

New Jersey Judiciary

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

Records Reque	•	orm		Re	quest Needed By	,] OS Mail] On Site Inspectior] Fax] Email	n			
Part A: Requestor Identification				1							
Last Name	Midd	dle Initial	First Nan	ne							
Address					Daytime Telephone (Include area code) ext.						
City		State	Zip Code	Э	Fax/Email (optional)						
Part B: Records Request Processing Location											
Please select one of the locations below to process your re County	Division C	lerk's Off			Office of the Adm Municipal Court						
☐ Superior Court Clerk's Office ☐ Tax Court C	Clerk's O	ffice			Other						
Part C: Case Identification											
Case Name					Oocket/Complaint	/Ticket	t Number*				
*In Criminal and Municipal Cases, if you do not know the docket r Defendant Name and alias(es), if any	number, p	lease prov	ide Defenda		nformation: endant Birth Date		digits of Defendant's Security Number	S			
Indictment/Arrest Date Indictment/Accusation/ Complaint/Municipal Number App	ate	e Name of Sentencing Judge									
Part D: Records Requested by Division											
Please describe records requested as completely as poss Attach additional pages if necessary.	ible. Incl	lude any	case numb	ers,	dates and name	s of inc	dividuals involved.				
Part E: Copy Fees	\	al face	:11 ba abau	a. a al	1000						
Disposition Di	[]	☐ Certifie ☐ Exemp	ed without olified (inclu	Seal	atto		named party or n this case?				
☐ Delivered ☐ Denied ☐ Unavailable If request is denied or records are unavailable, explain her	e. Attach	n addition	al pages if	nec	essary.						

Revised: 07/12/2011, CN: 10200 page 1