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SUMMONS

(PRO SE) DORIS SABINAAttorney(s) 48 STONYRIDGE DR.Office Address LINCOLN PK., N.J. 07035Town, State, Zip Code PASSAIC CountyTelephone Number 201-956-9664 DivisionAttorney(s) for Plaintiff PRO-SEDORIS SABINA

Plaintiff(s)

vs.

WAYNE POLICE DEPT.

Defendant(s)

Superior Court of the State of New Jersey

New Jersey

PASSAIC County

CHANCERY Division

Docket No: C-100-19CIVIL ACTION
SUMMONS

From The State of New Jersey To The Defendant(s) Named Above:

The plaintiff, named above, has filed a lawsuit against you in the Superior Court of New Jersey. The complaint attached to this summons states the basis for this lawsuit. If you dispute this complaint, you or your attorney must file a written answer or motion and proof of service with the deputy clerk of the Superior Court in the county listed above within 35 days from the date you received this summons, not counting the date you received it. (A directory of the addresses of each deputy clerk of the Superior Court is available in the Civil Division Management Office in the county listed above and online at http://www.njcourts.gov/forms/10153_deptyclerklawref.pdf.) If the complaint is one in foreclosure, then you must file your written answer or motion and proof of service with the Clerk of the Superior Court, Hughes Justice Complex, P.O. Box 971, Trenton, NJ 08625-0971. A filing fee payable to the Treasurer, State of New Jersey and a completed Case Information Statement (available from the deputy clerk of the Superior Court) must accompany your answer or motion when it is filed. You must also send a copy of your answer or motion to plaintiff's attorney whose name and address appear above, or to plaintiff, if no attorney is named above. A telephone call will not protect your rights; you must file and serve a written answer or motion (with fee of \$175.00 and completed Case Information Statement) if you want the court to hear your defense.

If you do not file and serve a written answer or motion within 35 days, the court may enter a judgment against you for the relief plaintiff demands, plus interest and costs of suit. If judgment is entered against you, the Sheriff may seize your money, wages or property to pay all or part of the judgment.

If you cannot afford an attorney, you may call the Legal Services office in the county where you live or the Legal Services of New Jersey Statewide Hotline at 1-888-LSNJ-LAW (1-888-576-5529). If you do not have an attorney and are not eligible for free legal assistance, you may obtain a referral to an attorney by calling one of the Lawyer Referral Services. A directory with contact information for local Legal Services Offices and Lawyer Referral Services is available in the Civil Division Management Office in the county listed above and online at http://www.njcourts.gov/forms/10153_deptyclerklawref.pdf.

In the name of the Clerk of
the Superior Court.Michelle Smith
Clerk of the Superior Court

(D.S.)

DATED: 12/3/2019Name of Defendant to Be Served: WAYNE POLICE DEPT.Address of Defendant to Be Served: 475 VALLEY RD., WAYNE, N.J. 07470

Form A

Plaintiff or Filing Attorney Information:

Name DORIS SABINA

NJ Attorney ID Number _____

Address 48 STONYBRIDGE DR.
LINCOLN PARK, N.J., 07035

Telephone Number _____

RECEIVED & FILED
Superior Court of New Jersey

SEP 26 2019

PASSAIC COUNTY

DORIS SABINA,
Plaintiff,

v.
WAYNE POLICE DEPT.
Defendant(s).

Superior Court of New Jersey
CHANCERY Division PASSAIC County
Part

Docket No: C-100-19
(to be filled in by the court)

Civil Action

Complaint

Plaintiff, DORIS SABINA, residing at
(your name)
48 STONYBRIDGE DR., City of LINCOLN PK.
(your address)
County of MORRIS
(your county)

State Of New Jersey, complaining of defendant, states as follows:

1. On October 2, 2011, WAYNE Police Dept., Defendant
(name of person being sued)

(Summarize what happened that resulted in your claim against the defendant. Use additional pages if necessary.)

HAD PHOTOGRAPHED THE ACCIDENT SCENE INVOLVING
MY SON'S DEATH. CPL. LANZA of WPD. HAD INFORMED ME
THAT THEY HAVE 100 (ONE HUNDRED) PHOTO'S ON FILE. CPL. LANZA
THEN DENIED MY REQUEST TO VIEW OR OBTAIN THEM
WITHOUT A COURT ORDER.

