



New Jersey Judiciary
Records Request Form
Surrogates' Judiciary Records
County of Union

Part A: Requestor Information

Last Name: _____ **First Name;** _____
Company: _____

Address: _____
 City: _____ State: _____ Zip: _____

For Guardianships Relationship to: Incapacitated Person or Minor:

Part B: Payment Information

Cash Check Attorney's Account # _____
 Money Order Credit Card (in house only over \$15.00)

Fees: N.J.S.A. 22A:-2-30
 Search of Index: \$10.00 In house account
 Copies \$ 3.00

Part C: Information Requested

Individual Case Information Copies

Docket # _____ **Case Name:** _____

Surrogate's Certificates Administration Certificates
 Copy of file / pages Renunciation
 Other, please specify: _____

Extra Charges:
 Certified Copies Exemplified Copies

For Surrogate's Use Only

Total cost: _____ **Received by:** _____
Disposition Information:
Mailed: _____ **Pick Up:** _____

Unavailable (reason)

Identification provided for physical custody of file: _____
