

**New Jersey Judiciary  
Superior Court of New Jersey  
Passaic Vicinage**

**Grand Jury Transcript Request / Attorney**

**Defendant Name:**

**Prosecutors Docket No.:**

**Indictment No.:**

**Name / Address of Attorney Requesting  
Transcript:**  
(please print)

**(Required to Fill out) Attorney of Record**

Yes  No

If answer is no, a motion must be filed  
in Criminal Division.

**Instructions:**

- ✓ Complete all information.
- ✓ File a separate request for each grand jury case.
- ✓ Attach transcript **deposit** fee and make checks payable to: **A.R.T. Agency**
- ✓ Send transcript request form and check to:

**Passaic County Grand Jury  
77 Hamilton Street  
Paterson, New Jersey 07505**

- Standard \$100.00/deposit (30 days)
- Expedite \$200.00/deposit (5-10 days)
- Daily \$300.00/deposit (next day)

I agree to pay the balance of the preparation of the grand jury transcript ordered pursuant to R. 2:5-3(d).

\_\_\_\_\_  
**Signature of Requesting Party**

\_\_\_\_\_  
**Date**

Transcript fees are set by New Jersey Statue 2A:11-15. An additional sum or reimbursement may be required prior to or at the completion of the transcript order. Should you have questions regarding the status of your transcript, please call A.R.T. Agency directly at (973) 335 – 0769.

**Deposit Attached \$** \_\_\_\_\_

**Check #** \_\_\_\_\_

**For Office Use Only:**

Date received: \_\_\_\_\_

Referred date: \_\_\_\_\_

Received by \_\_\_\_\_

Referred by: \_\_\_\_\_