

BRADLEY D. BILLHIMER
Ocean County Prosecutor

JOSEPH F. MITCHELL
Chief of Detectives



MICHAEL T. NOLAN, JR.
First Assistant Prosecutor

ROBERT J. ARMSTRONG
Deputy First Assistant Prosecutor

OFFICE OF THE PROSECUTOR

Courthouse Annex Building
119 Hooper Avenue
P.O. Box 2191
Toms River, New Jersey 08754-2191
732-929-2027

July 1, 2021

Via OPRA Machine: opra+request-24320-e92919d8@requests.opramachine.com

Re: Open Public Records Act (OPRA) Request
OCPO Case# 19002495 - Patricia Sullivan

Dear Sir/Madam:

Enclosed please find the Complaint Summonses, Affidavits and Preliminary Law Enforcement Incident Reports, pursuant to your request made under the New Jersey Open Public Records Act (OPRA). Personal identifying information has been redacted pursuant to N.J.S.A. 47: 1A-1. I, et seq.

Please be advised that there are no responsive documents pursuant to your request for Arrest Reports, Global Subject Activity Reports, Indictments, Plea Forms, Criminal Information Forms and Sentencing Information.

If I can be of further assistance, please do not hesitate to contact me directly at 732-929-2027, x3135.

Yours very truly,

Dina R. Khajezadeh

Dina R. Khajezadeh
Assistant Prosecutor

DRK/dp

Enclosures

FW: OPRA request - Case reports

Khajezadeh, Dina

Sun 6/27/2021 10:00 AM

To: Carey, Erin <ECarey@co.ocean.nj.us>;

Categories: IMPORTANT DOCUMENTS

Sent from my Verizon, Samsung Galaxy smartphone

----- Original message -----

From: Resident <opra+request-24320-e92919d8@requests.opramachine.com>

Date: 6/26/21 11:35 PM (GMT-05:00)

To: "Khajezadeh, Dina" <DKhajezadeh@co.ocean.nj.us>

Subject: OPRA request - Case reports

Dear Ocean County Prosecutor's Office,

This is a request for public records made under OPRA and the common law right of access. I am not required to fill out an official form. Please acknowledge receipt of this message.

Records requested:

Any relevant arrest reports, global subject activity reports, preliminary law enforcement incident reports, complaint warrants, complaint summonses, affidavits, indictments, criminal information forms, plea forms, and sentencing information, where applicable, for the following defendants:

Matthew Harlan (Case # 19001832)

Bruce Tocci (Case # 19002031)

Vera Griatzky (Case # 19002256)

Patricia Sullivan (Case # 19002495)

Jamal Preston (indicted 6/24/21) 20002489

Yours sincerely,

Resident

Please use deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-24320-e92919d8@requests.opramachine.com

COMPLAINT - SUMMONS

COMPLAINT NUMBER			
1506	S	2019	000660
COURT CODE	PREFIX	YEAR	SEQUENCE NO.
BRICK TOWNSHIP MUNICIPAL COURT 401 CHAMBERS BRIDGE BRICK NJ 08723-0000 732-262-1226 COUNTY OF: OCEAN			
# of CHARGES 2	CO-DEFTS	POLICE CASE #:	
COMPLAINANT NAME: DANIELLE L DALY		DEFENDANT INFORMATION SEX: EYE COLOR: DOB: DRIVER'S LIC. #: SOCIAL SECURITY #: TELEPHONE #: (c) LIVESCAN PCN #:	
		DL STATE:	
By certification or on oath, the complainant says that to the best of his/her knowledge, information and belief the named defendant on or about 06/03/2019 in BRICK TWP, OCEAN County, NJ did: WITHIN THE JURISDICTION OF THIS COURT, WHILE CLEANING OUT MY PARENTS HOUSE, AFTER THEIR DEATHS. I NOTICED ITEMS MISSING. THEY WERE MUNDANE EVERYDAY ITEMS BUT SOME WERE SENTIMENTAL. LAST SATURDAY 6/22 I WAS AT THE HOUSE () WITH MY SON WHEN THE MAIL CAME. IN IT, WAS A CREDIT CARE BILL FOR MY MOTHER. I WAS SURPRISED BECAUSE MY MOM HAD PASSED AWAY 2-8-18 UPON OPENING THE BILL I NOTICED A NEW CHARGE FROM 6/3/19. BOTH OF MY PARENTS HAD PASSED BY THIS DATE. MS. SULLIVAN MUST HAVE BEEN IN POSSESSION OF THIS CREDIT CARD AND USED IT AT THE WAWA I BRICK. LAKEWOOD PD CONFIRMED IT WAS MS. SULLIVAN BY GOING TO THE WAWA AND REVIEWING THE SURVEILLANCE VIDEO AND MATCHED THE RECEIPT.			
WITHIN THE JURISDICTION OF THIS COURT, WHILE CLEANING OUT MY PARENTS HOUSE, AFTER THEIR DEATHS. I NOTICED ITEMS MISSING. THEY WERE MUNDANE EVERYDAY ITEMS BUT SOME WERE SENTIMENTAL. LAST SATURDAY 6/22 I WAS AT THE HOUSE () WITH MY SON, WHEN THE MAIL CAME. IN IT WAS A CREDIT CARD BILL FOR MY MOTHER. I WAS			
in violation of:			
Original Charge	1) 2C:21-6C(1) 2) 2C:20-4 3)		
Amended Charge			
CERTIFICATION I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.			
Signed: _____		Date: _____	
PROBABLE CAUSE DETERMINATION AND ISSUANCE OF SUMMONS			
☐ Probable cause IS NOT found for the issuance of this complaint:			
Signature of Court Administrator or Deputy Court Administrator _____		Signature of Judge _____	
Date _____		Date _____	
☒ Probable cause IS found for the issuance of this complaint-summons:			
Signature of Judge _____		Date _____	
SUMMONS			
YOU ARE HEREBY SUMMONED to appear before the Superior Court in the county of: OCEAN			
at the following address: OCEAN SUPERIOR COURT			
100 HOOPER AVE		TOMS RIVER NJ 08753-0000	
If you fail to appear on the date and at the time stated below, a warrant may be issued for your arrest.			
Date of Arrest:		Appearance Date: 06/28/2019 Time: 09:00AM Phone: 732-244-2121	
Signature of Person Issuing Summons: _____		Date: 06/28/2019	
☐ Domestic Violence – Confidential		☐ Related Traffic Tickets or Other Complaints	
☐ Serious Personal Injury/ Death Involved			
Special conditions of release: ☐ No phone, mail or other personal contact w/victim ☐ No possession firearms/weapons ☐ Other (specify): _____		ORIGINAL	
Page 1 of 11		NJ/CDR1 1/1/2017	

