Submit Form

New Jersey Judiciary

Intergovernmental System Access Request Form

Request Date

Request Needed By

Part A: Requestor Identification

Agency Name

Last Name	Middle Initial	First Name

Address	Telephone (Include area code) ext.

City	State	Zip Code	Email

Part B: Records Request Processing Location

County	Division	System	Memorandum of Understanding (MOU) and/or Agreement on file ☐ **Yes** (attach file) ☐ **No**

Do you plan to share the data to be obtained with anyone else? ☐ **Yes** ☐ **No**

If Yes, please explain in the comments section below.

Business Reason for Access Request / Other Comments

Please list the Names, Titles and Email of the Individuals to Obtain Access

Part C: Agency Approval

Approving Agency Manager Name	Agency Manager Title	Date
Approving Agency Manager Name	Agency Manager Title	Date

Part D: Submit Request Form

You may submit the completed form via **mail** to:

ATTENTION: Customer Service
Superior Court Clerk's Office
P.O. Box 971 Trenton, NJ 08625

OR

via **Email:**

Select the **Submit Form** button on the top of this form.

For Judiciary Use Only

Access Granted ☐ Yes ☐ No	Approved or Denied By Name: _____ Title: _____	Date
MOU and/or Agreement on File ☐ Yes ☐ No	MOU and/or Agreement Completed Name: _____ Title: _____	Date

Comments