in your area willing to handle your case and will sometimes consult with you at a reduced fee.

There are a variety of organizations of minority lawyers throughout New Jersey, as well as organizations of lawyers who handle specialized types of cases. Ask the Family court staff in your county for a list of lawyer referral services that include these organizations.

What You Should Expect If You Represent Yourself

While you have the right to represent yourself in court, you should not expect special treatment, help or attention from the court. The following is a list of some things court staff can and cannot do for you. Please read it carefully before asking court staff for help.

- We *can* explain and answer questions about how the court works.
- We *can* tell you what the requirements are to have your case considered by the court.
- We *can* give you some information from your case file.
- We *can* provide you with samples of court forms that are available.
- We *can* provide you with guidance on how to fill out forms.
- We *can* usually answer questions about court deadlines.

- We *cannot* give you legal advice. Only your lawyer can give you legal advice.
- We *cannot* tell you whether you should bring your case to court.
- We *cannot* give you an opinion about what will happen if you bring your case to court.
- We *cannot* recommend a lawyer, but we can provide you with the telephone number of a local lawyer referral service.
- We *cannot* talk to the judge for you about what will happen in your case.
- We *cannot* let you talk to the judge outside of court.
- We *cannot* change an order issued by a judge.

Keep Copies of All Papers

Make and keep copies for yourself, any signed orders and any other important papers that relate to your case.

Definitions of Court Terms Used in VASPA Cases

Amended Complaint: An *amended complaint* is when you want to add additional details to your original complaint for the court to consider at the hearing.

Application: An *application* is a written request in which you ask the court to issue an order or to change an order that has already been issued.

Attempt: A specific effort to commit a crime and an act that takes a step toward completing the crime.

Certification - A *certification* is a written statement made to the court when you file papers with the court, swearing that the information contained in the filed papers is true subject to penalty if any statement is willfully false.

Complaint - A *complaint* is a formal document filed in court that starts a case. It typically includes the names of the parties and the issues you are asking the court to decide.

Court Order - A *court order* is the written decision issued by a court of law. For example, a child support court order sets forth how often, how much, and what kind of support is to be paid.

Cyber-Harassment – Means conduct that occurs, while making one or more communications in an online capacity via any electronic device or through social networking site and with the purpose to harass another, that involves: threatening to inflict injury or physical harm to any person or the property of any person; knowingly sending, posting, commenting, requesting, suggesting, or proposing any lewd, indecent, or obscene material to or about a person with the intent to emotionally harm a reasonable person or place a reasonable person in fear of physical or emotional harm; or threatening to commit any crime against a person or a person's property.

Defendant - the party sued in a civil lawsuit, or the party charged with a crime in a criminal prosecution. In some types of cases (such as divorce) a defendant may be called a respondent.

Docket Number - The *docket number* is the identifying number assigned to every case filed in the court.

File - To *file* means to give the appropriate forms to the court to begin the court's consideration of your request.

FV: The letters the court uses to identify a VASPA Protective order.

Intimate Parts - Means the following body parts: sexual organs, genital area, anal area, inner thigh, groin, buttock, or breast of a person.

Lewdness - Means the exposing of the genitals for the purpose of arousing or gratifying the sexual of the actor.

Modification: A change made to court order.

Party - A *party* is a person, business, or governmental agency involved in a court action.

Plaintiff - Plaintiff is another name for the person starting the court action by filing the appropriate papers the court will consider.

Relief: To ask for *relief* is to ask the court to grant something such as custody, parenting time, or support.

Repeatedly: Two or more occasions

Sexual Contact - Means an intentional touching by the victim or actor, either directly or through clothing, of the victim's or actor's intimate parts for the purpose of degrading or humiliating the victim or sexually arousing or sexually gratifying the actor.

Sexual Penetration - Means vaginal intercourse, cunnilingus, fellatio, or anal intercourse between persons or insertion of the hand, finger, or object into the anus or vagina either by the actor or upon the actor's instruction.

Stalking – Means purposefully or knowingly engaging in a course of conduct directed at or toward a person that would cause a reasonable person to fear for their safety or the safety of a third person, or suffer other emotional distress, because the conduct involves: repeatedly maintaining a visual or physical proximity to a person; directly, indirectly, or through third parties, by any action, method, device or means, following, monitoring, observing, surveilling, threatening, or communicating to or about, a person, or interfering with a person's property; repeatedly committing harassment against a person; or repeatedly conveying, or causing to be conveyed, verbal or written threats implied by conduct or a combination thereof directed at or towards a person.

