



OFFICE OF ADMINISTRATIVE LAW

Support Services
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AUDIO RECORDING REQUEST FORM

If you wish to request an audio recording of a hearing, complete this digital form in its entirety.

Name, Address, Email Address, and Phone Number of party requesting recording (please include email for requestor and for delivery, if different):

Three horizontal lines for providing name, address, and phone number.

Case Name: _____

OAL Dkt. Number(s): _____

Judge's Name: _____

Hearing date(s): _____

of copies (if CD): _____

Method of Hearing: Zoom In-Person

** IF YOU HAD AN IN-PERSON HEARING, YOU CAN ONLY REQUEST AN AUDIO CD OF THE HEARING

** IF YOU HAD A ZOOM HEARING PLEASE NOTE WHETHER YOU WOULD LIKE AN AUDIO CD OR A DIGITAL FILE OF THE RECORDING THROUGH THE ZOOM SOFTWARE

**WARNING - Audio CDs of hearings can ONLY be played on a Computer

If your hearing was held using Zoom, please select an option below:

Digital File (provide email for link to be sent to)

Physical CD mailed to address above

Physical CD to be picked up at OAL (indicate office):

This form MUST be emailed to: oaltranscripts@oal.nj.gov. The OAL docket number and location of the hearing should be the email subject (ex. CSV 12345-21; Newark)

If you are unable to email the form to OAL, you may submit this form by mailing or faxing the form to:

OAL, Audio Recordings
PO Box 049
Trenton, NJ 08625-0049
Fax: (609) 689-4074