NOTICE

SEXUAL ASSAULT SURVIVOR PROTECTION ACT OF 2015 (SASPA) – PROCEDURE FOR OBTAINING A TEMPORARY PROTECTIVE ORDER – MODIFIED TO ADDRESS COVID-19

In response to the COVID-19 coronavirus pandemic, the New Jersey Judiciary is implementing all possible measures to apply social distancing in current court operations, consistent with the recommendations of the New Jersey Department of Health and the Centers for Disease Control. Accordingly, the procedures for applying for a SASPA protective order have been temporarily modified.

As part of the new temporary procedures, the Judiciary created the attached application packet to be used by the plaintiff/victim or the parent of a victim to request a SASPA temporary protective order. A parent or guardian may file on behalf of the victim in any case in which the victim (1) is less than 18 years of age; or (2) has a developmental disability or a mental disease or defect that renders the victim temporarily or permanently incapable of understanding the nature of the victim's conduct, including, but not limited to, being incapable of providing consent.

The packet, which also is posted on the Judiciary's website (www.njcourts.gov), includes the required forms as well as instructions on how to complete the forms. Once the plaintiff has completed the forms in the packet, they must email them to the Family Division either in the county in which the victim resides, the county in which the defendant resides, or the county where the act occurred. The list of email addresses by each county to be used for this purpose is on page 5 of the Sexual Assault Survivor Protection Act Intake Kit (CN 12590). Family Division staff will promptly review the submitted paperwork that plaintiff has submitted and will contact the plaintiff to coordinate a time for a telephonic or video hearing on the application before a Superior Court judge.

If you are a victim of domestic violence and want to file for a domestic violence restraining order, please contact your local law enforcement agency.

Questions about this notice may be directed to the AOC's Family Practice Division at 609-815-2900 ext. 55350.

Glenn A Grant by SDB

Hon. Glenn A. Grant, J.A.D.
Acting Administrative Director of the Courts

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Family – SASPA Complaint

How to File a New Jersey Sexual Assault Survivor Protection Act (SASPA) Complaint
Superior Court of New Jersey - Chancery Division - Family Part

****Please be advised this packet is intended to only be used during the COVID-19 crisis.****

Who Should Use This Packet?

This packet should only be used the **first time** you file for a Sexual Assault Survivor Protective Order.

Use this packet if you are:
A victim of nonconsensual sexual contact, sexual penetration, or lewdness, (see definitions on page 3) or any attempt at such conduct, and who does ***not*** meet the definition of a "domestic violence victim" in the Prevention of Domestic Violence Act (PDVA).

- A victim's parent or guardian may file on behalf of the victim in any case in which the victim:
  - is less than 18 years of age; or
  - has a developmental disability or a mental disease or defect that renders the victim temporarily or permanently incapable of understanding the nature of the victim's conduct, including, but not limited to, being incapable of providing consent

Do NOT use this packet if:

- You meet the definition of a "victim" under the PDVA - N.J.S.A. 2C:25-19 (d)(a) which is as follows:
  - A person protected by the PDVA includes any person:
    - **Who** is 18 years of age or older, **or** who is an emancipated minor, and who has been subjected to domestic violence by:
      - Spouse
      - Former spouse
      - Any other person who is a present household member or was at any time a household member, or
    - **Who**, regardless of age, has been subjected to domestic violence by a person:
      - With whom the victim has a child in common, or
      - With whom the victim anticipates having a child in common, if one of the parties is pregnant, or has been subjected to domestic violence by a person with whom the victim has had a dating relationship.

NOTE: If you are a victim of domestic violence and want to file for a domestic violence restraining order, 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 Sexual Assault 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 particular type of 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 or not 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 can *cannot* not 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, written agreements, Case Information Statements, and other important papers that relate to your case

Definitions of Court Terms Used in SASPA Cases

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.

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.

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.

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

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

Respondent - *Respondent* is the person who is named as the other party in the court action filed by the petitioner. This person can respond to the complaint or application filed by the petitioner by filing a cross application or written response with the court.

Sexual Conduct - 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.

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 Complaint

STEP 1: Fill out the Intake Form (Form A)
The Intake form provides your and/or the 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* (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.

