



NEW JERSEY JUDICIARY
Records Request Form
SURROGATES' JUDICIARY RECORDS

See instructions on the reverse side.

PART A: Requestor Information

LAST NAME

MATSON

MIDDLE INITIAL

M

FIRST NAME

KEVIN

COMPANY

ADDRESS

605 Ashland Ave

CITY

May Landing

STATE

NJ

ZIP

08330

EMAIL

Kevin.Matson@gmail.com

DAYTIME TELEPHONE (INCLUDE AREA CODE)

EXT.

PREFERRED DELIVERY

☐ PICK UP

☐ US MAIL

☐ ON SITE INSPECT

SIGNATURE

DATE

PART B: Payment Information

SELECT PAYMENT METHOD

☐ CASH

☐ CHECK

☐ MONEY ORDER

no change my amount
Fees [as provided in N.J.S.A. 22A:2-30]
Search of Index
Copies
Copies of tape, disks, microfiche
or other non-paper medium

\$ 10 each search
\$ 3 per page
\$150 per medium

PART C: Information Requested

☒ INDIVIDUAL CASE INFORMATION

☐ DOCKET / INDEX INFORMATION

DOCKET NUMBER

CASE NAME

DOCUMENTS REQUESTED

☒ LETTERS TESTAMENTARY

☒ LETTERS OF ADMINISTRATION

☐ LETTERS OF GUARDIANSHIP OF A MINOR

☐ LETTERS AD PROSEQUENDAM

☐ APPLICATION

☒ RENUNCIATION

☐ INDEX FROM

TO

(PROVIDE DATES)

☐ OTHER (SPECIFY)

*Copy of Application for the date ' Copy of will
and Copy of my heir claims*

Certified or Exemplified Copies (extra charge)

☐ YES

☐ NO

JUDICIARY USE ONLY

FOR RECORD REQUESTS OVER \$50

TOTAL EST. COST

DEPOSIT AMOUNT

ESTIMATED BALANCE

DEPOSIT DATE

RECEIVED BY

DISPOSITION INFORMATION

DELIVERED DATE

DENIED DATE

UNAVAILABLE DATE

If request is denied or records are unavailable, explain here:

Identification provided for physical custody of file: