



# New Jersey Judiciary Records Request Form

|                   |   |
|-------------------|---|
| Request Date      | Preferred Delivery<br><input type="checkbox"/> Pick Up<br><input type="checkbox"/> US Mail                    |
| Request Needed By | <input type="checkbox"/> On Site Inspection<br><input type="checkbox"/> Fax<br><input type="checkbox"/> Email |

## 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 _____   | <input type="checkbox"/> Appellate Division Clerk's Office | <input type="checkbox"/> Office of the Administrative Director |
| Division _____   | <input type="checkbox"/> Supreme Court Clerk's Office      | <input type="checkbox"/> Municipal Court _____                 |
| <input type="checkbox"/> Superior Court Clerk's Office | <input type="checkbox"/> Tax Court Clerk's Office          | <input type="checkbox"/> 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:<br>5¢ per page letter size<br>7¢ per page legal size | Special Copy Requests - Additional fees will be charged<br><input type="checkbox"/> Seal only<br><input type="checkbox"/> Certified with Seal | <input type="checkbox"/> Certified without Seal<br><input type="checkbox"/> Exemplified (includes Seal) | Are you a named party or attorney in this case?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|---|---|---|

### For Judiciary Use Only

|  |                  |
|--|------------------|
| Disposition<br><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.