



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	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 _____ | ☐ Appellate Division Clerk's Office | ☐ Office of the Administrative Director |
| Division _____ | ☐ Supreme Court Clerk's Office | ☐ Municipal Court _____ |
| ☐ Superior Court Clerk's Office | ☐ Tax Court Clerk'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 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 ☐ Seal only ☐ Certified with Seal ☐ Certified without Seal ☐ Exemplified (includes Seal)	Are you a named party or attorney in this case? ☐ Yes ☐ No
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For Judiciary Use Only

Disposition ☐ Delivered ☐ Denied ☐ 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 return this form to: SCCO.Mailbox@njcourts.gov