Corey R. Steel
State Court Administrator



Deborah A. MinardiState Probation Administrator

Administrative Office of the Courts and Probation PPE Needs Form

COVID-19 Response Activities Only

Date of Request:	Anticipated date of critical need:
Requesting Agency Name:	
First and Last Name:	
Title:	
Email:	
Phone Number:	
Shipping/Delivery Address:	
City:	
Zip Code:	
Requested Items (based on a 4-week need)	*Quantity
Disinfectant wipes (individual number of packs	/containers)
Hand sanitizer (available in 1 gallon jugs)	
Cloth face masks (available in black or white)	
Disposable surgical masks (boxes of 50)	
Face shields (number of individual items)	
Gloves (boxes of 100)	*Number of boxes
Extra-Small	
o Small	
o Medium	
o Large	
Extra-Large	
 Double Extra-Large 	
Additional comments or special requests:	
Send completed request form to: mailto:nsc.pperequests@nejudicial.gov Administrative Office of the Courts and Probation	
*Final quantity and product received may diffe	r; orders will be fulfilled based on vendor availability