COMPLAINT - SUMMONS

COMPLAINT NUMBER

1506**S****2019****000660**

STATE V.

PATRICIA SULLIVAN

COURT CODE

PREFIX

YEAR

SEQUENCE NO.

SURPRISED BECAUSE MY MOM HAD PASSED AWAY 2-8-18. UPON OPENING THE BILL I NOTICED A NEW CHARGE FROM 6/3/19. BOTH OF MY PARENTS HAD PASSED BY THIS DATE. MS SULLIVAN MUST HAVE BEEN IN POSSESSION OF THIS CREDIT CARD AND USED IT AT THE WAWA IN BRICK. LAKEWOOD PD CONFIRMED IT WAS MS. SULLIVAN BY GOING TO THE WAWA AND REVIEWING THE SURVEILLANCE VIDEO AND MATCHED THE RECEIPT.

Original Charge

Amended Charge

COMPLAINT - SUMMONS

Page 2 of 11

NJ/CDR1 1/1/2017

COMPLAINT – SUMMONS (Court Action)

COMPLAINT NUMBER				STATE V.	PATRICIA SULLIVAN
1506	S	2019	000660		
COURT CODE	PREFIX	YEAR	SEQUENCE NO.		

FTA Bail Information				Date Bail Set: _____		Amount Bail Set: \$ _____ by: _____		☐ Bail Recog. Attached	
Released on Bail	R.O.R.	Committed Default	Committed w/o Bail	Place Committed: _____				Date Referred to County Prosecutor: _____	

Date of First Appearance: 06/28/2019	☐ Advised of Rights by _____	Defendant Desires Counsel: ☐ Yes ☐ No
--------------------------------------	---	--

Prosecuting Attorney Information				Defense Counsel Information					
Name:				Name:					
State	County	Municipal	Other	None	Retained	Public Def	Assigned	Waived	Other

Original Charge	1) 2C:21-6C(1)	2) 2C:20-4	3)
-----------------	----------------	------------	----

Amended Charge			
----------------	--	--	--

Waiver Indt/Jury			
------------------	--	--	--

Plea/Date of Plea	Plea: Date:	Plea: Date:	Plea: Date:
-------------------	----------------------------------	----------------------------------	----------------------------------

Adjudication (* see code)	Finding Code: Date:	Finding Code: Date:	Finding Code: Date:
---------------------------	--	--	--

Jail Term		Jail time credit	Susp. Imp		Jail time credit	Susp. Imp		Jail time credit	Susp. Imp
-----------	--	------------------	-----------	--	------------------	-----------	--	------------------	-----------

Probation Term		Susp. Imp		Susp. Imp		Susp. Imp
----------------	--	-----------	--	-----------	--	-----------

Cond. Discharge Term			
----------------------	--	--	--

Community Service			
-------------------	--	--	--

D/L Suspension Term			
---------------------	--	--	--

Fines/Costs	Fines:	Costs:	Fines:	Costs:	Fines:	Costs:
-------------	--------	--------	--------	--------	--------	--------

VCCB/SNSF	VCCB: SNSF:	VCCB: SNSF:	VCCB: SNSF:
-----------	-------------	-------------	-------------

DEDR/Lab Fee	DEDR: LAB:	DEDR: LAB:	DEDR: LAB:
--------------	------------	------------	------------

CD Fee/Drug Ed Fnd	CD:	DAEF:	CD:	DAEF:	CD:	DAEF:

DV Surch/Other Fees	DV:	Other:	DV:	Other:	DV:	Other:

Restitution Beneficiary: _____			
-----------------------------------	--	--	--

Miscellaneous Information, Adjournments, Companion Complaints, Co-Defendants, Case Notes:	* Finding Codes 1 – Guilty 2 – Not Guilty 3 – Dismissed – Other 4 – Guilty but Merged 5 – Dismissed-Rule 6 – Dismissed Lack of Prosecution 7 – Dismissed – Pros Motion/Vic Req 8 – Conditional Discharge D – Dismissed- Prosecutor Discretion M – Dismissed- Mediation P - Dismissed-Plea Agreement S – Disposed at Superior W – Dismissed-False ID
Related Traffic Tickets and Complaints:	

