

STATE OF NEW JERSEY
OCEAN COUNTY SURROGATE'S COURT
GUARDIANSHIP RECORD REQUEST FORM
R.1:38-3(e)

I, _____ request access to the records and reports maintained by the Ocean County Surrogate in the following file:

In the Matter of _____, an incapacitated person/Minor.

Docket Number _____

In accordance with Court Rule, I qualify for access to the records as follows:

- ☐ I am the spouse/ civil union partner/ domestic partner/brother sister/child/parent/guardian of the Incapacitated person/Minor Child, and am entitled to any of the documents in the file. (Circle 2)
- ☐ I am an attorney representing the spouse / civil union partner/ domestic partner/brother/sister/child/ parent /guardian of the incapacitated person/the incapacitated person/Minor Child, and am entitled to any document in the file. (Circle 2)
- ☐ I am an attorney/title examiner (circle one) seeking access to records in connection with a transaction affecting the property of the ward. I am entitled to the following provided any Financial information including bond amount; is redacted:
 - 1. Guardianship Judgement
 - 2. Letters of Guardianship
 - 3. Subsequent orders dealing with the guardian's powers.

Requestors Signature

Print Name

STATE OF NEW JERSEY)
COUNTY OF OCEAN) SS.

Requestor being duly sworn according to law, did upon his/her oath say that the, matters set forth in the within form are true to the best of his/her knowledge and belief.

Subscribed and sworn to before me on

DATE:

Probate Clerk/Notary/Attorney