The numbered steps listed below tell you what forms you will need to fill out and what to do with them. Each form should be typed or printed clearly on 8 ½ x 11 white paper only. Forms cannot be filed on a different size or color paper. Use only the forms included in this packet. **Be sure to keep a copy for your records.**

Steps for Filing a Verified Complaint or Amended Complaint

STEP 1: Fill out the *Confidential Information Sheet* (Form A)

The Confidential Information sheet provides your, the defendant's and/or the incapacitated adult/minor child's demographic information. This information will be kept confidential and will not be shared with the defendant.

STEP 2: Fill out the *Verified Complaint or Amended Complaint* (Form B)

The *Verified Complaint* is a written request in which you ask the court to establish a court order on your behalf or on a minor child's behalf. The court will establish an order based on testimony of the parties and written documentation submitted. Please check the appropriate box. If you are filing for the first time, check the Verified Complaint box. If you are amending your complaint, check the Amended Verified Complaint box.

STEP 3: Fill out the *Additional Information Sheet* if needed (Form C)

This form is provided if you need additional space to type the details of the incident for which you are filing for a protective order.

STEP 4: Provide the court with the most recent address of the other party.

If the court grants a temporary order of protection, the court will send the order to police department where the defendant resides, works or frequents to serve the defendant with the order and court date. Your appearance on the court date is **mandatory**.

Note: The other party will receive copies of all the papers you attach (except for the *Confidential Information Sheet*) to your complaint with the *Notice to Appear*, unless court rules prohibit this information from being shared.

You must provide the court with the most current address(es) (that you know of) for the other party when you file your complaint.

STEP 5: Check your completed forms and make copies.

Check your forms and make sure they are complete. Remove all instruction sheets. Make sure you have signed all the forms wherever necessary.

STEP 6: Submit your completed paperwork.

Submit your completed packet through the Judiciary Electronic Document System (JEDS). In JEDS please select the county where you would like to file your application. You may file your complaint in the county where the conduct or attempted conduct occurred, where the defendant resides, or where you reside or are sheltered.

You may also submit your completed application *in person* to the courthouse where the conduct or attempted conduct occurred, where the defendant resides, or where you reside or are sheltered.

STEP 7: Hearing

A hearing on your request for a VASPA order will be held either the same day as your submitted application or as soon after as practicable. You *must* be available for this hearing.

If you submit the application through JEDS during the **normal court business hours**, the Family Division staff will contact you at telephone number or email address that you provided in your application to inform you of the time of the hearing. This hearing will take place the same day of your submitted application unless the application is submitted **after 4pm**. If the application is submitted after 4pm or on a weekend or a holiday, the court staff will contact you on the **next business day** to inform you of the time of the hearing. If you do not hear from the court by the next business day, call the Family Division in the county in which you filed your application.

The hearing may be in person, by video or by telephone. If you are unavailable when court staff try to contact you to set the hearing time, your application may be dismissed.

If you submit your application in person, the hearing will be held that same day. Court staff will inform you of the time of the hearing upon submission of your application.

Note: These applications will only be processed in the Family Division of the Superior Court during normal business hours.

These applications may only be taken at the Superior Court and are not to be accepted at Municipal Courts and/or police departments.

All courthouse addresses can be found on njcourts.gov.

Instructions for Completing the VASPA Confidential Information Sheet (Form A)

1. Part I of the VASPA Intake form (left side) is for the Plaintiff/Victim information. If you are the victim, enter your own information. If you are a **parent** or **guardian enter the minor child's** or **incapacitated adult's** information.
2. Part II of the form (right side) is for the Defendant's information. Please fill this side out with as much information that you have available. This will assist in serving the defendant with the Temporary Order if it is granted by the court.
3. Part III of the form should **only** be filled out if you are a parent/guardian filing on behalf of a minor child or incapacitated adult. Please complete the following fields on the second portion of the form under Parent/Guardian section.
4. Part IV of the form should be filled out if the Plaintiff has an attorney.
5. Part V of the form should be filled out with any identifiers you know about the defendant. This will assist in serving the defendant with the Temporary Order if it is granted by the court.
6. Part VI of the form should be filled out if either party requires an interpreter. Please specify type of interpreter. **Note:** The *Confidential Information Sheet* (Form A) will be kept confidential and will not be given to the other party/defendant.



**New Jersey Judiciary
Victim's Assistance and Survivor Protection Act (VASPA)
Confidential Information Sheet**

Do Not Give to Defendant

Date: _____

Part I. Your Information (Party Filing - Plaintiff)		Part II. Information of Person you're filing against (Defendant)	
Name		Name	
Any Prior Names or Also Known As (AKAs)		Any Prior Names or Also Known As (AKAs)	
Street Address		Street Address	
City		City	
State	Zip Code	State	Zip Code
Home Phone	Cell Phone	Home Phone	Cell Phone
Email		Email	
Social Security Number XXX-XX-		Social Security Number XXX-XX-	
Birth Date	Sex <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X	Birth Date	Sex <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X
Race		Race	
Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	