		ORIGINAL - Court Action	
JUDGE'S SIGNATURE	DATE	Page 3 of 11	NJ/CDR1 1/1/2017

COMPLAINT – SUMMONS (Court Action)

COMPLAINT NUMBER				STATE V.															
1506		S		2019		000660		PATRICIA SULLIVAN											
COURT CODE		PREFIX		YEAR		SEQUENCE NO.													
FTA Bail Information				Date Bail Set:				Amount Bail Set: \$ _____ by: _____				☐ Bail Recog. Attached							
Released on Bail		R.O.R.		Committed Default		Committed w/o Bail		Place Committed:				Date Referred to County Prosecutor: _____							
Date of First Appearance: 06/28/2019				☐ Advised of Rights by _____				Defendant Desires Counsel: ☐ Yes ☐ No											
Prosecuting Attorney Information						Defense Counsel Information													
Name:						Name:													
State		County		Municipal		Other		None		Retained		Public Def		Assigned		Waived		Other	
Original Charge																			
Amended Charge																			
Waiver Indt/Jury																			
Plea/Date of Plea		Plea:		Date:		Plea:		Date:		Plea:		Date:							
Adjudication (* see code)		Finding Code:		Date:		Finding Code:		Date:		Finding Code:		Date:							
Jail Term				Jail time credit		Susp. Imp				Jail time credit		Susp. Imp				Jail time credit		Susp. Imp	
Probation Term						Susp. Imp						Susp. Imp						Susp. Imp	
Cond. Discharge Term																			
Community Service																			
D/L Suspension Term																			
Fines/Costs		Fines:		Costs:		Fines:		Costs:		Fines:		Costs:							
VCCB/SNSF		VCCB:		SNSF:		VCCB:		SNSF:		VCCB:		SNSF:							
DEDL/Lab Fee		DEDL:		LAB:		DEDL:		LAB:		DEDL:		LAB:							
CD Fee/Drug Ed Fnd		CD:		DAEF:		CD:		DAEF:		CD:		DAEF:							
DV Surch/Other Fees		DV:		Other:		DV:		Other:		DV:		Other:							
Restitution Beneficiary: _____																			
Miscellaneous Information, Adjournments, Companion Complaints, Co-Defendants, Case Notes:												* Finding Codes 1 – Guilty 2 – Not Guilty 3 – Dismissed – Other 4 – Guilty but Merged 5 – Dismissed-Rule 6 – Dismissed Lack of Prosecution 7 – Dismissed – Pros Motion/Vic Req 8 – Conditional Discharge D – Dismissed- Prosecutor Discretion M – Dismissed- Mediation P - Dismissed-Plea Agreement S – Disposed at Superior W – Dismissed-False ID							
Related Traffic Tickets and Complaints:																			
JUDGE'S SIGNATURE _____ DATE _____												COMPLAINT - SUMMONS (Court Action) Page 4 of 11 NJ/CDR1 1/1/2017							

COMPLAINT - SUMMONS (DEFENDANT'S COPY)

COMPLAINT NUMBER			
1506	S	2019	000660
COURT CODE	PREFIX	YEAR	SEQUENCE NO.
BRICK TOWNSHIP MUNICIPAL COURT 401 CHAMBERS BRIDGE BRICK NJ 08723-0000 732-262-1226 COUNTY OF: OCEAN			
# of CHARGES 2	CO-DEFTS	POLICE CASE #:	
COMPLAINANT NAME: DANIELLE L DALY		DEFENDANT INFORMATION SEX: EYE COLOR: DOB: DL STATE: DRIVER'S LIC. #: SOCIAL SECURITY #: SBI #: TELEPHONE #: (c) LIVESCAN PCN #:	

THE STATE OF NEW JERSEY

VS.

PATRICIA SULLIVAN

ADDRESS: 868D INVERNESS CT

LAKEWOOD

NJ 08701-0000

By certification or on oath, the complainant says that to the best of his/her knowledge, information and belief the named defendant on or about **06/03/2019** in **BRICK TWP**, **OCEAN** County, NJ did: WITHIN THE JURISDICTION OF THIS COURT, WHILE CLEANING OUT MY PARENTS HOUSE, AFTER THEIR DEATHS. I NOTICED ITEMS MISSING. THEY WERE MUNDANE EVERYDAY ITEMS BUT SOME WERE SENTIMENTAL. LAST SATURDAY 6/22 I WAS AT THE HOUSE () WITH MY SON WHEN THE MAIL CAME. IN IT, WAS A CREDIT CARE BILL FOR MY MOTHER. I WAS SURPRISED BECAUSE MY MOM HAD PASSED AWAY 2-8-18 UPON OPENING THE BILL I NOTICED A NEW CHARGE FROM 6/3/19. BOTH OF MY PARENTS HAD PASSED BY THIS DATE. MS. SULLIVAN MUST HAVE BEEN IN POSSESSION OF THIS CREDIT CARD AND USED IT AT THE WAWA I BRICK. LAKEWOOD PD CONFIRMED IT WAS MS. SULLIVAN BY GOING TO THE WAWA AND REVIEWING THE SURVEILLANCE VIDEO AND MATCHED THE RECEIPT.

