



# 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		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 with Seal	<input type="checkbox"/> Certified without 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)