Save Print Clear

New Jersey Courts
www.njcourts.gov
Independence • Integrity
Fairness • Quality Service

New Jersey Judiciary

Records Request Form

Request Date	Preferred Delivery
	☐ Pick Up ☐ US Mail
Request Needed By	☐ On Site Inspection ☐ Fax ☐ Email

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 _____
Division _____
☐ Superior Court Clerk's Office
☐ Appellate Division Clerk's Office
☐ Supreme Court Clerk's Office
☐ Tax Court Clerk's Office
☐ Office of the Administrative Director
☐ Municipal Court _____
☐ 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:	Special Copy Requests - **Additional fees will be charged**		Are you a named party or attorney in this case?
5¢ per page letter size	☐ Seal only	☐ Certified without Seal	
7¢ per page legal size	☐ Certified with Seal	☐ Exemplified (includes Seal)	☐ Yes ☐ No

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 return this form to: SCCO.Mailbox@njcourts.gov