SMALL CLAIMS SUMMONS AND RETURN OF SERVICE

THE SUPERIOR COURT OF NEW JERSEY
Law Division, Special Civil Part
SMALL CLAIMS SUMMONS

YOU ARE BEING SUED!
IF YOU WANT THE COURT TO HEAR YOUR SIDE OF THIS CASE, YOU MUST APPEAR IN COURT. IF YOU DO NOT, THE COURT MAY RULE AGAINST YOU. READ ALL OF THIS PAGE AND THE NEXT PAGE FOR DETAILS.

In the attached complaint, the person suing you (who is called *the plaintiff*) briefly tells the court his or her version of the facts of the case and how much money he or she claims you owe. **You are cautioned that if you do not come to court on the trial date to answer the complaint, you may lose the case automatically,** and the court may give the plaintiff what the plaintiff is asking for, plus interest and court costs. If a judgment is entered against you, a Special Civil Part Officer may seize your money, wages or personal property to pay all or part of the judgment and the judgment is valid for 20 years.

You can do one or more of the following things:

1. *Come to court to answer the complaint.* You do not have to file a written answer, but if you dispute the complaint and want the court to hear your side of the case, you must appear in court on the date and at the time noted on the next page.

AND/OR

2. *Resolve the dispute.* You may wish to contact the plaintiff's lawyer, or the plaintiff if the plaintiff does not have a lawyer, to resolve this dispute. **You do not have to do this unless you want to.** This may avoid the entry of a judgment and the plaintiff may agree to accept payment arrangements, which is something that cannot be forced by the court. You will have to appear in court on the trial date unless a written agreement is reached and filed with the court.

AND/OR

3. *Get a lawyer.* If you cannot afford to pay for a lawyer, free legal advice may be available by contacting Legal Services at 973-285-6911. If you can afford to pay a lawyer but do not know one, you may call the Lawyer Referral Services of your local county Bar Association at 973-285-5882.

If you need an interpreter or an accommodation for a disability, you must notify the court immediately.

La traducción al español se encuentra al dorso de esta página.

Renita McKinney
Clerk of the Special Civil Part

SMALL CLAIMS SUMMONS AND RETURN OF SERVICE – PAGE 2

Plaintiff or Plaintiff's Attorney Information:

Name: Tonie Fry
Address: 15 Hamilton Ave
Lodgewood NJ 07852
Phone: 862 324 3120

Tonie Fry
Plaintiff(s)

versus

Town of Morristown
Defendant(s)

Defendant Information:

Name: Town of Morristown and Board of Health
Address: 288 South St POBX 914
Morristown NJ 07963
Phone: 973-796-1975

SUPERIOR COURT OF NEW JERSEY

LAW DIVISION, SPECIAL CIVIL PART

Morris **COUNTY**

SUPERIOR COURT OF NEW JERSEY
MORRIS COUNTY-SPECIAL CIVIL PART
10 COURT STREET
MORRISTOWN, NJ 07836-0910
Ph. 973-656-4125

Docket Number: SC-149314
(to be provided by the court)

Civil Action
SUMMONS

(Check one): ☑ **Contract** ☐ **Tort**

Demand Amount:	$
Filing Fee:	$
Service Fee:	$
Attorney's Fees:	$
TOTAL:	$ 0.00

YOU MUST APPEAR IN COURT ON THIS DATE JAN 22 2015 **AND TIME** 8:45 ☑ **a.m.** ☐ **p.m.**
OR THE COURT MAY RULE AGAINST YOU.
REPORT TO: Courtroom # 18 4th Floor/Administration Bldg.

RETURN OF SERVICE (For Court Use Only)

Date Served: _____

RETURN OF SERVICE IF SERVED BY COURT OFFICER

Docket Number _____
Date: _____ Time: _____ WM _____ WF _____ BM _____ BF _____ OTHER _____
HT ____ WT ____ AGE ____ HAIR _____ MUSTACHE _____ BEARD ____ GLASSES _____
NAME: _____ RELATIONSHIP: _____
Description of Premises

_____

I hereby certify the above to be true and accurate:

_____
Special Civil Part Officer

SMALL CLAIMS COMPLAINT (Contract, Security Deposit, Rent, or Tort)

SUPERIOR COURT OF NEW JERSEY
LAW DIVISON, SPECIAL CIVIL PART
SMALL CLAIMS SECTION

Attorney for Plaintiff (if any) _____
Address _____
Telephone No. _____

MORRIS **County**
Docket No. _____
(to be provided by the court)
SC. 1493-14

From Plaintiff
Tone Fry
Name
Address 15 Arlington Ave Lodywood NJ 07852
Telephone No. 8623243120

To Defendant
Town of Morristown
Name
Address 200 S. St POBX 914 Morristown NJ 07963
Telephone No. 973-796-1975

CIVIL ACTION COMPLAINT

Check One
- ☒ Contract
- ☐ Security Deposit
- ☐ Rent
- ☐ Personal Injury or Property Damage (other than motor vehicle)

RECEIVED & FILED
SUPERIOR COURT
2014 DEC 30 P 12:01
MORRIS COUNTY
CIVIL DIVISION

COMPLAINT

Demand: $ 750.00 plus Interest plus costs.
Type or print the reasons you, the Plaintiff(s), are suing the Defendant(s): Attach additional sheets if necessary.
I paid 750.00 for Board of Health license. I could not use license as the town Chaged the Ordinace, for selling Hotdog to read mandatory 600 hours you had to work. Unable to meet these conditions I requested my money's Back. I called many time and left messages. I even wrote a letter and the town ignored me. I am demanding that my 750.00 plus Interest Plus cost Be Paid Back to me

IMPORTANT: Plaintiffs and defendants must bring all witnesses, photos, and documents, and other evidence to the hearing. Subpoena forms are available at the Clerk's office to require the attendance of witnesses.

