

**NEW JERSEY BOARD OF BAR EXAMINERS
REQUEST FOR COPY OF PREVIOUSLY FILED
NEW JERSEY BAR APPLICATION**

INSTRUCTIONS: To ensure the confidentiality of bar applicant records, as required by New Jersey Court Rule 1:23-3(a), all requests for copies of previously filed New Jersey Bar applications must be made by the applicant only.

If you wish to receive a copy of your previously filed New Jersey Bar Application, please complete the information on page two of this form. In addition, you must include a notarized form of identity as described below.

NOTE: Depending on the location of your file, it may take up to three weeks to retrieve from storage.

You will be contacted after your file is retrieved and copying costs have been determined. Fees for copying are five cents (\$0.05) per page for letter size pages.

Once you have completed the form, attach a notarized (with raised seal) copy of your current:

- Driver's license,
- U.S. Passport, or
- Government-issued non-driver ID card

and mail your request to the New Jersey Board of Bar Examiners, as described below.

To send your request via United States Postal Service (First-Class, Express and Priority Mail), address it to:

New Jersey Board of Bar Examiners
P.O. Box 973
Trenton, NJ 08625-0973

To send your request via a commercial carrier such as Fed-Ex, UPS, DHL, ship to:

New Jersey Board of Bar Examiners
Hughes Justice Complex
25 Market Street
8th Floor, North Wing
Trenton, NJ 08611

If you have any questions, please contact the NJ Board of Bar Examiners at: 609-815-2911.

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Note: Please print or type clearly so that we can process your request as efficiently as possible.

Examination Candidate ID Number (if known) _____

If you have ever been known by another name other than a nickname (e.g. maiden name), please specify: _____

Current Name _____

Current Address _____

City, State, Zip _____

Please send my copy to the following address:

Name _____

Address _____

City, State, Zip _____

OR

Please send my copy via e-mail to:

E-Mail Address _____

Your Contact Information (so that we may contact you should we have any questions):

Telephone _____

E-Mail Address _____

Your Signature: _____ Date: _____