STEP 3: Additional Information Sheet (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 a Notice to Appear to the plaintiff and the defendant and any attorney(s) connected to your case when the case is scheduled for a final hearing. Your appearance is **mandatory**.

Note: The other party will receive copies of all the papers you attach (except for the Intake Form) 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 (that you know of) for the other party and the name of their attorney (if you know it) 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: E-mail your completed paperwork
E-mail your completed packet to the emergent filing mailbox in the county where the conduct or attempted conduct occurred, where the defendant resides, or where you reside or are sheltered. E-mail addresses for each vicinage are provided on page 5 of this packet.

NOTE:
These applications may only be filed 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.

Where to Email Your Emergent Filing:

Atlantic County -- AtlEmergent.Mailbox@njcourts.gov
Bergen County -- BerEmergent.Mailbox@njcourts.gov
Burlington County -- BurEmergent.Mailbox@njcourts.gov
Camden County -- CamEmergent.Mailbox@njcourts.gov
Cape May County -- CpmEmergent.Mailbox@njcourts.gov
Cumberland County -- CumEmergent.Mailbox@njcourts.gov
Essex County -- EsxEmergent.Mailbox@njcourts.gov
Gloucester County -- GloEmergent.Mailbox@njcourts.gov
Hudson County -- HudEmergent.Mailbox@njcourts.gov
Hunterdon County -- HntEmergent.Mailbox@njcourts.gov
Mercer County -- MerEmergent.Mailbox@njcourts.gov
Middlesex County -- MidEmergent.Mailbox@njcourts.gov
Monmouth County -- MonEmergent.Mailbox@njcourts.gov
Morris County -- MrsEmergent.Mailbox@njcourts.gov
Ocean County -- OcnEmergent.Mailbox@njcourts.gov
Passaic County -- PasEmergent.Mailbox@njcourts.gov
Salem County -- SlmEmergent.Mailbox@njcourts.gov
Somerset County -- SomEmergent.Mailbox@njcourts.gov
Sussex County -- SsxEmergent.Mailbox@njcourts.gov
Union County -- UnnEmergent.Mailbox@njcourts.gov
Warren County -- WrnEmergent.Mailbox@njcourts.gov

Instructions for Completing the SASPA Intake Form (Form A)

1. Part I of the SASPA Intake form is for the Plaintiff/Victim information. If you are the victim, enter your own information or if you are a parent or guardian enter the minor child's information for the following fields:
    a. Name
    b. Social security number
    c. Date of birth
    d. Address
    e. Telephone number
    f. Cell phone number
    g. Email Address
    h. Employer name
    i. Employer address
    j. Employer telephone number
    k. Emergency Contact
    l. Emergency Contact telephone number

2. If you are filing on behalf of a minor child, enter complete the following fields on the second portion of the intake form under Parent/Guardian section.
    a. Name
    b. Relation to the child
    c. Social security number
    d. Date of birth
    e. Address
    f. Telephone number
    g. Cell phone number
    h. Email Address
    i. Employer name
    j. Employer address
    k. Employer telephone number

NOTE: The Intake Form (FORM A) will be kept confidential and will not be given to the other party/defendant.

Instructions for Completing a Verified Complaint (Form B)

A. Leave the *Docket Number* blank. The court will provide this number for you.

B. On the right side of the form, enter the *County* where you are filing the application.

C. Enter your name or the minor's name, if you are filing a complaint on the behalf of a minor child, in the space marked "*Plaintiff/Victim*".

D. If you are filing on behalf of a minor child, enter your name in the space marked *"Plaintiff/Parent/Guardian"*.

E. Enter your date of birth or the minor's date of birth in the space marked "*Plaintiff/Victim's Date of Birth"*.

F. Enter your date of birth if you are filing on behalf of a minor child in the space marked *"Plaintiff/Parent/Guardian Date of Birth"*.

G. On the right side of the form, enter the defendant's description if known in the following fields:

   a. Defendant's sex

   b. Defendant's race

   c. Defendant's date of birth

   d. Defendant's height

   e. Defendant's weight

   f. Defendant's eye color

   g. Defendant's hair color

   h. Any distinguishing features that the defendant may have such as scars, tattoos, facial hair etc.

   i. Defendant's driver's license number and the state it was issued if known.