Confidential Victim Information Sheet
Do Not Give to Defendant

Employment Information		Employment Information	
Employer Name		Employer Name	
Employer Address: Street		Employer Address: Street	
City		City	
State	Zip Code	State	Zip Code
Work Phone		Work Phone	
Email		Email	
Work Days	Work Hours	Work Days	Work Hours
Emergency Contact: Name		Other Place(s) Defendant May Be Reached	
Emergency Contact: Phone			

Part III. Filing on Behalf of a Minor or Incapacitated Adult

I, _____ am the parent / guardian. I am filing on behalf of the plaintiff because the plaintiff is:

- A minor
- Incapacitated adult

Parent/Guardian Name

Prior Name

Birth Date

Sex

M F X

Parent/Guardian Address: Street

Confidential Victim Information Sheet
Do Not Give to Defendant

City		State	Zip Code
Home Phone	Work Phone	Email	
Race		Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	
Part IV. Plaintiff's Attorney Information			
Attorney Name			
Attorney Address: Street			
City		State	Zip Code
Office Phone		Email	
Part VI.			
The Judiciary will provide reasonable accommodations to enable individuals with disabilities to access and participate in court events. Please contact the local ADA coordinator to request an accommodation. Contact information is available at njcourts.gov.			
The New Jersey Judiciary provides court-interpreting services. If you need an interpreter, notify the court as soon as possible. <input type="checkbox"/> spoken language interpreter required language: _____			

You will be asked about the incident which brought you here today. Please be prepared to discuss the incident, plus any prior history, if applicable.

Instructions for Completing a Verified Complaint/Amended Complaint (Form B)

1. Leave the Docket Number blank. The court will provide this number for you.
2. On the right side of the form, enter the County where you are filing the application.
3. Please indicate if you are filing a Verified Complaint for a Victim's Assistance and Survivor Protective order for the first time or if you are amending an existing complaint.
4. Enter your name or the incapacitated adult or the minor's name, if you are filing a complaint on the behalf of an incapacitated adult or a minor child, in the space marked "Plaintiff".
5. If you are filing on behalf of a minor child or an incapacitated adult, enter your name in the space marked "Parent/Guardian".
6. If you are filing on behalf of a minor child or an incapacitated adult, please enter their date of birth in the space provided.
7. If you are represented by an attorney enter that information in the space provided.
8. In the Defendant's Information section, please complete with as much information as you can provide.
9. In the Current Allegation section:
 - a. Start by entering the date(s) and time(s) the defendant committed the act(s). Enter the details of the act(s) the defendant committed in the space provided. You can continue to use as many lines as necessary to state the exact details of the act(s) the defendant committed against you, minor child, or incapacitated adult. If you need more space for your allegation(s) there is an **Additional Information Sheet (Form C)** in this packet.
 - b. Check off the act or acts the defendant committed or attempted to commit: "*Sexual Contact, Sexual Penetration, Lewdness, Stalking, Cyber-Harassment*". See definitions of each act in the definitions section of this packet (on page 15).
 - c. Answer "Yes" or "No" regarding if a criminal complaint has been filed in this matter. If you select "Yes", enter the date, docket number and the county and state where the case is being heard in item c.2.
10. If you are filing to amend a complaint that was previously filed you will need to fill out **sections 1 and 3, Amending my Verified Complaint**. Under *subsection a* fill in the date your Verified Complaint was previously filed and under *subsection b* include the additional information about the act(s) the defendant committed or attempted to commit. If you need

more space for your allegation(s) there is an *Additional Information Sheet* (Form C) in this packet.

11. If you are the parent/guardian filing on behalf of a minor or incapacitated adult who is not present, fill out the section above the Certification with your name, the name of the person you are filing on behalf of and the reason the Plaintiff is not present.
12. In the Certification box, the signature of the party filing must be on the complaint. If you cannot scan a signed copy of this document, please type your name in the signature line.

Form B

Superior Court of New Jersey
 Chancery Division - Family Part
 _____ County

Docket Number: **FV** - _____

Plaintiff, _____

Plaintiff: Parent/Guardian,
 vs. _____

vs.

