



NEW JERSEY JUDICIARY Records Request Form MUNICIPAL COURT

See instructions on the reverse side.

PART A: Requestor Information

LAST NAME		MIDDLE INITIAL	FIRST NAME
COMPANY			
ADDRESS			
CITY	STATE	ZIP	EMAIL
DAYTIME TELEPHONE (INCLUDE AREA CODE) EXT.		PREFERRED DELIVERY <input type="checkbox"/> PICK UP <input type="checkbox"/> US MAIL <input type="checkbox"/> ON SITE INSPECT	
SIGNATURE			DATE

PART B: Payment Information

SELECT PAYMENT METHOD

CASH CHECK MONEY ORDER

COPY FEES

\$.05 – per page letter size
 \$.07 – per page legal size
 \$5.00 – Certified No Seal
 \$10.00 – Certified With Seal

PART C: Information Requested

INDIVIDUAL CASE REQUEST

CASE NUMBER _____

DEFENDANT NAME _____

RECORDS REQUESTED
 DISPOSITION COPY OTHER _____

Certified or Exemplified Copies (extra charge) YES NO

MULTIPLE CASES REQUEST

WHAT RECORDS ARE YOU SEEKING _____

WHEN DO YOU NEED THE INFORMATION _____

Certified or Exemplified Copies (extra charge) YES NO

JUDICIARY USE ONLY

FOR RECORD REQUESTS OVER \$50

TOTAL EST. COST	DEPOSIT AMOUNT	ESTIMATED BALANCE	DEPOSIT DATE	RECEIVED BY
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DISPOSITION INFORMATION

DELIVERED DATE	DENIED DATE	UNAVAILABLE DATE
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If request is denied or records are unavailable, explain here:

Identification provided for physical custody of file: _____