



New Jersey Judiciary – Municipal Court
**Request by Defendant/Juvenile for Copies of Their Own Expunged
and/or Sealed Records**

Superior Court of _____ County

Division: _____

Municipal Court of _____

Part A: Requestor Identification – Defendant/Juvenile

First Name	Middle Initial	Last Name
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Date of Birth	Last 4 digits Social Security Number
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Complaint Number/Docket Number/Accusation Number/Indictment Number

Address	Home/Cellphone (Include area code ext.)
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City	State	Zip Code	Email Address
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- I certify that I am the subject of the documents requested. (photo ID required)
- I _____ am the parent for the juvenile indicated above. (photo ID required)
- I _____, Attorney ID # _____, certify that I am the attorney for the defendant/juvenile indicated above and have been authorized by my client to request these records. (photo ID not required)

By signing below, I represent that I am a person entitled to a copy of this expunged record. I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment. N.J.S.A. 2C:28-2(a) provides that a person who makes a false statement under affirmation when they do not believe it to be true may be guilty of a crime of the fourth degree.

Signature:

Date:

Part B: Information Requested

- Copy of Expungement Order
- Copy of Expungement Petition
- Certification of Expungement by Supreme Court Order
- Copy of Sealed Record
- Other _____
(Describe)

Judiciary Use Only

Form of identification presented

Type of ID: _____ ID #: _____

Court staff is unable to provide the requested record.

Reason:

- Proper identification not provided.
- Requestor is not the individual who is the subject of the documents, or their attorney.
- The court has no record.
- The record is not expunged or sealed.

Signature of Judiciary staff person

Date