



New Jersey Judiciary Records Request Form

Request Date

Preferred Delivery

- Pick Up
 US Mail
 On Site Inspection
 Fax
 Email

Request Needed By

Part A: Requestor Identification

Last Name		Middle Initial	First Name	
Address			Daytime Telephone (Include area code) ext.	
City		State	Zip Code	Fax/Email (optional)

Part B: Records Request Processing Location

Please select one of the locations below to process your records request.

- County _____ Appellate Division Clerk's Office Office of the Administrative Director
Division _____ Supreme Court Clerk's Office Municipal Court _____
 Superior Court Clerk's Office Tax Court Clerk's Office Other _____

Part C: Case Identification

Case Name			Docket/Complaint/Ticket Number*	
*In Criminal and Municipal Cases, if you do not know the docket number, please provide Defendant's information: Defendant Name and alias(es), if any			Defendant Birth Date	Last 4 digits of Defendant's Social Security Number
Indictment/Arrest Date	Indictment/Accusation/ Complaint/Municipal Number	Appeal Number	Sentencing Date	Name of Sentencing Judge

Part D: Records Requested by Division

Please describe records requested as completely as possible. Include any case numbers, dates and names of individuals involved. Attach additional pages if necessary.

Part E: Copy Fees

Copy Fees: 5¢ per page letter size 7¢ per page legal size	Special Copy Requests - Additional fees will be charged <input type="checkbox"/> Seal only <input type="checkbox"/> Certified without Seal <input type="checkbox"/> Certified with Seal <input type="checkbox"/> Exemplified (includes Seal)	Are you a named party or attorney in this case? <input type="checkbox"/> Yes <input type="checkbox"/> No
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For Judiciary Use Only

Disposition <input type="checkbox"/> Delivered <input type="checkbox"/> Denied <input type="checkbox"/> Unavailable	Disposition Date
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If request is denied or records are unavailable, explain here. Attach additional pages if necessary.