

Kinship Matter of:

**Superior Court of New Jersey
Chancery Division – Family**

Part County of _____

Docket Number: FL - _____

NJSpirit Case #: _____

NJSpirit Participant #:

FC Docket #:

Civil Action

**Application to Amend or Vacate
an Order/Judgment of
Kinship Legal Guardianship**

I am the (check one): Parent Kinship Legal Guardian
 Other (specify relationship): _____

I, _____, of full age, hereby certify the following
this Application to amend vacate the court order of _____
date (if known)

The child (age ____) resides with: Parent #1 Parent #2 Kinship Legal Guardian
 Other: _____

Current addresses below:

Parent #1: Name: _____
resides at: Address: _____
Address: _____
City: _____ State _____ Zip Code _____

I cannot provide the current address. I have done the following to locate this person:

Parent #2: Name: _____
resides at: Address: _____
Address: _____
City: _____ State _____ Zip Code _____

I cannot provide the current address. I have done the following to locate this person:

Kinship Legal Guardian: Name: _____

resides at: Address: _____

Address: _____

City: _____ State _____ Zip Code _____

I cannot provide the current address. I have done the following to locate this person:

Other interested parties' name(s) and address(es):

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):

- 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.

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

_____.

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.