

 <p style="text-align: center;"><b>New Jersey Judiciary</b> <b>Records Request Form</b></p>	Request Date	Preferred Delivery <input type="checkbox"/> Pick Up <input type="checkbox"/> US Mail <input type="checkbox"/> On Site Inspection <input type="checkbox"/> Fax <input type="checkbox"/> 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 - <b>Additional fees will be charged</b> <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
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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.

**For Tax Court Records** return this form to: [txctrecords.mailbox@njcourts.gov](mailto:txctrecords.mailbox@njcourts.gov)  
**For all other requests** return this form to: [SCCO.Mailbox@njcourts.gov](mailto:SCCO.Mailbox@njcourts.gov)