New Jersey Courts	New Jersey Judiciary	Request Date	Preferred Delivery
Independence · Integrity Fairness · Quality Service	**Records Request Form**	Request Needed By	☐ Pick Up ☐ US Mail ☐ On Site Inspection ☐ Fax ☐ 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 _____ ☐ 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** ☐ Seal only ☐ Certified without Seal ☐ Certified with Seal ☐ Exemplified (includes Seal)	Are you a named party or attorney in this case? ☐ Yes ☐ No

For Judiciary Use Only

Disposition ☐ Delivered ☐ Denied ☐ Unavailable	Disposition Date

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