WITHIN THE JURISDICTION OF THIS COURT, WHILE CLEANING OUT MY PARENTS HOUSE, AFTER THEIR DEATHS. I NOTICED ITEMS MISSING. THEY WERE MUNDANE EVERYDAY ITEMS BUT SOME WERE SENTIMENTAL. LAST SATURDAY 6/22 I WAS AT THE HOUSE () WITH MY SON, WHEN THE MAIL CAME. IN IT WAS A CREDIT CARD BILL FOR MY MOTHER. I WAS

in violation of:

Original Charge	1) 2C:21-6C(1)	2) 2C:20-4	3)
Amended Charge			

CERTIFICATION I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Signed: _____

Date: _____

PROBABLE CAUSE DETERMINATION AND ISSUANCE OF SUMMONS

☐ Probable cause **IS NOT** found for the issuance of this complaint:

Signature of Court Administrator or Deputy Court Administrator

Date

Signature of Judge

Date

☒ Probable cause **IS** found for the issuance of this complaint-summons:

Signature of Judge

Date

SUMMONS

YOU ARE HEREBY **SUMMONED** to appear before the Superior Court in the county of: OCEAN

at the following address: OCEAN SUPERIOR COURT

100 HOOPER AVE

TOMS RIVER

NJ 08753-0000

If you fail to appear on the date and at the time stated below, a warrant may be issued for your arrest.

Date of Arrest: Appearance Date: **06/28/2019** Time: **09:00AM** Phone: **732-244-2121**

Signature of Person Issuing Summons: **DONNA MORRA JUDICIAL OFFICER** Date: **06/28/2019**

☐ Domestic Violence – Confidential

☐ Related Traffic Tickets
or Other Complaints

☐ Serious Personal Injury/ Death
Involved

Special conditions of release:

☐ No phone, mail or other personal contact w/victim

☐ No possession firearms/weapons

☐ Other (specify):

COMPLAINT - SUMMONS (DEFENDANT'S COPY)

COMPLAINT - SUMMONS (DEFENDANT'S COPY)

COMPLAINT NUMBER

1506**S****2019****000660****STATE V.****PATRICIA SULLIVAN**

COURT CODE

PREFIX

YEAR

SEQUENCE NO.

SURPRISED BECAUSE MY MOM HAD PASSED AWAY 2-8-18. UPON OPENING THE BILL I NOTICED A NEW CHARGE FROM 6/3/19. BOTH OF MY PARENTS HAD PASSED BY THIS DATE. MS SULLIVAN MUST HAVE BEEN IN POSSESSION OF THIS CREDIT CARD AND USED IT AT THE WAWA IN BRICK. LAKEWOOD PD CONFIRMED IT WAS MS. SULLIVAN BY GOING TO THE WAWA AND REVIEWING THE SURVEILLANCE VIDEO AND MATCHED THE RECEIPT.

Original Charge

Amended Charge

COMPLAINT - SUMMONS (DEFENDANT'S COPY)

Page 6 of 11

NJ/CDR1 1/1/2017

RETURN OF SERVICE INFORMATION

COMPLAINT NUMBER			
1506	S	2019	000660
COURT CODE	PREFIX	YEAR	SEQUENCE NO.
BRICK TOWNSHIP MUNICIPAL COURT 401 CHAMBERS BRIDGE BRICK NJ 08723-0000 732-262-1226 COUNTY OF: OCEAN			
# of CHARGES 2	CO-DEFTS	POLICE CASE #:	
COMPLAINANT DANIELLE L DALY NAME: [REDACTED]			
ADDRESS: 868D INVERNESS CT LAKEWOOD NJ 08701-0000			
DEFENDANT INFORMATION SEX: EYE COLOR: DOB: DRIVER'S LIC. #: DL STATE: SOCIAL SECURITY # SBI #: TELEPHONE #: [REDACTED] (C) LIVESCAN PCN #:			

By certification or on oath, the complainant says that to the best of his/her knowledge, information and belief the named defendant on or about **06/03/2019** in **BRICK TWP**, **OCEAN** County, NJ did: WITHIN THE JURISDICTION OF THIS COURT, WHILE CLEANING OUT MY PARENTS HOUSE, AFTER THEIR DEATHS. I NOTICED ITEMS MISSING. THEY WERE MUNDANE EVERYDAY ITEMS BUT SOME WERE SENTIMENTAL. LAST SATURDAY 6/22 I WAS AT THE HOUSE [REDACTED] WITH MY SON WHEN THE MAIL CAME. IN IT, WAS A CREDIT CARE BILL FOR MY MOTHER. I WAS SURPRISED BECAUSE MY MOM HAD PASSED AWAY 2-8-18 UPON OPENING THE BILL I NOTICED A NEW CHARGE FROM 6/3/19. BOTH OF MY PARENTS HAD PASSED BY THIS DATE. MS. SULLIVAN MUST HAVE BEEN IN POSSESSION OF THIS CREDIT CARD AND USED IT AT THE WAWA I BRICK. LAKEWOOD PD CONFIRMED IT WAS MS. SULLIVAN BY GOING TO THE WAWA AND REVIEWING THE SURVEILLANCE VIDEO AND MATCHED THE RECEIPT.

