



New Jersey Judiciary Records Request Form

Request Date

Preferred Delivery

- Pick Up
- US Mail
- On Site Inspection
- Fax
- Email

Request Needed By

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.

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