Defendant. _____

**Complaint for Victim's Assistance
 and Survivor Protective Order**

**Verified Complaint for
 Victim's Assistance and
 Survivor Protective Order**

**Amended Verified Complaint
 for Victim's Assistance and
 Survivor Protective Order**

Plaintiff's Name _____

Is the Plaintiff a minor or an incapacitated adult? Yes No

If yes, Guardian's Name _____

Is the Plaintiff represented by an attorney? Yes No

If yes, Name: _____

Phone number: _____

Email: _____

If you are filing for a New Complaint, complete sections 1 and 2

If you are amending your Complaint, complete sections 1 and 3

Section 1: Defendant's Information

Name	Date of Birth	Sex <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X
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Aliases	Social Security Number
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Race	Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
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Height	Weight	Eye Color	Hair Color
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Distinguishing Features (Scars, facial hair, tattoos, etc.) Please be specific: _____

Defendant Home Address: Street _____

VASPA Complaint

City	State	Zip Code
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Other places the defendant can be located (gym, friend’s house, restaurant/bar).
Please specify times and addresses:

Home Phone Number	Work Phone Number	Employer Phone Number
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Cell Phone Number	Email Address
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Employer Name

Employer Address: Street

City	State	Zip Code
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Section 2: Current Allegation(s)

a. The undersigned complains that the defendant did commit or attempt to commit the following acts (be specific including the date and time the incident(s) occurred)

b. The above constitutes the following criminal offenses were committed or attempted (Check all boxes that apply):

Sexual Assault Criminal Sexual Contact Lewdness
 Stalking Cyber-Harassment

c. Has a criminal complaint been filed in this matter? Yes No

1. If No, do you plan on filing a criminal complaint? Yes No

2. If Yes, case number: _____
charges: _____

3. If Yes, was a Sex Offender Restraining Order (Nicole’s Law) issued? Yes No

4. Is the defendant in jail? Yes No Unknown

d. How do you know the defendant? (Neighbor, co-worker, friend, acquaintance, etc.)
Please specify.

Section 3: Amending my Verified Complaint

- a. On _____ date I filed a Verified Complaint.
- b. I am filing this amended Verified Complaint to include the following act(s) that the defendant committed or attempted to commit (be specific including the date and time the incident(s) occurred).

I, _____, am the parent or legal guardian of incapacitated adult or a minor plaintiff, _____, and am filing this complaint on their behalf. The incapacitated adult or minor is not present for the following reason(s):

Certification

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

Date

s/ _____
Signature: Plaintiff / Parent/Guardian



Form C

New Jersey Judiciary

**Victim's Assistance and Survivor Protection Act (VASPA)
Additional Information Sheet**

Full Name: _____ **Date:** _____

Multiple horizontal lines for writing additional information.

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

_____ s/ _____
Date Signature: Plaintiff / Parent/Guardian

Instructions for Completing the Application to Amend VASPA TPO (Form D)

1. Fill out the *Confidential Information Sheet* (Form A) – this must be completed even if you have done so in the past. See instructions on page 8.
2. Enter the names of the parties in the correct order on the “Plaintiff” and “Defendant” lines. You are the “Plaintiff” and the person you filed the victim’s assistance and survivor protection complaint against is the “Defendant. If you are the parent/guardian filing on behalf of a minor or incapacitated adult, you will need to fill out both lines.
3. On the right side of the form, enter the “County” where you are filing the application.
4. Enter the Docket Number that has been issued in your case. You can find that number on your granted temporary VASPA order, it starts with FV.
5. In the first paragraph, select the appropriate box of plaintiff or parent/guardian, enter the date your temporary VASPA order was granted on the line between the words “protective order dated to include”.
6. For item #1, list the addresses and location names that you would like the defendant barred from. Please indicate the reason.
7. For item #2, if you are requesting to add protected parties to your order, please indicate their name(s), relationship to you, and reason why they should be included on your TPO.
8. For item #3, if you are requesting a relief that is not granted or listed on your TPO please indicate what you are requesting and the reason why it should be granted by the court.
9. In the Certification section, enter your name on the line for I _____, certify...
10. Sign and date the form.

Superior Court of New Jersey
Chancery Division - Family Part
_____ County

Docket Number: **FV** - _____

**Application to Amend Victim's
Assistance and Temporary
Protective Order**

Plaintiff,

Parent/Guardian (if applicable),

vs.

Defendant.

I am the Plaintiff / Parent/Guardian in the above matter, and I am requesting to amend my Victim's Assistance and Survivor Protective complaint and/or Temporary Protective Order dated _____ to include one or all the below:

1. I would like the defendant barred from the following locations (include address, name, and reason):

2. I would like to add the following person(s) to my Protective Order (include name, relationship, and reason):

3. I am requesting other relief (include reason):

Certification

I (name) _____ certify that the foregoing responses made by me are true. I am aware that if any of the foregoing responses made by me are willfully false, I am subject to punishment.

Date

s/

Signature: Plaintiff / Parent/Guardian

ATTACHMENT 3

VASPA Complaint (CN13134)

Superior Court of New Jersey
Chancery Division - Family Part
_____ County

Plaintiff,

Docket Number: **FV** -

Plaintiff: Parent/Guardian,
vs.

**Complaint for Victim's Assistance
and Survivor Protective Order**

Defendant.

