



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 |
|---|---|---|

For Judiciary Use Only

| | |
|--|------------------|
| Disposition <input type="checkbox"/> Delivered <input type="checkbox"/> Denied <input type="checkbox"/> Unavailable | Disposition Date |
|--|------------------|

If request is denied or records are unavailable, explain here. Attach additional pages if necessary.