WITHIN THE JURISDICTION OF THIS COURT, WHILE CLEANING OUT MY PARENTS HOUSE, AFTER THEIR DEATHS. I NOTICED ITEMS MISSING. THEY WERE MUNDANE EVERYDAY ITEMS BUT SOME WERE SENTIMENTAL. LAST SATURDAY 6/22 I WAS AT THE HOUSE [REDACTED] WITH MY SON, WHEN THE MAIL CAME. IN IT WAS A CREDIT CARD BILL FOR MY MOTHER. I WAS in violation of:

Original Charge	1) 2C:21-6C(1)	2) 2C:20-4	3)
-----------------	-----------------------	-------------------	----

Check	Certification by Police Regarding Complaint-Summons
☒	I certify that I served the complaint-summons by delivering a copy to the defendant personally.
☐	I certify that I personally served the complaint-summons by leaving a copy at the defendant's usual place of abode with a competent member of the household of the age 14 or over _____ Name of family member over 14 years of age
☒	I certify that I mailed a copy of the complaint-summons by ordinary mail to the defendant at his or her last known address. _____ Defendant's last known address
☐	I certify that I served the complaint-summons by delivering a copy to a person authorized to receive service of process on the defendant's behalf. _____ Name and title of authorized person
☐	Other manner of service: I certify that I served the complaint-summons in the following manner: _____
☐	I certify that I was unable to serve the complaint-summons.

Signed: _____ Name, Title and Department of Officer	Date of Action: _____
--	-----------------------

**RETURN OF SERVICE
INFORMATION**

RETURN OF SERVICE INFORMATION

COMPLAINT NUMBER

1506**S****2019****000660****STATE V.****PATRICIA SULLIVAN**

COURT CODE

PREFIX

YEAR

SEQUENCE NO.

SURPRISED BECAUSE MY MOM HAD PASSED AWAY 2-8-18. UPON OPENING THE BILL I NOTICED A NEW CHARGE FROM 6/3/19. BOTH OF MY PARENTS HAD PASSED BY THIS DATE. MS SULLIVAN MUST HAVE BEEN IN POSSESSION OF THIS CREDIT CARD AND USED IT AT THE WAWA IN BRICK. LAKEWOOD PD CONFIRMED IT WAS MS. SULLIVAN BY GOING TO THE WAWA AND REVIEWING THE SURVEILLANCE VIDEO AND MATCHED THE RECEIPT.

Original Charge

Amended Charge

RETURN OF SERVICE INFORMATION**Page 8 of 11**

NJ/CDR1 1/1/2017

Affidavit of Probable Cause

COMPLAINT NUMBER

1506**S****2019****000660**

COURT CODE

PREFIX

YEAR

SEQUENCE NO.

BRICK TOWNSHIP MUNICIPAL COURT
401 CHAMBERS BRIDGE
BRICK NJ 08723-0000
732-262-1226 COUNTY OF: OCEAN

of CHARGES
2

CO-DEFTS

POLICE CASE #:

COMPLAINANT DANIELLE L DALY
NAME: [REDACTED]

ADDRESS:

868D INVERNESS CT

LAKEWOOD

NJ 08701-0000

DEFENDANT INFORMATION

SEX: EYE COLOR:

DOB:

DRIVER'S LIC. #:

DL STATE:

SOCIAL SECURITY #:

SBI #:

TELEPHONE #: [REDACTED] (C)

LIVESCAN PCN #:

Purpose: This Affidavit/Certification is to more fully describe the facts of the alleged offense so that a judge or authorized judicial officer may determine probable cause.

1. Description of relevant facts and circumstances which support probable cause that (1) the offense(s) was committed and (2) the defendant is the one who committed it:

Affidavit of Probable Cause**Page 9 of 11**

1/1/2017

Affidavit of Probable Cause

COMPLAINT NUMBER

1506

S

2019

000660

COURT CODE

PREFIX

YEAR

SEQUENCE NO.

THE STATE OF NEW JERSEY

VS.

PATRICIA SULLIVAN

2. I am aware of the facts above because: (Included, but not limited to: your observations, statements of eyewitnesses, defendant's admission, etc.)

3. If victim was injured, provide the extent of the injury:

Certification:

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Signed: _____ Date: _____

Affidavit of Probable Cause

Page 10 of 11

1/1/2017

Preliminary Law Enforcement Incident Report

COMPLAINT NUMBER			
1506	S	2019	000660
COURT CODE	PREFIX	YEAR	SEQUENCE NO.
BRICK TOWNSHIP MUNICIPAL COURT 401 CHAMBERS BRIDGE BRICK NJ 08723-0000 732-262-1226 COUNTY OF: OCEAN			
# of CHARGES 2	CO-DEFTS	POLICE CASE #:	
COMPLAINANT DANIELLE L DALY NAME: [REDACTED] [REDACTED] [REDACTED] [REDACTED]		DEFENDANT INFORMATION SEX: EYE COLOR: DOB: DL STATE: DRIVER'S LIC. #: SOCIAL SECURITY #: SBI #: TELEPHONE #: [REDACTED] (C) LIVESCAN PCN #:	

THE STATE OF NEW JERSEY
VS.
PATRICIA SULLIVAN
ADDRESS: 868D INVERNESS CT
LAKEWOOD NJ 08701-0000

Purpose: The Preliminary Law Enforcement Incident Report (PLEIR) is intended to document basic information known to the officer at the time of its preparation. It is recognized that additional relevant information will emerge as an investigation continues. The PLEIR shall be in addition to, not in lieu of, any regular police arrest, incident, or investigation reports. Note that the PLEIR is specific to each defendant charged in an investigation.

