



# 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 <a href="http://www.njcourts.gov/attorneys/jacs.html">www.njcourts.gov/attorneys/jacs.html</a> to register for the Judiciary Account Charge System (JACS) through the self-service application.</p>			
<p>Send your completed eCourts Access Request to <a href="mailto:TaxCourt.mailbox@njcourts.gov">TaxCourt.mailbox@njcourts.gov</a>. Please use the subject line "<b>Attorney Access Request</b>" 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>			