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State of New Jersey -- Judiciary

Request and Authorization for Records Disposal

INSTRUCTIONS: This form must be submitted prior to destruction of any judiciary records. Complete Items 1 through 9. The information for Items 2, 3 and 5 are found on the Judiciary Retention Schedules. Submit the completed form to: Judiciary Records Management, P.O. Box 967, Trenton, NJ 08625-0967. Please keep a copy for your records. For questions and assistance call (609) 815-2900 ext. 52765.

1. Requesting Department (Name/Address/Telephone No.)

Name _____

Address _____

_____

City _____ State _____ Zip _____

Phone _____ Ext. _____

Authorization is hereby requested for the disposal of the following judiciary records in accordance with *N.J.S.A.* 2B:1-2. It is further certified that the record series listed herein have exceeded their respective retention periods and are not involved in litigation and are not required for a present or future audit.

2. Series Number	3. Record Series Title	4. Inclusive Dates From (Mo./Yr) To (Mo/Yr)	5. Retention Period	6. Volume (Cubic Feet)
			Total Volume	0.00

7. **Requestor** (Signature And Title)	8. **Request Approved By:** (Signature & Title)	9. **Request Date**
10. Audit Verification	**11. Superior Court Clerk's Verification**	**12. Judiciary Authorization**
Auditor's Signature / Date	Signature / Date	Superior Court Clerk or Designee / Date
13. Disposition ☐ Shred ☐ Recycle ☐ Other _____	Disposition Verification (Signature/Date)	Authorization No.