Certification:
I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Signed: _____ Date: _____

COMPLAINT - SUMMONS

COMPLAINT NUMBER			
1514	S	2019	000590
COURT CODE	PREFIX	YEAR	SEQUENCE NO.
LAKEWOOD MUNICIPAL COURT 231 THIRD ST LAKEWOOD NJ 08701-0000 732-364-2500 COUNTY OF: OCEAN			
# of CHARGES 3	CO-DEFTS	POLICE CASE #: 19-045578	
COMPLAINANT NAME: DANIELLE L DALY		DEFENDANT INFORMATION SEX: EYE COLOR: DOB: DRIVER'S LIC. #: SOCIAL SECURITY #: TELEPHONE #: (c) LIVESCAN PCN #:	

THE STATE OF NEW JERSEY
VS.
PATRICIA SULLIVAN
ADDRESS: 868D IVERNESS CT.
LAKEWOOD NJ 08701-0000

By certification or on oath, the complainant says that to the best of his/her knowledge, information and belief the named defendant on or about 06/03/2019 in LAKEWOOD TWP, OCEAN County, NJ did: WITHIN THE JURISDICTION OF THIS COURT, AFTER THE DEATH OF MY PARENTS MY MOTHER 2/8/18 AND MY DAD 5/23/19, I WAS CLEANING OUT THE HOUSE. I NOTICED SEVERAL ITEMS MISSING. THESE WERE MUNDANE ITEMS, WHILE SOME WERE SENTIMENTAL. THEN ON 6/22/19 I RECEIVED A CREDIT CARD BILL IN THE MAIL. I WAS SURPRISED BECAUSE IT WAS MY MOTHERS. I OPENED IT AND SAW A RECENT CHARGE OF \$72.60 ON 6/3/19. BOTH MY PARENTS WERE DECEASED. THIS WAS WHEN I CALLED THE LAKEWOOD PD TO REPORT THE INCIDENT. MS. SULLIVAN HAD ACCESS TO THE HOUSE AS SHE WAS WALKING THE DOG WHILE MY DAD WAS IN THE HOSPITAL. TOTAL AMT OF THEFT \$1500.00 APPROXIMATELY.

in violation of:

Original Charge	1) 2C:20-3A	2) 2C:18-2A(1)	3) 2C:20-7A
Amended Charge			

CERTIFICATION I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Signed: _____ Date: _____

PROBABLE CAUSE DETERMINATION AND ISSUANCE OF SUMMONS

☐ Probable cause **IS NOT** found for the issuance of this complaint:

Signature of Court Administrator or Deputy Court Administrator _____ Date _____ Signature of Judge _____ Date _____

☒ Probable cause **IS** found for the issuance of this complaint-summons:

Signature of Judge _____ Date _____

SUMMONS

YOU ARE HEREBY **SUMMONED** to appear before the Superior Court in the county of: OCEAN

at the following address: OCEAN SUPERIOR COURT

100 HOOPER AVE

TOMS RIVER

NJ 08753-0000

If you fail to appear on the date and at the time stated below, a warrant may be issued for your arrest.

Date of Arrest: _____ Appearance Date: 06/28/2019 Time: 09:00AM Phone: 732-244-2121

Signature of Person Issuing Summons: JANE COUGHRAN JUDICIAL OFFICER Date: 06/28/2019

☐ Domestic Violence – Confidential

☐ Related Traffic Tickets
or Other Complaints

☐ Serious Personal Injury/ Death
Involved

Special conditions of release:

- ☐ No phone, mail or other personal contact w/victim
- ☐ No possession firearms/weapons
- ☐ Other (specify): _____

ORIGINAL

COMPLAINT – SUMMONS (Court Action)

COMPLAINT NUMBER				STATE V.	
COURT CODE	PREFIX	YEAR	SEQUENCE NO.		
1514	S	2019	000590	PATRICIA SULLIVAN	
FTA Bail Information		Date Bail Set:	Amount Bail Set: \$ _____ by: _____		☐ Bail Recog. Attached
Released on Bail	R.O.R.	Committed Default	Committed w/o Bail	Place Committed:	Date Referred to County Prosecutor: _____
Date of First Appearance: 06/28/2019		☐ Advised of Rights by _____			Defendant Desires Counsel: ☐ Yes ☐ No
Prosecuting Attorney Information			Defense Counsel Information		
Name:			Name:		
State	County	Municipal	Other	None	Retained
				Public Def	Assigned
				Waived	Other
Original Charge	1) 2C:20-3A		2) 2C:18-2A (1)		3) 2C:20-7A
Amended Charge					
Waiver Indt/Jury					
Plea/Date of Plea	Plea:	Date:	Plea:	Date:	Plea: Date:
Adjudication (* see code)	Finding Code:	Date:	Finding Code:	Date:	Finding Code: Date:
Jail Term		Jail time credit	Susp. Imp	Jail time credit	Susp. Imp
Probation Term			Susp. Imp		Susp. Imp
Cond. Discharge Term					
Community Service					
D/L Suspension Term					
Fines/Costs	Fines:	Costs:	Fines:	Costs:	Fines: Costs:
VCCB/SNSF	VCCB:	SNSF:	VCCB:	SNSF:	VCCB: SNSF:
DEDR/Lab Fee	DEDR:	LAB:	DEDR:	LAB:	DEDR: LAB:
CD Fee/Drug Ed Fnd	CD:	DAEF:	CD:	DAEF:	CD: DAEF:
DV Surch/Other Fees	DV:	Other:	DV:	Other:	DV: Other:
Restitution					
Beneficiary: _____					
Miscellaneous Information, Adjournments, Companion Complaints, Co-Defendants, Case Notes:					* Finding Codes 1 – Guilty 2 – Not Guilty 3 – Dismissed – Other 4 – Guilty but Merged 5 – Dismissed-Rule 6 – Dismissed Lack of Prosecution 7 – Dismissed – Pros Motion/Vic Req 8 – Conditional Discharge D – Dismissed- Prosecutor Discretion M – Dismissed- Mediation P – Dismissed-Plea Agreement S – Disposed at Superior W – Dismissed-False ID
Related Traffic Tickets and Complaints:					
JUDGE'S SIGNATURE _____ DATE _____					ORIGINAL - Court Action Page 2 of 7 NJ/CDR1 1/1/2017