- Verified Complaint for
Victim's Assistance and
Survivor Protective Order**
- Amended Verified Complaint
for Victim's Assistance and
Survivor Protective Order**

Plaintiff's Name _____

Is the Plaintiff a minor? Yes No
If yes, Guardian's Name _____

Is the Plaintiff represented by an attorney? Yes No
If yes, Name: _____
Phone number: _____
Email: _____

If you are filing for a New Complaint, complete sections 1 and 2
If you are amending your Complaint, complete sections 1 and 3

Section 1: Defendant's Information

Name	Date of Birth	Sex <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X
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Aliases	Social Security Number
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Race	Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
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Height	Weight	Eye Color	Hair Color
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Distinguishing Features (Scars, facial hair, tattoos, etc.) Please be specific: _____

Defendant Home Address: Street _____

City	State	Zip Code
Other places the defendant can be located (gym, friend's house, restaurant/bar). Please specify times and addresses:		
Home Phone Number	Work Phone Number	Employer Phone Number
Cell Phone Number	Email Address	
Employer Name		
Employer Address: Street		
City	State	Zip Code
Section 2: Current Allegation(s)		
a. The undersigned complains that the defendant did commit or attempt to commit the following acts (be specific including the date and time the incident(s) occurred)		
b. The above constitutes the following criminal offenses were committed or attempted (Check all boxes that apply):		
<input type="checkbox"/> Sexual Assault <input type="checkbox"/> Criminal Sexual Contact <input type="checkbox"/> Lewdness <input type="checkbox"/> Stalking <input type="checkbox"/> Cyber-Harassment		
c. Has a criminal complaint been filed in this matter? <input type="checkbox"/> Yes <input type="checkbox"/> No		
1. If No, do you plan on filing a criminal complaint? <input type="checkbox"/> Yes <input type="checkbox"/> No		
2. If Yes, case number: _____ charges: _____		
3. If Yes, was a Sex Offender Restraining Order (Nicole's Law) issued? <input type="checkbox"/> Yes <input type="checkbox"/> No		
4. Is the defendant in jail? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unkown		
d. How do you know the defendant? (Neighbor, co-worker, friend, acquaintance, etc.) Please specify.		

Section 3: Amending my Verified Complaint

a. On _____ date I filed a Verified Complaint.

b. I am filing this amended Verified Complaint to include the following act(s) that the defendant committed or attempted to commit (be specific including the date and time the incident(s) occurred).

I, _____, am the parent or legal guardian of minor or incapacitated adult plaintiff, _____, and am filing this complaint on their behalf. The minor is not present for the following reason(s):

Certification

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

Date

s/

Signature: Plaintiff / Parent/Guardian

ATTACHMENT 4

VASPA Additional Form (CN13136)



New Jersey Judiciary
Victim's Assistance and Survivor Protection Act (VASPA)
Additional Information Sheet

Full Name: _____ **Date:** _____

Multiple horizontal lines for writing.

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

Date

s/_____
Signature: Plaintiff / Parent/Guardian

ATTACHMENT 5

VASPA Application to Amend Temporary Protective Order (CN13137)

Plaintiff

Superior Court of New Jersey
Chancery Division – Family Part
County of _____

Parent/Guardian (if applicable)

Docket FV - _____

v.

Defendant

Application to Amend Victim’s Assistance and Temporary Protection Order

I am the plaintiff parent/guardian in the above matter, and I am requesting to amend my Victim’s Assistance and Survivor Protection complaint and/or Temporary Protection Order dated _____ to include one or all the below:

1. I would like the defendant barred from the following locations (include address, name, and reason):

2. I would like to add the following person(s) to my Protection Order (include name, relationship, and reason):

3. I am requesting Other relief (include reason):

Certification

I _____ (name) certify that the foregoing responses made by me are true I am aware that if any of the foregoing responses made by me are willfully false, I am subject to punishment.

Date

s/ _____
 Plaintiff Parent/Guardian (if applicable)

ATTACHMENT 6

VASPA Confidential Information Sheet (CN13136)



New Jersey Judiciary
Victim's Assistance and Survivor Protection Act (VASPA)
Confidential Information Sheet

Do Not Give to Defendant

Date: _____

Part I. Your Information (Party Filing - Plaintiff)		Part II. Information of Person you're filing against (Defendant)	
Name		Name	
Any Prior Names or Also Known As (AKAs)		Any Prior Names or Also Known As (AKAs)	
Street Address		Street Address	
City		City	
State	Zip Code	State	Zip Code
Home Phone	Cell Phone	Home Phone	Cell Phone
Email		Email	
Social Security Number XXX-XX-		Social Security Number XXX-XX-	
Birth Date	Sex <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X	Birth Date	Sex <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X
Race		Race	
Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	

