N	ew Jersey Courts
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## New Jersey Judiciary Records Request Form

Request Date	Preferred Delivery				
	☐ US Mail				
Request Needed By	On Site Inspection				

Records Request Form					Red	quest Needed By	☐ On Site Inspection☐ Fax☐ Email	
Part A: Requestor	Identification							
Last Name			First Name			Middle Initial		
Address						Daytime Telepho	one (Include area code) ext.	
City		State Zip Cod		e Fax/Email (options		nal)		
Part B: Records F	Request Processing	Location			Em a			
	☐ Supre	our records relate Division ( me Court Cle ourt Clerk's C	Clerk's Office			Office of the Admi Municipal Court		
		- Controller of C				Juliei		
Part C: Case Iden Case Name	uncation				D	ocket/Complaint/	Ticket Number*	
*In Criminal and Municipal Cases, if you do not know the docket number, please provide Defendant's Defendant Name and alias(es), if any						information: fendant Birth Date Last 4 digits of Defendant's Social Security Number		
Indictment/Arrest Date	Appeal Numi	Number Sentencing D		ate	Name of Sentencing Judge			
Please describe records re Attach additional pages if	equested as completely as necessary.	possible. Ind	clude any	case numb	oers, (	dates and names	of individuals involved.	
Part E: Copy Fee	S							
Copy Fees: 5¢ per page letter size	###						attorney in this case?	
7¢ per page legal size	☐ Certified with S		THE RESIDENCE OF THE PARTY OF T	olified (incl	udes	Seal)	Yes No	
<b>经验的基础的</b>	<b>以作为作为表示</b>	For Judicia	THE RESERVE TO THE PARTY OF THE	Only				
Disposition Delivered Der	nied Unavailable	Dispositio	n Date					
If request is denied or reco	ords are unavailable, expla	in here. Attac	ch addition	al pages if	nece	essary.		
Fr	or Tax Court Records r	return this fo	orm to: txo	ctrecords.	maill	box@njcourts.g	ov	

For Tax Court Records return this form to: txctrecords.mailbox@njcourts.gov

For all other requests return this form to: Judiciary Electronic Documents Submission system (JEDS)