



Child Support Judgment Search

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CERTIFICATION & ORDER FORM

TO: Child Support Department (Ext. 2100)
Direct Fax: 609.882.4371

Request Date: _____

CERTIFICATION

Under penalties of perjury, I hereby certify that the following information is accurate and true, provided to comply with the legal requirements under N.J.S.A. 2A:17-56.23(b), requiring that a Child Support Judgment Search be performed prior to the disbursement of funds:

1. Full Name*: _____
Please print (Prevailing party or beneficiary)

Also Known As*: _____

Requires additional name search and search fee.

(*) We will search hyphenated names individually and combined - at additional cost - unless otherwise requested.
 No, please search name(s) *only* as it appears above.

2. Mailing Address: _____

3. Date of Birth: _____ 4. Social Security Number: _____
(Strongly Recommended)

Signature _____

Date _____

SEARCH FEE = \$10.00 PER NAME

FROM:

Account #: _____

Firm/Company: _____

Address: _____

Phone: _____

Attention/Reference: _____

SEND RESULTS BY: Regular Mail Facsimile at _____

Email at: _____ Overnight Courier (acct. #) _____

If you do not have an account with Charles Jones Inc, you may use your credit card for payment.

Please fill in the information below, in addition to the above company information.

CREDIT CARD # _____ TYPE: VISA MASTERCARD AMEX

NAME ON CARD: _____

CARD BILLING ADDRESS _____

AUTHORIZED SIGNATURE: _____ EXPIRATION DATE: _____