



New Jersey Judiciary Records Request Form

Request Date

10/27/15

Request Needed By

11/4/2015

Preferred Delivery

- Pick Up
 US Mail
 On Site Inspection
 Fax
 Email

Part A: Requestor Identification

Last Name Paff	Middle Initial	First Name John	
Address Please use my e-mail address below for all correspondence		Daytime Telephone (Include area code) 732-873-1251 ext.	
City	State	Zip Code	Fax/Email (optional) paff@pobox.com

Part B: Records Request Processing Location

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

- County _____ Appellate Division Clerk's Office Office of the Administrative Director
Division _____ Supreme Court Clerk's Office Municipal Court **Bloomfield**
 Superior Court Clerk's Office Tax Court Clerk's Office 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.

Submitted via Fax to 973-680-4082

I am interested in a matter in which Bernadette Yates is the defendant and the complaining witness is Joseph Scurese of 15 Sycamore St, Bloomfield. In case you have trouble locating the file, see in your files a January 15, 2013 to Mr. Scurese from Deputy Court Administrator Erika Varela advising Mr. Scurese that Judge Papparazzo would hold a probable cause hearing on January 31, 2013 at 8:30 a.m. For this matter, I would like:

1. The complaint.
2. A record that indicates the disposition of the complaint.

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.