

New Jersey Judiciary

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

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Independence • Integrity Fairness • Quality Service						☐ Fax ☐ Email				
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Address						Daytime Tel	ephor	ne (Include area cod	de)	
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City		S	State Zip Co		le Fax/Email		(optional)			
Part B: Records Re	quest Processing L	ocation								
Please select one of the local	ations below to process ye	our records req	uest.							
County	Appella	ate Division Cle	rk's Offic	ce		Office of the	Admin	Administrative Director		
Division	Suprer	me Court Clerk's	s Office			Municipal Co	urt			
☐ Superior Court Clerk's	Office	ourt Clerk's Offic	ce			Other				
Part C: Case Identif	fication					<u> </u>				
Case Name						Oocket/Comp	laint/T	icket Number*		
*In Criminal and Municipal Case		cket number, plea	ase provid	le Defenda			. 1.			
Defendant Name and alias(es), if any				Def	endant Birth D		ast 4 digits of Defend. Social Security Numbe		
								Joolal Coounty Hambe	,,	
Indictment/Arrest Date Ind	lictment/Accusation/	Appeal Number	Sei	ntencing Da	ate Name of Sentencin		g Judge			
Cor	mplaint/Municipal Number									
Part D: Records Re	equested by Divisio	n								
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