COMPLAINT - SUMMONS (DEFENDANT'S COPY)

COMPLAINT NUMBER			
1514	S	2019	000590
COURT CODE	PREFIX	YEAR	SEQUENCE NO.
LAKEWOOD MUNICIPAL COURT 231 THIRD ST LAKEWOOD NJ 08701-0000 732-364-2500 COUNTY OF: OCEAN			
# of CHARGES 3	CO-DEFTS	POLICE CASE #: 19-045578	
COMPLAINANT NAME: DANIELLE L DALY		DEFENDANT INFORMATION SEX: EYE COLOR: DOB: DL STATE: NA DRIVER'S LIC. #: SOCIAL SECURITY #: SBI #: TELEPHONE #: (C) LIVESCAN PCN #:	

THE STATE OF NEW JERSEY

VS.

PATRICIA SULLIVAN

ADDRESS: **868D IVERNESS CT.**

LAKEWOOD

NJ 08701-0000

By certification or on oath, the complainant says that to the best of his/her knowledge, information and belief the named defendant on or about **06/03/2019** in **LAKEWOOD TWP**, **OCEAN** County, NJ did: WITHIN THE JURISDICTION OF THIS COURT, AFTER THE DEATH OF MY PARENTS MY MOTHER 2/8/18 AND MY DAD 5/23/19, I WAS CLEANING OUT THE HOUSE. I NOTICED SEVERAL ITEMS MISSING. THESE WERE MUNDANE ITEMS, WHILE SOME WERE SENTIMENTAL. THEN ON 6/22/19 I RECEIVED A CREDIT CARD BILL IN THE MAIL. I WAS SURPRISED BECAUSE IT WAS MY MOTHERS. I OPENED IT AND SAW A RECENT CHARGE OF \$72.60 ON 6/3/19. BOTH MY PARENTS WERE DECEASED. THIS WAS WHEN I CALLED THE LAKEWOOD PD TO REPORT THE INCIDENT. MS. SULLIVAN HAD ACCESS TO THE HOUSE AS SHE WAS WALKING THE DOG WHILE MY DAD WAS IN THE HOSPITAL. TOTAL AMT OF THEFT \$1500.00 APPROXIMATELY.

in violation of:

Original Charge	1) 2C:20-3A	2) 2C:18-2A(1)	3) 2C:20-7A
Amended Charge			

CERTIFICATION I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Signed: _____

Date: _____

PROBABLE CAUSE DETERMINATION AND ISSUANCE OF SUMMONS

☐ Probable cause **IS NOT** found for the issuance of this complaint:

Signature of Court Administrator or Deputy Court Administrator

Date

Signature of Judge

Date

☒ Probable cause **IS** found for the issuance of this complaint-summons:

Signature of Judge

Date

SUMMONS

YOU ARE HEREBY **SUMMONED** to appear before the Superior Court in the county of: **OCEAN**

at the following address: **OCEAN SUPERIOR COURT**

100 HOOPER AVE

TOMS RIVER

NJ 08753-0000

If you fail to appear on the date and at the time stated below, a warrant may be issued for your arrest.

Date of Arrest: Appearance Date: **06/28/2019** Time: **09:00AM** Phone: **732-244-2121**

Signature of Person Issuing Summons: **JANE COUGHRAN JUDICIAL OFFICER** Date: **06/28/2019**

☐ Domestic Violence – Confidential

☐ Related Traffic Tickets
or Other Complaints

☐ Serious Personal Injury/ Death
Involved

Special conditions of release:

☐ No phone, mail or other personal contact w/victim

☐ No possession firearms/weapons

☐ Other (specify): _____

COMPLAINT - SUMMONS (DEFENDANT'S COPY)

RETURN OF SERVICE INFORMATION

COMPLAINT NUMBER			
1514	S	2019	000590
COURT CODE	PREFIX	YEAR	SEQUENCE NO.
LAKEWOOD MUNICIPAL COURT 231 THIRD ST LAKEWOOD NJ 08701-0000 732-364-2500 COUNTY OF: OCEAN			
# of CHARGES 3	CO-DEFTS	POLICE CASE #: 19-045578	
COMPLAINANT DANIELLE L DALY NAME: [REDACTED]			
DEFENDANT INFORMATION SEX: EYE COLOR: DOB: DRIVER'S LIC. #. DL STATE: NA SOCIAL SECURITY # SBI #: TELEPHONE #: [REDACTED] (C) LIVESCAN PCN #:			

THE STATE OF NEW JERSEY

VS.

PATRICIA SULLIVAN

ADDRESS :

868D IVERNESS CT.