The defendant in this action resides at 475 Valley Rd, WAYNE,
(defendant's address)

In the County of PASSAIC, State of New Jersey.
(name of county where defendant lives)

2. Plaintiff is entitled to relief from defendant under the above facts.

Form A

3. The harm that occurred as a result of defendant's acts include: (list each item of damage and injury)

1. CONTINUED DISTRESS WITH CONFLICTING INFORMATION SURROUNDING MY SON'S DEATH. THE^{MS} REPORTS THAT I HAD RECEIVED CONFLICT WITH THE PHOTO'S THAT WERE TAKEN BY W.P.D.
2. Although, I had received some of the photo's through my LAWYER. I DO NOT HAVE THEM ALL. THE EMT'S WERE NOT PERMITTED TO SPEAK WITH ME. The photo's I HAVE RECEIVED
- X HAD PROVIDED ME WITH SOME KNOWLEDGE. HOWEVER, PAINFUL THEY ARE TO VIEW, they HAVE BEEN HELPFUL ON SOME level. I WOULD SUSPECT THAT THE ADDITIONAL PHOTO'S WOULD CLEAR SOME OF MY CONCERNS.
(MIGHT)

Wherefore, plaintiff requests judgment against defendant for damages, together with attorney's fees, if applicable, costs of suit, and any other relief as the court may deem proper.

Dated: _____

9/23/2019

Signature: _____

Doris L. Sabina

CERTIFICATION OF NO OTHER ACTIONS

I certify that the dispute about which I am suing is not the subject of any other action pending in any other court or a pending arbitration proceeding to the best of my knowledge and belief. Also, to the best of my knowledge and belief no other action or arbitration proceeding is contemplated. Further, other than the parties set forth in this complaint, I know of no other parties that should be made a part of this lawsuit. In addition, I recognize my continuing obligation to file and serve on all parties and the court an amended certification if there is a change in the facts stated in this original certification.

Dated: _____

9/23/2019

Signature: _____

Doris Sabina

OPTIONAL: If you would like to have a judge decide your case, do not include the following paragraph in your complaint. If you would prefer to have a jury to decide your case, please sign your name after the following paragraph.

JURY DEMAND

The plaintiff demands trial by a jury on all of the triable issues of this complaint, pursuant to New Jersey Court Rules 1:8-2(b) and 4:35-1(a).

Dated: _____

Signature: _____

Appendix XII-B1

	Civil Case Information Statement (CIS) Use for initial Law Division Civil Part pleadings (not motions) under <i>Rule 4:5-1</i> Pleading will be rejected for filing, under <i>Rule 1:5-6(c)</i>, if information above the black bar is not completed or attorney's signature is not affixed		For Use by Clerk's Office Only Payment type: ☐ ck ☐ cg ☐ ca Chg/Ck Number: _____ Amount: _____ Overpayment: _____ Batch Number: _____			
	Attorney/Pro Se Name DORIS SABINA		Telephone Number 201-956-9664		County of Venue PASSAIC	
	Firm Name (if applicable)			Docket Number (when available) C-100-19		
	Office Address 48 STONYRIDGE LINCOLN PK, N.J. 07035			Document Type Complaint		
Name of Party (e.g., John Doe, Plaintiff) DORIS SABINA			Caption DORIS SABINA v. WAYNE POLICE DEPT.			
Case Type Number (See reverse side for listing) CHANCERY			Is this a professional malpractice case? ☐ Yes ☒ No If you have checked "Yes," see N.J.S.A. 2A:53A-27 and applicable case law regarding your obligation to file an affidavit of merit.			
Related Cases Pending? ☐ Yes ☒ No		If "Yes," list docket numbers				
Do you anticipate adding any parties (arising out of same transaction or occurrence)? ☐ Yes ☒ No			Name of defendant's primary insurance company (if known) ☐ None ☒ Unknown			
The Information Provided on This Form Cannot be Introduced into Evidence.						
Case Characteristics for Purposes of Determining if Case is Appropriate for Mediation						
Do parties have a current, past or recurrent relationship? ☐ Yes ☐ No		If "Yes," is that relationship: ☐ Employer/Employee ☐ Friend/Neighbor ☐ Other (explain) ☐ Familial ☐ Business				
Does the statute governing this case provide for payment of fees by the losing party? ☐ Yes ☐ No						
Use this space to alert the court to any special case characteristics that may warrant individual management or accelerated disposition						
Do you or your client need any disability accommodations? ☐ Yes ☒ No Will an interpreter be needed? ☐ Yes ☒ No If yes, please identify the requested accommodation: _____ If yes, for what language? _____						
I certify that confidential personal identifiers have been redacted from documents now submitted to the court and will be redacted from all documents submitted in the future in accordance with <i>Rule 1:38-7(b)</i> .						
Attorney Signature: Doris Sabina						