Employment Information		Employment Information	
Employer Name		Employer Name	
Employer Address: Street		Employer Address: Street	
City		City	
State	Zip Code	State	Zip Code
Work Phone		Work Phone	
Email		Email	
Work Days	Work Hours	Work Days	Work Hours
Emergency Contact: Name		Other Place(s) Defendant May Be Reached	
Emergency Contact: Phone			

Part III. Filing on Behalf of a Minor or Incapacitated Adult

I, _____ am the parent / guardian. I am filing on behalf of the plaintiff because the plaintiff is:

- A minor
- Incapacitated adult

Parent/Guardian Name

Prior Name

Birth Date

Sex

M F X

Parent/Guardian Address: Street

City

State

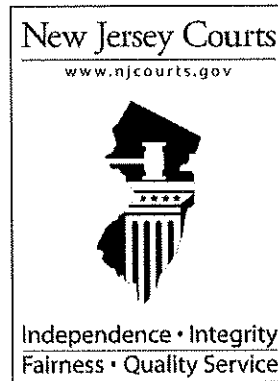
Zip Code

Home Phone	Work Phone	Email	
Race		Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	
Part IV. Plaintiff's Attorney Information			
Attorney Name			
Attorney Address: Street			
City		State	Zip Code
Office Phone		Email	
Part VI.			
The Judiciary will provide reasonable accommodations to enable individuals with disabilities to access and participate in court events. Please contact the local ADA coordinator to request an accommodation. Contact information is available at njcourts.gov.			
The New Jersey Judiciary provides court-interpreting services. If you need an interpreter, notify the court as soon as possible. <input type="checkbox"/> spoken language interpreter required language: _____			

You will be asked about the incident which brought you here today. Please be prepared to discuss the incident, plus any prior history, if applicable.

ATTACHMENT 7

VASPA How to Enforce or Request a Change of VASPA Final Protective Order (CN13142)



**How to Enforce or Request a Change on
Victim's Assistance and Survivor Final Protection Order (VASPA) or
Sexual Assault Survivor's Protection Act Order (SASPA)
Superior Court of New Jersey - Chancery Division - Family Part**

Who Should Use This Packet?

You can use this packet if your **docket number starts with the letters "FV,"** and you have a VASPA or Sexual Assault Survivor's Protection Act (SASPA) order from the court that you want to change. Some types of changes you can request with this packet include but are not limited to:

- Prohibition against contact with others
- Remove or Add a Protected Party (Please note to do this you must be either the Plaintiff or Defendant)
- Barring the Defendant from certain locations
- Allowing Defendant access to certain locations

Important Notice: Look over the entire form and **check only the reliefs you are seeking.** You may seek more than one relief, but only the ones you check will be considered on the day of your hearing.

Note: These materials have been prepared by the New Jersey Administrative Office of the Courts for use by self-represented litigants. The guides, instructions, and forms will be periodically updated as necessary to reflect current New Jersey statutes and court rules. The most recent version of the forms will be available at the county courthouse or at njcourts.gov. However, you are ultimately responsible for the content of your court papers. With limited exceptions, any paper filed with the court can be looked at by the public.

Things to Think About Before You Represent Yourself in Court

Try to Get a Lawyer

The court system can be confusing, and it is a good idea to get a lawyer if you can. If you cannot afford a lawyer, you may contact the legal services program in your county to see if you qualify for free legal services. Their telephone number can be found online or in your local yellow pages under “Legal Aid” or “Legal Services.”

If you do not qualify for free legal services and need help in locating an attorney, you can contact the bar association in your county. Most county bar associations have a Lawyer Referral Service. The County Bar Lawyer Referral Service can supply you with the names of attorneys in your area willing to handle your case and will sometimes consult with you at a reduced fee.

There are a variety of organizations of minority lawyers throughout New Jersey, as well as organizations of lawyers who handle specialized types of cases. Ask the Family court staff in your county for a list of lawyer referral services that include these organizations.

If you decide to proceed without an attorney, these materials explain the procedures that must be followed to have your papers properly filed and considered by the court. These materials do not provide information nor other procedural and evidentiary rules governing guardianship matters.

What You Should Expect If You Represent Yourself

While you have the right to represent yourself in court, you should not expect special treatment, help or attention from the court. You must still comply with the Rules of the Court, even if you are not familiar with them. The following is a list of some things court staff can and cannot do for you. Please read it carefully before asking court staff for help.

- We *can* explain and answer questions about how the court works.
- We *can* tell you what the requirements are to have your case considered by the court.
- We *can* give you some information from your case file.
- We *can* provide you with samples of court forms that are available.
- We *can* provide you with guidance on how to fill out forms.
- We *can* usually answer questions about court deadlines.
- We *cannot* give you legal advice. Only your lawyer can give you legal advice.
- We *cannot* tell you whether you should bring your case to court.
- We *cannot* give you an opinion about what will happen if you bring your case to court.
- We *cannot* recommend a lawyer, but we can provide you with the telephone number of a local lawyer referral service.
- We *cannot* talk to the judge for you about what will happen in your case.
- We *cannot* let you talk to the judge outside of court.
- We *cannot* change an order issued by a judge.