H. Enter the Defendant's name in the space marked "*Defendant Information: Name*:".

I. Enter the Defendant's "*home and cell phone number"*, "*work phone number"*, *"social security number" "e-mail address"* and "*home and work address"* in the appropriately marked spaces on the form.

J. Enter the date the defendant committed the act in the space marked *"ON (Date)"*.

K. Enter the time the defendant committed the act in the space marked *"AT (Time)"*.

L. Enter the details of the act(s) the defendant committed in the space marked *"BY (Details)"*. You can continue to use as many lines as necessary to state the exact details of the act(s) the defendant committed against you or minor child.

M. Check off the act or acts the defendant committed: *"Sexual Contact, Sexual Penetration, Lewdness"*. See definitions of each act in the definitions section of this packet.

N. Answer *"Yes"* or *"No"* on Question 1 regarding prior or pending court proceedings involving yourself, if

you are the plaintiff/victim, or the minor plaintiff/victim, and the defendant in this complaint. If you select *"Yes"*, enter the title of the case, the docket number and the county and state where the case is being heard.

O. Answer *"Yes"* or *"No"* on Question 2 regarding whether 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 in being.

P. The form must have the signature of the party filing the complaint. If you cannot scan a signed copy of this document, please type your name in the signature line.

New Jersey Judiciary

Sexual Assault Survivors Protection Act (SASPA) Intake Form

To assure accuracy of court records – To be filled out by the Plaintiff or Attorney

Confidentiality of this information must be maintained

Please complete the entire form, leaving no blank spaces. If something does not apply to you, enter "N/A". This form is confidential and will not be shared with the other party.

I. Victim Information

Name: Last	First		Middle Initial
Social Security Number	Date of Birth		
Address: Street	City	State	Zip Code
Telephone Number	Cell Phone Number		
Email Address			
Employer Name			
Employer Address: Street	City	State	Zip Code
Employer Telephone Number			
Emergency Contact Name	Emergency Contact Telephone Number		

II. Parent/Guardian Information

Name: Last	First		Middle Initial
Relation to the Child	Social Security Number	Date of Birth	
Address: Street	City	State	Zip Code
Telephone Number	Cell Phone Number		
Email Address			
Employer Name			
Employer Address: Street	City	State	Zip Code
Employer Telephone Number			
Emergency Contact Name	Emergency Contact Telephone Number		

III. Hearing Information

Will an interpreter be required? ☐ Yes ☐ No

If yes, indicate language: _____

Will an accommodation for a disability be required? ☐ Yes ☐ No

If yes, indicate requested accommodation: _____

New Jersey Sexual Assault Survivor Protection Act Complaint

_____ County, Superior Court, Chancery Division, Family Part

Docket Number **FV -**		Defendant's Sex	Defendant's Race
Plaintiff/Victim	Plaintiff/Victim's Date of Birth	Date of Birth	Height / Weight
Plaintiff/Parent/Guardian of Minor Plaintiff/Victim		Eye Color	Hair Color
Plaintiff/Parent/Guardian of Minor Plaintiff/Victim Date of Birth		Distinguishing Features (Scars, Facial Hair, Etc.)	
Defendant Information: Name		Driver's License Number	
Home Phone Number / Work Phone Number / Defendant's Social Security Number		State / Driver's License Expiration Date	
Cell Phone Number: / Email Address:			
Home Address			
Work Address			

The undersigned complains that said defendant did commit the following act(s):

ON (Date)	AT (Time)	BY (Details)

The above constitute(s) the following criminal offenses(s): (Check all applicable boxes – see page 3 of instructions):

☐ Sexual Contact ☐ Sexual Penetration ☐ Lewdness

☐ Attempted Sexual Contact ☐ Attempted Sexual Penetration ☐ Attempted Lewdness

1. Any prior or pending court proceedings involving this plaintiff/victim and defendant? (If Yes, enter docket number, court, county, state) ☐ Yes ☐ No

2. Has a criminal complaint been filed in this matter? (If Yes, enter date, docket number, court, county, state) ☐ Yes ☐ No

If yes, was a Restraining Order granted? ☐ Yes ☐ No

Certification by Parent/Guardian

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

Certification by Plaintiff/Victim

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 Signature

New Jersey Judiciary
Family Practice Division

Additional Information Sheet

Full Name: _____ **Date:** _____

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 Signature Plaintiff/Counterclaimant