



**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
Date of Birth		Last 4 digits Social Security Number
Complaint Number/Docket Number/Accusation Number/Indictment Number		
Address		Home/Cellphone (Include area code) ext.
City	State	Zip Code
		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 \_\_\_\_\_, 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