



Attorney Access Verification Form

Last Name		First Name	
Email Address		NJ Attorney ID Number	
Employer/Firm Name (Primary)			
Address: Street			
City	State	Zip	Telephone Number
Employer/Firm Name (Additional)			
Address: Street			
City	State	Zip	Telephone Number
Collateral Account Number _____			
<p>If you anticipate submitting any pleading that requires a filing fee to Tax Court, you must first establish a collateral account with the Judiciary's Office of Banking and Cash Management.</p> <p>Go to www.njcourts.gov/attorneys/jacs.html to register for the Judiciary Account Charge System (JACS) through the self-service application.</p>			
<p>Send your completed eCourts Access Request to TaxCourt.mailbox@njcourts.gov. Please use the subject line "Attorney Access Request" to ensure that your request is properly directed.</p> <p>You will receive an acknowledgement of receipt and status update from the Tax Court Clerk's Office.</p>			