

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							□ En	nail			
Part A: Requestor Identification											
Last Name		Mic	ddle Initia	First Nar	ne						
Address						Daytime Telephone (Include area code) ext.					
City		State	Zip Cod	е	Fax/Email (option	Fax/Email (optional)					
Part B: Records Request Processing Location											
Please select one of the location	ons below to process yo	our records	request.								
County		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, Defendant Name and alias(es)		information: fendant Birth Date									
Indictment/Arrest Date Indictment/Accusation/ Complaint/Municipal Number			ber Sentencing Date		ate	Name of Sentencing Judge					
Part D: Records Req	uested by Divisio	n	I			I					
Please describe records reque Attach additional pages if nece		oossible. In	clude any	v case numl	oers,	dates and name	es of individ	Juals involved.			
Part E: Copy Fees	Special Conv. Beguest	o Addition	nal face i	will be obe	rand	Arc	a vou a nor	mod porty or			
Copy Fees: Special Copy Requests - Additional fees will be charded											
7¢ per page legal size ☐ Certified with Seal		al	Exemplified (include			-					
		For Judici	ary Us <u>e</u>	Only							
Disposition Delivered Denied	☐ Unavailable	Dispositio	n Date	•							
If request is denied or records	are unavailable, explair	here. Attac	ch additio	nal pages if	nec	essary.					

Revised: 07/12/2011, CN: 10200 page 1