



MORRIS COUNTY PROSECUTOR'S OFFICE
REQUEST FOR DOMESTIC VIOLENCE REPORT RELEASE

Person Requesting Police Report(s) :

Address: _____

City: _____

State: _____

Phone Number(s) : _____

Fax Number: _____

If you are an Attorney, indicate
whom you represent:

Name of both parties involved in
the incident:

Plaintiff/Victim: _____

Defendant: _____

Municipality (Town) where the
Incident occurred: _____

Date of Incident: _____

Type of Incident (Charge): _____

Reason(s) for request (be
Specific): _____

If the report is requested for
a Court Proceeding, please complete
the following:

Date of the Court Proceeding:

Type of Court Proceeding:

MAIL OR FAX REQUEST TO:

DOMESTIC VIOLENCE UNIT
Morris County Prosecutor's Office
PO Box 900
Morristown, New Jersey 07963-0900
Telephone: 1 973 285 6733
Facsimile: 1 973 285 6787