

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

**INSTRUCTIONS:** If you wish to receive a copy of your previously filed New Jersey Bar Application, please complete the information requested on the following two pages of this form. Please print or type clearly so that we can process your request as efficiently as possible.

**NOTE:**

- Fees for copying are five cents (\$0.05) per page for letter size pages.
- 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.
- Upon receipt of your completed request form and retrieval of your file, you will be notified of the appropriate copy charges which will be payable to: *New Jersey Board of Bar Examiners.*
- Upon receipt of the fee, the application will be forwarded to the entity listed below.
- Depending on the location of your file, **it may take up to three (3) weeks to retrieve from storage.**

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

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

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

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  
8<sup>th</sup> 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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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 \_\_\_\_\_

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

Telephone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**AUTHORIZATION AND RELEASE**

*(For completion when requesting your bar application be sent to another jurisdiction.)*

I, \_\_\_\_\_ (name) hereby give

permission to the New Jersey Board of Bar Examiners and Committee on Character in

connection with review of my file by the \_\_\_\_\_  
(name of entity)

To release directly to \_\_\_\_\_

\_\_\_\_\_  
(address of entity)

all information on my application to the New Jersey bar. I further authorize and consent to have such entity or person cooperate with any further inquiries from the designated entity in connection with my New Jersey bar application and character review. I understand that the admissions process is confidential.

I hereby release, discharge and exonerate the State of New Jersey and the New Jersey Board of Bar Examiners and Committee on Character, their agents and representatives, the admitting authority of the above jurisdiction, its agents and representatives, and any person or entity so furnishing information from any and all liability of every nature or kind arising out of the furnishing or inspection of such documents, records, and other information or the investigation made by the Committee or by the admitting authority.

X \_\_\_\_\_  
Signature of candidate Date

Executed and acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

X \_\_\_\_\_ My Commission Expires \_\_\_\_\_  
Signature of Notary Public or Attorney at Law

**Notary to affix seal or stamp (place below)**

For Office Use Only:

Fee owed: \_\_\_\_\_ Rec'd on: \_\_\_\_\_ Initial: \_\_\_\_\_