



New Jersey Judiciary Records Request Form

Request Date

Preferred Delivery

☐ Pick Up☐ US Mail

Request Needed By

☐ 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 with Seal	☐ Certified without Seal ☐ Exemplified (includes Seal)	Are you a named party or attorney in this case? ☐ Yes ☐ No
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For Judiciary Use Only

Disposition ☐ Delivered ☐ Denied ☐ Unavailable	Disposition Date
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If request is denied or records are unavailable, explain here. Attach additional pages if necessary.