



New Jersey Judiciary  
**Division of Child Protection and Permanency**  
**Request for Adult Probation Division Records**  
**Confidential**

Request Date
Request Needed By
Preferred Delivery <input type="checkbox"/> Pick Up <input type="checkbox"/> US Mail <input type="checkbox"/> Fax <input type="checkbox"/> Courier / Messenger <input type="checkbox"/> On Site Inspection

**Part A: Division Requester Identification**

Last Name	Middle Initial	First Name
Job Title	Supervisor	Daytime Telephone (Include area code) ext.
Division Office Address		Fax (Include area code)
City	State	Zip Code
		Email (optional)

**Part B: Division Case Identification**

Case Name	NJ Spirit Number
Court docket number(s)	Date of next court proceeding
Judge's Name	

**Part C: Type of Record(s) Requested**

Party whose records are sought is a (select one): <input type="checkbox"/> Division Defendant / <input type="checkbox"/> Potential Resource Parent / <input type="checkbox"/> Other Adult in Resource Home	Party's Birth Date	Last 4 digits of Party's Social Security Number
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The Judiciary will ordinarily disclose to Division upon request the most recent version of the following records or information regarding a probationer who is a party to a Division proceeding or a resident in a household where a child may be placed.

Please check all that apply:

- |  |   |
|--|---|
| <input type="checkbox"/> Employment records<br><input type="checkbox"/> Adult school records<br><input type="checkbox"/> Drug test results<br><input type="checkbox"/> Payment records<br><input type="checkbox"/> Treatment service history (but not the actual provider records) | <input type="checkbox"/> Statements of VOP charges<br><input type="checkbox"/> Judgment of Conviction<br><input type="checkbox"/> Probationer's case plan<br><input type="checkbox"/> Home address<br><input type="checkbox"/> Work address |
|--|---|

Other: If the Division is requesting records other than those listed above, please describe the records being requested, and explain why the Division needs these records.

See attached for additional description and explanation.

I certify that I am requesting the adult Probation records in question solely for official Division purposes related to the above-referenced case.

I further certify that the Division will keep all records confidential pursuant to *R. 1:38-3(d)(12)*, *R. 5:13-8* and *N.J.S.A. 9:6-8.10a.* and any other applicable statutes or court rules, and shall take all reasonable steps to safeguard the confidentiality of the same, including, but not limited to, seeking an appropriate protective order from the court when necessary.

Signature: x \_\_\_\_\_

**For Judiciary Use Only**

Disposition <input type="checkbox"/> Delivered <input type="checkbox"/> Denied <input type="checkbox"/> Unavailable	Disposition Date
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If request is denied or records are unavailable, explain here: