New Jersey Judiciary – Municipal Court New Jersey Courts Request by Defendant/Juvenile for Copies of Their Own Expunged and/or Sealed Records						
Superior Court of County						
Independence · Integrity Fairness · Quality Service						
Municipal Court of Part A: Requestor Identification – Defendant/Juvenile						
First Name	<u> </u>			Last Name		
		winduic	minuar			
Date of Birth Last 4 di				gits Social Security Number		
Complaint Number/Docket Number/Accusation Number/Indictment Number						
Address				Home/Cellphone (Include area code) ext.		
City	State Zip Co		de	Email Address		
 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, 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						
\Box Copy of Sealed Record						
Other (Describe)						

Judiciary Use Only				
Form of identification presented				
Type of ID: ID #:	ID #:			
\Box Court staff is unable to provide the requested record.				
Reason:				
□ Proper identification not provided.				
\Box Requestor is not the individual who is the subject of the documents, or their attorney.				
\Box The court has no record.				
\Box The record is not expunged or sealed.				
Signature of Judiciary staff person	Date			