At the trial Plaintiff will require:
An interpreter ☐ Yes ☒ No Indicate Language: _____
An accommodation for disability ☐ Yes ☒ No Indicate Disability: _____

I certify that the matter in controversy is not the subject of any other court action or arbitration proceeding, now pending or contemplated, and that no other parties should be joined in this action.

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 *Rule* 1:38-7(b).

Date 12-30-2014

Plaintiff's Signature

Plaintiff's Name Typed, Stamped or Printed

Plaintiff or Filing Attorney Information:

Name Tonie Fry

NJ Attorney ID Number

Address 15 Arlington Avenue
Ledgewood NJ 07852

Telephone Number ~~97~~ 862.324-3120

Tonie Fry, Plaintiff,

v.

Town of Morristown Board of Health, Defendant(s).

Superior Court of New Jersey
_____ Division _____ County
_____ Part
Docket No: _____
(to be filled in by the court)

Civil Action

Complaint

Plaintiff, Tonie Fry (your name), residing at 15 Arlington Avenue (your address), City of Ledgewood NJ (your city or town) 07852
County of Morris (your county).

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

1. On or About July 15, 2013. Town of Morristown (name of person being sued), Defendant

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

I paid $750.00 to Board of Health for hotdog cart inspection. The Town Chansel policy on Hotdog Vending and required mandatory 600 hours you had to work. I was unable to meet the conditions and therefor not given the vending permit therefor the Board of Health permit could not be used *

The defendant in this action resides at _____ (defendant's address),

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

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

* I called many times to the Board of Health and wrote Letter. No response until approximite 6-8 months later I called & was transferd to some Man who told me that he would Get Back to me. Still Nobody has gotten Back to me

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

1. [redacted] $750.00 return to me.

2.

3.

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 12-30-14 Signature: [redacted]

*I also called the mayor's office and was told to write everything down and mail the letter. [redacted] I therefor am writing everything down for small claims Court. I want my money Back plus costs.

Thank you

Tonia Fry

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: 12-30-14 Signature: T

12-30-14

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: _____

THE TOWN OF
MORRISTOWN

Town of Morristown
Department of Code Enforcement
Division of Health

200 South Street, P.O. Box 914
Morristown, NJ 07963-0914
Tel: (973) 796-1975
Fax: (973) 292-6730

April 3, 2014

Harold and Tonie Fry
15 Arlington Avenue
Ledgewood, NJ 07852

Please note your Mobile Food License **expires on MAY 31, 2014**. According to the Health Code for the Town of Morristown, all establishments selling retail food must be licensed in order to operate. To avoid penalties, you are required to renew your license prior to June 1, 2014.

Enclosed please find your new Mobile Food License Application. We ask that you fill out the application and return it promptly with payment. All checks must be made payable to the Town of Morristown and mailed to the above address. Please be advised that the Town of Morristown license is non-transferable. Should you sell your business the new operator/owner must complete a new application and submit the application with the appropriate fee. Failure to renew your license prior to June 1, 2014 will result in legal action or an additional fee against your establishment. There will be a charge of $35.00 for any returned checks.

A copy of your Food Protection Manager Certificate (if applicable) must be included with your application, as well as a copy of a driver's license or validated I.D. for the owner/manager of your facility and a copy of your itinerant restaurant license from the Town Clerk. A food license will not be issued unless these items are received.

Please call the Morristown Division of Health to schedule an inspection of your mobile prior to June 14, 2014.

Please go to Morristown's website www.townofmorristown.org/health.html to view all new information, announcements, letters and forms. If you have an email address, please note it on your license application. Health Code Chapter 24 will be used for health inspections. You may view the code at http://www.state.nj.us/health/eoh/documents/chapter24_effective_1207.pdf

If you have any questions or concerns, please feel free to contact the Health Division at 973-796-1975.

Thank you for your cooperation.

Carlos Perez, Jr.
Morristown Health Officer

cc: Darlene O'Connell
Yen Truong

Att.: License Application

THE TOWN OF MORRISTOWN

Morristown Division of Health
200 South Street, PO. Box 914
Morristown, NJ 07963
Phone: (973) 796-1975
Fax: (973) 292-6730
www.townofmorristown.org

Mobile Food License Application

Licenses are not transferrable
LICENSE IS VOID WITH CHANGE OF OWNERSHIP
No smoking permitted in the Mobile

License Fee

Name of Mobile _____

Type of ownership (individual or other) _____

Member Names _____

Address of Establishment _____

email _____

Establishment Owner _____

Contact Person _____

Address of Owner _____

Owner city state zip _____

Business Phone _____

Cell Phone _____

Fax Phone _____

Emergency Phone _____

Mobile Class # _____

# of Food Handlers _____

Check must accompany this application. Your fee is based on the your mobile Class number.

Fees	
Class III	375.00
Class II	375.00
Class I	750.00

All fields must be completed.
Use second page if necessary.

Please include copy of driver's license or validated I.D. for owner/ manager of facility and copy of itinerant permit from Town Clerk.

I attest that all of the information on this application is accurate to the best of my knowledge. By operating a business in the Town of Morristown, I realize that legal action may be taken for non-compliance of state and town laws along with the suspension and revocation of my Mobile Food License.

_____

Signature Date

_____

Print name of person signing above