Keep Copies of All Papers

Make and keep copies for yourself, of any signed orders, written agreements and other important papers that relate to your case.

These Papers Are for Filing an Application to Modify a Victim's Assistance and Final Protection Order.

The word application used in this packet means a written request in which you ask the court to change or enforce an order it has already made. The court will change an order only if important facts or circumstances have changed from the time the order was issued.

Notice to Appear

When you file this application with the court, you must provide the court with the most current address of the other party (if known). The court will notice the plaintiff, defendant, and any attorney connected to your case of the hearing date. Your appearance is mandatory.

How to File an Appeal

An appeal is a written request asking a higher court to look at the decision of the judge and change that judge's decision. You must make that written request for an appeal within 45 days after the judge decided the case and signed a judgment in the Superior Court.

If you want to file an appeal of a court order, do not use this packet of materials. Instead, you should contact the Appellate Division in writing or by phone:

Appellate Division, Superior Court
Hughes Justice Complex
P.O. Box 006,
Trenton, NJ 08625-0006

Their telephone number is (609) 292-4822. The Appellate Division staff will provide you with information on how to file an appeal.

“My Case is an Emergency” (Emergent Application Order to Show Cause)

An emergent hearing in family court is meant to protect children from substantial and irreparable harm. You must file for an emergent hearing at the courthouse. You cannot file for an emergent hearing through the mail. Only a judge can determine if your case will qualify as an emergent matter.

Where to Submit Your Papers

You can mail, electronically submit or bring your completed packet to the courthouse where your case was last heard.

To electronically submit your papers, use the Judiciary Electronic Document Submissions (JEDS) system. Visit njcourts.gov for more information about the JEDS system (including FAQs) and how to register to use the system: njcourts.gov.

When mailing, make sure you specify the “Family Division” in your address, so your papers arrive at the correct division in the court.

Sample Address

(Name of County) Courthouse

Family Division

1234 Street

PO Box#

City, State, Zip code

All courthouse addresses can be found on njcourts.gov.

Definitions of Words Used in This Packet

Application: An *application* is a written request in which you ask the court to issue an order or to change an order that has already been issued.

Award: An *award* is the final decision of a judge granting damages or other relief to a party.

Certification: A *certification* is a written statement made to the court when you file papers with the court, swearing that the information contained in the filed papers is true.

Court Order: A *court order* is the written decision issued by a court of law. For example, a child support court order sets forth how often, how much, and what kind of support is to be paid.

Docket Number: The *docket number* is the identifying number assigned to every case filed in the court.

Exhibits: *Exhibits* are written documents you provide to the court to support what you want the court to decide.

FV: The letters the court uses to identify a VASPA protection order.

File: To *file* means to give the appropriate forms to the court to begin the court's consideration of your request.

Modification: A change made to court order.

Party: A *party* is a person, business, or governmental agency involved in a court action.

Relief: To ask for *relief* is to ask the court to grant something such as custody, parenting time, or support.

Instructions for Completing the Application to Modify a Court Order

Important Notice: Look over the entire form and **check only the reliefs you are seeking.** You may seek more than one relief, but only the ones you check will be considered on the day of your hearing.

1. Fill out the *Confidential Information Sheet*. This must be completed even if you have done so in the past.
2. Enter the names of the Plaintiff and Defendant as they appear on your final order.
3. Select the County where you are filing the application.
4. Fill in the Docket Number that has been issued in your case. You can find that number on the previous court order you received.
5. If you are a parent/guardian filing on behalf of a minor or incapacitated adult, please fill in your name.
6. Type or print your name on the line that says "I". This tells the court who is filing the application to modify the existing court order.
7. Select the appropriate checkbox as to whether you are the plaintiff, parent/guardian, or defendant filing this application.
8. Enter the Plaintiff's Attorney information (Name, Address, Phone Number)
9. Enter the Defendant's Attorney information (Name, Address, Phone Number)
10. Enter the date that the current order was entered (mm/dd/yyyy format)
11. Describe in detail the change requested to your order.
12. Check all the boxes you would like the court to consider for modification. Please give a complete explanation for your request. If you need more space for your explanation, please use the Additional Information Sheet in this packet. (**Note:** if attaching the additional information sheet, please select the checkbox on the last page of the Application form.)
13. Sign and date the application and select the appropriate checkbox as to whether you are the plaintiff or defendant.
14. All your supporting documentation should be included with this packet.
15. Please make two copies, keep one complete copy for your records and send the original and one complete copy (including attachments) to the appropriate courthouse

via mail or electronically through JEDS, addressing it to the Family Division. The Family Division will then serve the packet to the other party. You will receive your court date in the mail. You may also hand deliver your packet to the Family Division in the county where you received your order.



