



# 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		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.

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> County Middlesex              | <input type="checkbox"/> Appellate Division Clerk's Office | <input type="checkbox"/> Office of the Administrative Director        |
| <input type="checkbox"/> Division                      | <input type="checkbox"/> Supreme Court Clerk's Office      | <input checked="" type="checkbox"/> Municipal Court <u>Woodbridge</u> |
| <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.

Please Complete:

Traffic: _____	Date of Offense: _____	Summons Number(s): _____
Traffic: _____	Date of Offense: _____	Summons Number(s): _____
Criminal: _____	Date of Offense: _____	Complaint Number(s): _____
Criminal: _____	Date of Offense: _____	Complaint Number(s): _____

DL#: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Total: \$ \_\_\_\_\_ Clerk's Initials: \_\_\_\_\_

## 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 checked="" type="checkbox"/> Certified with Seal <input type="checkbox"/> Exemplified (includes Seal)	Are you a named party or attorney in this case? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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## For Judiciary Use Only

Disposition <input type="checkbox"/> Delivered <input type="checkbox"/> Denied <input type="checkbox"/> Unavailable	Disposition Date
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If request is denied or records are unavailable, explain here. Attach additional pages if necessary.