New Jersey Courts	New Jersey Judiciary Records Request Form						Ву	Preferred Delivery Pick Up US Mail On Site Inspection Fax Email	
Part A: Requestor Identification									
Last Name		Mid	dle Initia	First Nan	ne				
Address						Daytime Telephone (Include area code) ext.			
City					Code Fax/Ema		otional	)	
Part B: Records Request Processing Location									
Please select one of the loc County Division Superior Court Clerk'	ate Division (	sion Clerk's Office rt Clerk's Office			Office of the Administrative Director Municipal Court Other				
Part C: Case Identification									
Case Name	Incation					Docket/Compla	aint/Tic	ket 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 Social Security Number									
	dictment/Accusation/ omplaint/Municipal Number	Appeal Num	ber (	Sentencing Date N		Name of Sente	encing	Judge	
Part D: Records R	equested by Divisio	n							
Please describe records red Attach additional pages if n		possible. Inc	clude any	r case numb	oers,	dates and nar	nes of	individuals involved.	
Part E: Copy Fees	5								
Copy Fees: 5¢ per page letter size	Seal only	-			will be charged tified without Seal emplified (includes Seal)		Are you a named party or attorney in this case?		
7¢ per page legal size	Certified with Se			•	uaes	s Seal)	□ Y	′es □No	
Disposition	ed 🗌 Unavailable	For Judicia Disposition	n Date		200				
If request is denied or recor	ייש מוש טוומימוומטופ, פאטומו	n nere. Allac		nai pages li	nec	655ai y.			