LAKEWOOD

NJ 08701-0000

By certification or on oath, the complainant says that to the best of his/her knowledge, information and belief the named defendant on or about **06/03/2019** in **LAKEWOOD TWP**, **OCEAN** County, NJ did:
WITHIN THE JURISDICTION OF THIS COURT, AFTER THE DEATH OF MY PARENTS MY MOTHER 2/8/18 AND MY DAD 5/23/19, I WAS CLEANING OUT THE HOUSE . I NOTICED SEVERAL ITEMS MISSING. THESE WERE MUNDANE ITEMS, WHILE SOME WERE SENTIMENTAL. THEN ON 6/22/19 I RECEIVED A CREDIT CARD BILL IN THE MAIL. I WAS SURPRISED BECAUSE IT WAS MY MOTHERS. I OPENED IT AND SAW A RECENT CHARGE OF \$72.60 ON 6/3/19. BOTH MY PARENTS WERE DECEASED. THIS WAS WHEN I CALLED THE LAKEWOOD PD TO REPORT THE INCIDENT. MS. SULLIVAN HAD ACCESS TO THE HOUSE AS SHE WAS WALKING THE DOG WHILE MY DAD WAS IN THE HOSPITAL. TOTAL AMT OF THEFT \$1500.00 APPROXIMATELY.

in violation of:

Original Charge 1) **2C:20-3A** 2) **2C:18-2A(1)** 3) **2C:20-7A**

Check	Certification by Police Regarding Complaint-Summons
☒	I certify that I served the complaint-summons by delivering a copy to the defendant personally.
☐	I certify that I personally served the complaint-summons by leaving a copy at the defendant's usual place of abode with a competent member of the household of the age 14 or over _____ Name of family member over 14 years of age
☒	I certify that I mailed a copy of the complaint-summons by ordinary mail to the defendant at his or her last known address. _____ Defendant's last known address
☐	I certify that I served the complaint-summons by delivering a copy to a person authorized to receive service of process on the defendant's behalf. _____ Name and title of authorized person
☐	Other manner of service: I certify that I served the complaint-summons in the following manner: _____
☐	I certify that I was unable to serve the complaint-summons.

Signed: _____ Date of Action: _____
Name, Title and Department of Officer

**RETURN OF SERVICE
INFORMATION**

Affidavit of Probable Cause

COMPLAINT NUMBER

1514**S****2019****000590**

COURT CODE

PREFIX

YEAR

SEQUENCE NO.

LAKEWOOD MUNICIPAL COURT**231 THIRD ST****LAKEWOOD****NJ 08701-0000****732-364-2500**COUNTY OF: **OCEAN**

of CHARGES

3

CO-DEFTS

POLICE CASE #:

19-045578COMPLAINANT **DANIELLE L DALY**

NAME:

THE STATE OF NEW JERSEY**VS.****PATRICIA SULLIVAN**

ADDRESS:

868D IVERNESS CT.**LAKEWOOD****NJ 08701-0000**

DEFENDANT INFORMATION

SEX: EYE COLOR:

DOB:

DRIVER'S LIC. #:

DL STATE: **NA**

SOCIAL SECURITY #:

SBI #:

TELEPHONE #:

(C)

LIVESCAN PCN #:

Purpose: This Affidavit/Certification is to more fully describe the facts of the alleged offense so that a judge or authorized judicial officer may determine probable cause.

1. Description of relevant facts and circumstances which support probable cause that (1) the offense(s) was committed and (2) the defendant is the one who committed it:

Affidavit of Probable Cause**Page 5 of 7**

1/1/2017

Affidavit of Probable Cause

COMPLAINT NUMBER

1514**S****2019****000590**

COURT CODE

PREFIX

YEAR

SEQUENCE NO.

THE STATE OF NEW JERSEY**VS.****PATRICIA SULLIVAN**

2. I am aware of the facts above because: (Included, but not limited to: your observations, statements of eyewitnesses, defendant's admission, etc.)

3. If victim was injured, provide the extent of the injury:

Certification:

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Signed: _____

Date: _____

Affidavit of Probable Cause**Page 6 of 7**

1/1/2017

Preliminary Law Enforcement Incident Report

COMPLAINT NUMBER

1514**S****2019****000590**

COURT CODE

PREFIX

YEAR

SEQUENCE NO.

LAKEWOOD MUNICIPAL COURT**231 THIRD ST****LAKEWOOD****NJ 08701-0000****732-364-2500** COUNTY OF: **OCEAN**

of CHARGES

3

CO-DEFTS

POLICE CASE #:

19-045578COMPLAINANT **DANIELLE L DALY**

NAME:

*THE STATE OF NEW JERSEY**VS.***PATRICIA SULLIVAN**

ADDRESS:

868D IVERNESS CT.**LAKEWOOD****NJ 08701-0000**

DEFENDANT INFORMATION

SEX: EYE COLOR:

DOB:

DRIVER'S LIC. #:

DL STATE: **NA**

SOCIAL SECURITY #:

SBI #:

TELEPHONE #:

(C)

LIVESCAN PCN #:

Purpose: The Preliminary Law Enforcement Incident Report (PLEIR) is intended to document basic information known to the officer at the time of its preparation. It is recognized that additional relevant information will emerge as an investigation continues. The PLEIR shall be in addition to, not in lieu of, any regular police arrest, incident, or investigation reports. Note that the PLEIR is specific to each defendant charged in an investigation.

Certification:

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Signed: _____

Date: _____

Preliminary Law Enforcement Incident Report**Page 7 of 7**

7/20/2018