

New Jersey Judiciary Records Request Form

Request Date	Preferred Delivery			
	☐ Pick Up			
	☐ US Mail			
Request Needed By	☐ On Site Inspection			
	☐ Fax			
	☐ Email			

Independence · Integrity Fairness · Quality Service							☐ Email				
Part A: Requestor Identification											
Last Name	Mide	dle Initial	First Nam	ne							
Address					Daytime Teleph	•	area code) ext.				
City		State	Zip Code	Э	Fax/Email (optional)						
Part B: Records Request Processing Location											
Please select one of the locations below to process your records request.											
County	Appella	te Division C	Clerk's O	ffice		Office of the Adr	ministrative Dire	ector			
Division	e	☐ Municipal Court									
☐ Superior Court Clerk's	Office	urt Clerk's C	Office			Other					
Part C: Case Identification											
Case Name						Docket/Complain	nt/Ticket Numbe	∍r*			
*In Criminal and Municipal Case Defendant Name and alias(information: fendant Birth Date									
Indictment/Arrest Date		Appeal Numb	per S	Sentencing Date		Name of Sentencing Judge					
Part D: Records Re	equested by Division	n				•		,			
Please describe records requestrach additional pages if ne		oossible. Inc	clude any	case numb	ers,	dates and name	es of individuals	s involved.			
Part E: Copy Fees	To :10 B	A 1 124	.1.6								
Copy Fees: Special Copy Requests - Additional fees will be c 5¢ per page letter size Seal only Certified with							e you a named orney in this ca				
7¢ per page legal size	Certified with Se	al		nplified (inclu				∃ No			
		or Judicia				/					
Disposition Disposition Disposition Date											
If request is denied or record	ls are unavailable, explain	here. Attac	h additio	nal pages if	nec	essary.					

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