

(ENTER NAME)

(Enter Address)

(Enter City, State, Zip)

(Enter Phone)

IN THE MATTER OF: (Enter Name of  
alleged Incapacitated), alleged Incapacitated  
Person

: SUPERIOR COURT OF NEW JERSEY  
:  
: CHANCERY DIVISION PROBATE PART  
:  
: MONMOUTH COUNTY  
:  
: Docket No.: MON-  
:  
: AFFIDAVIT OF PERSONAL SERVICE

\_\_\_\_\_

I \_\_\_\_\_, plaintiff served the ORDER FIXING HEARING, the  
VERIFIED COMPLAINT and all filed supporting pleadings and NOTICE to (enter name of  
alleged Incapacitated Person) personally to on the \_\_\_\_ day of \_\_\_\_\_ of 2024.

Dated: \_\_\_\_\_, 2024

\_\_\_\_\_  
(Signature of Plaintiff)