

To obtain a court disposition, fill out Parts A-E of this form. If you do not have the Complaint/Summons number(s), please include as much additional information related to the case as possible (e.g., birth date, driver's license, license plate).

After completing the form, you may bring it to the Violations window to be processed or email it to us at court@secaucus.net. Most requests will be processed immediately, however some older cases may take up to a week. The outcome of a court proceeding is public record and available to anyone.

If you wish to submit your request by mail, print out the form and send it to:

Secaucus Municipal Court
1203 Paterson Plank Road
Secaucus, NJ 07094

Please include your contact information, should we need further information.

NOTE: This form should not be used to request transcripts or recordings of court proceedings. Ask court staff for information about obtaining transcripts.



New Jersey Judiciary Records Request Form

Request Date

Preferred Delivery

- Pick Up
- US Mail
- On Site Inspection
- Fax
- Email

Request Needed By

Part A: Requestor Identification

Last Name		First Name		Middle Initial
Address			Daytime Telephone (Include area code) ext.	
City	State	Zip Code	Fax/Email (optional)	

Part B: Records Request Processing Location

Please select one of the locations below to process your records request.

County _____	<input type="checkbox"/> Appellate Division Clerk's Office	<input type="checkbox"/> Office of the Administrative Director
Division _____	<input type="checkbox"/> Supreme Court Clerk's Office	<input type="checkbox"/> Municipal Court _____
<input type="checkbox"/> Superior Court Clerk's Office	<input type="checkbox"/> Tax Court Clerk's Office	<input type="checkbox"/> Other _____

Part C: Case Identification

Case Name			Docket/Complaint/Ticket Number*		
*In Criminal and Municipal Cases, if you do not know the docket number, please provide Defendant's information: Defendant Name and alias(es), if any			Defendant Birth Date	Last 4 digits of Defendant's Social Security Number	
Indictment/Arrest Date	Indictment/Accusation/ Complaint/Municipal Number	Appeal Number	Sentencing Date	Name of Sentencing Judge	

Part D: Records Requested by Division

Please describe records requested as completely as possible. Include any case numbers, dates and names of individuals involved. Attach additional pages if necessary.

Part E: Copy Fees

Copy Fees: 5¢ per page letter size 7¢ per page legal size	Special Copy Requests - Additional fees will be charged <input type="checkbox"/> Seal only <input type="checkbox"/> Certified without Seal <input type="checkbox"/> Certified with Seal <input type="checkbox"/> Exemplified (includes Seal)	Are you a named party or attorney in this case? <input type="checkbox"/> Yes <input type="checkbox"/> No
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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. Attach additional pages if necessary.

For Tax Court Records return this form to: txctrecords.mailbox@njcourts.gov

For all other requests register and submit this form to: [Judiciary Electronic Documents Submission system \(JEDS\)](#)

For questions please email: SCCO.Mailbox@njcourts.gov