New Jersey Judiciary Records Request Form						Request Date Request Needed By		Preferred Delivery Pick Up US Mail On Site Inspection Fax Email	
Part A: Requestor Identification									
Last Name			First Name			Middle Initial			
Address						Daytime Telephone (Include area code) ext.			
City	2ity			Zip Cod	Code Fax/Ema		otional)		
Part B: Records Request Processing Location									
Please select one of the locations below to process your records request.									
County	ate Division (ion Clerk's Office			Office of the Administrative Director				
Division	me Court Cle	t Clerk's Office			_ Municipal Court				
Superior Court Clerk's Office			k'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 Defend Defendant Name and alias(es), if any						information: fendant Birth Dat		t 4 digits of Defendant's ial Security Number	
-	Indictment/Accusation/ Complaint/Municipal Number				Sentencing Date Name		encing J	udge	
Part D: Records Requested by Division									
Attach additional pages if		possible. In	clude an	y case num	bers,	dates and nar	nes of i	ndividuals involved.	
Part E: Copy Fee									
Copy Fees: Special Copy Requests - Additional fees will be chained for the set of the					-			a named party or in this case?	
5¢ per page letter size 7¢ per page legal size	Certified with Se	eal	Certified without Se Exemplified (includ)						
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						,			
For Judiciary Use Only Disposition Disposition Date Delivered Denied Unavailable									
If request is denied or records are unavailable, explain here. Attach additional pages if necessary.									
For Tax Court Records return this form to: txctrecords.mailbox@njcourts.gov For all other requests register and submit this form to: Judiciary Electronic Documents Submission system (JEDS) For questions please email: SCCO.Mailbox@njcourts.gov									