

SURROGATE OF HUDSON COUNTY

TILO E. RIVAS
SURROGATE

DEPUTY CLERK OF THE SUPERIOR
COURT OF NEW JERSEY



ADMINISTRATIVE BUILDING
595 NEWARK AVENUE, ROOM 407
JERSEY CITY, NEW JERSEY 07306
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REQUEST FOR GUARDIANSHIP INFORMATION

Under New Jersey Court Rule 1:38-3(e), records of guardianship proceedings are not available to the general public in order to serve and protect the interest of the Incapacitated Person/Minor. *Please understand that this Court is not permitted to release any information concerning guardianship records, unless you are a party of interest in the matter. Below is a list of interested parties:*

- The Incapacitated Person and/or minor upon reaching majority;
- Incapacitated Person's Spouse, Civil Union Partner or Domestic Partner;
- Minor's or Incapacitated Person's Parents and Siblings;
- Any Adult Children of the Incapacitated Person;
- Guardian of the Incapacitated Person or Minor;
- New Jersey Attorney appearing in Guardianship Action on behalf of the people listed above;
- New Jersey Judiciary Guardianship Monitoring Program Volunteers;

Any requests for guardianship information from a non-interested party must be reviewed and approved by the assigned Superior Court Judge. Please submit your request, in writing, detailing the exact information you seek, and the reason for your inquiry. Please provide any information that will enable us to conduct a thorough search. You must include a copy of your I.D. *If you are unable to provide a case number or docket number, you must include a \$10.00 search fee. Please make your check or money order payable to: "Hudson County Surrogate"*

In addition, you must have the attached Affidavit Form signed where indicated, before a Notary Public or an Attorney at Law of the State of New Jersey, and submitted along with your letter request.

All requests shall be addressed to:

TILO E. RIVAS, SURROGATE
ADMINISTRATIVE BUILDING
595 NEWARK AVENUE, ROOM 407
JERSEY CITY, NEW JERSEY 07306

Prepared by the Court

:
In the Matter of _____
:
_____,
:

:

SUPERIOR COURT OF NEW JERSEY
CHANCERY DIVISION: FAMILY PART
HUDSON COUNTY

DOCKET NO. _____

Civil Action- Affidavit

I, _____ residing at _____

Being duly sworn depose and say:

1. I am the Affiant in the above action.
2. This Affidavit is being submitted in support of my request that this Court release Guardianship records of the above named Incapacitated Person for the purpose of _____

3. I am aware that if any of the above is willfully false, I am subject to punishment.

Signature

SUBSCRIBED AND SWORN TO
BEFORE ME THIS _____ DAY
OF _____, 20____

Notary Public