**New Jersey Judiciary
Victim's Assistance and Survivor Protection Act (VASPA)
Confidential Information Sheet**

Do Not Give to Defendant

Date: _____

Part I. Your Information (Party Filing - Plaintiff)		Part II. Information of Person you're filing against (Defendant)	
Name		Name	
Any Prior Names or Also Known As (AKAs)		Any Prior Names or Also Known As (AKAs)	
Street Address		Street Address	
City		City	
State	Zip Code	State	Zip Code
Home Phone	Cell Phone	Home Phone	Cell Phone
Email		Email	
Social Security Number xxx-xx-		Social Security Number xxx-xx-	
Birth Date	Sex <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X	Birth Date	Sex <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X
Race		Race	
Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	

Confidential Victim Information Sheet
Do Not Give to Defendant

Employment Information		Employment Information	
Employer Name		Employer Name	
Employer Address: Street		Employer Address: Street	
City		City	
State	Zip Code	State	Zip Code
Work Phone		Work Phone	
Email		Email	
Work Days	Work Hours	Work Days	Work Hours
Emergency Contact: Name		Other Place(s) Defendant May Be Reached	
Emergency Contact: Phone			

Part III. Filing on Behalf of a Minor or Incapacitated Adult

I, _____ am the parent / guardian. I am filing on behalf of the plaintiff because the plaintiff is:

- A minor
- Incapacitated adult

Parent/Guardian Name

Prior Name

Birth Date

Sex

M F X

Parent/Guardian Address: Street

Confidential Victim Information Sheet
Do Not Give to Defendant

City		State	Zip Code
Home Phone	Work Phone	Email	
Race		Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	

Part IV. Plaintiff's Attorney Information

Attorney Name		
Attorney Address: Street		
City	State	Zip Code
Office Phone	Email	

Part VI.

The Judiciary will provide reasonable accommodations to enable individuals with disabilities to access and participate in court events. Please contact the local ADA coordinator to request an accommodation. Contact information is available at njcourts.gov.

The New Jersey Judiciary provides court-interpreting services. If you need an interpreter, notify the court as soon as possible.

spoken language interpreter required language: _____

You will be asked about the incident which brought you here today. Please be prepared to discuss the incident, plus any prior history, if applicable.

Superior Court of New Jersey
Chancery Division - Family Part
_____ County

Docket Number: FV -

**Application for Modification
of a Victim's Assistance and
Final Protective Order**

Plaintiff

Parent/Guardian (if applicable)

vs.

Defendant.

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

I am the Plaintiff / Parent/Guardian / Defendant in this matter.

Plaintiff's Attorney:

Name: _____

Address: _____

Phone: _____

Email: _____

Defendant's Attorney:

Name: _____

Address: _____

Phone: _____

Email: _____

The current Victim's Assistance and Protective Order was entered on _____.

1. I am requesting a change in the following conditions of the Protective Order:

Barring the Defendant from the following locations:

Allowing the Defendant access to the following locations:

Add the following person(s) as protected parties to the Protective Order:

Add the following person(s) as protected parties to the Protective Order:

Remove the following person(s) as protected parties on the Protective Order:

2. Other relief requested:

Attached is a copy of the Order I request to modify.

Additional Information Form attached.

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

Date

s/

Signature: Plaintiff / Parent/Guardian / Defendant

ATTACHMENT 8

VASPA Certification to Dismiss Protective Order (CN13151)

Superior Court of New Jersey
Chancery Division - Family Part

_____ County

Docket Number: **FV** - _____

**Certification for Dismissal
of Victim's Assistance and Survivor
Protective Order**

Plaintiff,

Plaintiff: Parent/Guardian (if applicable),
vs.

Defendant.

1. I am the Plaintiff in the above captioned matter.
 I am the Parent/Guardian in the above captioned matter.
2. On _____ I appeared in Superior Court and signed a Complaint and Application for a Temporary Protective Order on my behalf / incapacitated adult/my child's behalf.
3. On _____ the court entered a Final Protective Order.
4. I am asking the Court to dissolve all the restraints against the Defendant.
5. I am asking for this dismissal voluntarily, of my own free will and without coercion or interference from any person.
6. I am further aware that should I wish to contact an attorney or counseling group that I may do so prior to completing this Certification.
7. I understand that if criminal charges were filed by me or the police, dismissal of the Protective Order does not dismiss the criminal charges.
8. I am aware that if there are further acts of Sexual Penetration, Sexual Contact, Lewdness, Stalking, or Cyber-Harassment, and I want a new Protective Order, I must reapply for a Protective Order at the courthouse.

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

Date

s/

Signature