

 <div style="text-align: center;"> <p>New Jersey Judiciary</p> <h2 style="margin: 0;">Records Request Form</h2> </div>		<p>Request Date</p> <p>Request Needed By</p>	<p>Preferred Delivery</p> <p><input type="checkbox"/> Pick Up</p> <p><input type="checkbox"/> US Mail</p> <p><input type="checkbox"/> On Site Inspection</p> <p><input type="checkbox"/> Fax</p> <p><input type="checkbox"/> Email</p>
Part A: Requestor Identification			
Last Name		First Name	
		Middle Initial	
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: 5¢ per page letter size 7¢ per page legal size	Special Copy Requests - Additional fees will be charged <input type="checkbox"/> Seal only <input type="checkbox"/> Certified without Seal <input type="checkbox"/> Certified with Seal <input type="checkbox"/> Exemplified (includes Seal)		Are you a named party or attorney in this case? <input type="checkbox"/> Yes <input type="checkbox"/> No
For Judiciary Use Only			
Disposition <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.			
<p>For Tax Court Records return this form to: txtrecords.mailbox@njcourts.gov</p> <p>For all other requests return this form to: Judiciary Electronic Documents Submission system (JEDS)</p>			