

(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 2025.

Dated: _____, 2025

(Signature of Plaintiff)