COMPLAINT - SUMMONS

20 2841

COMPLAINT NUMBER			
1319	S	2020	000551
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

HOWELL TWP MUNICIPAL COURT
300 OLD TAVERN RD.
HOWELL NJ 07731-0000
732-938-4848 COUNTY OF: MONMOUTH

# of CHARGES	CO-DEFTS	POLICE CASE #:
2		C060200668

COMPLAINANT NAME: OWEN M MCCANN
NEW JERSEY STATE POLICE

THE STATE OF NEW JERSEY
VS.
MICHAEL R MORETTI
ADDRESS: 277 OLD TOMS RIVER ROAD
BRICK NJ 08723-0000

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: 09/07/1986
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: xxx-xx-x[redacted] SBI #:
TELEPHONE #: [redacted] (C)
LIVESCAN PCN #: 406111013680

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 09/01/2020 in HOWELL TWP , MONMOUTH County, NJ did:
WITHIN THE JURISDICTION OF THIS COURT, KNOWINGLY OR PURPOSELY OBTAIN OR POSSESS, ACTUALLY OR CONSTRUCTIVELY, A CONTROLLED DANGEROUS SUBSTANCE OR A CONTROLLED SUBSTANCE ANALOG CLASSIFIED IN SCHEDULE I, II, III OR IV THAT WAS NOT OBTAINED DIRECTLY, OR PURSUANT TO A VALID PRESCRIPTION OR ORDER FORM FROM A PRACTITIONER, SPECIFICALLY BY POSSESSING TWENTY (20) WAX FOLDS LABELED "COVID19" WITH A BLACK STAMP SUSPECTED CDS HEROIN IN VIOLATION OF N.J.S. 2C:35-10A (1) (A THIRD DEGREE CRIME).

WITHIN THE JURISDICTION OF THIS COURT, USE OR POSSESS WITH INTENT TO USE DRUG PARAPHERNALIA TO INHALE A CONTROLLED DANGEROUS SUBSTANCE OR CONTROLLED SUBSTANCE ANALOG OR TOXIC CHEMICAL, SPECIFICALLY BY POSSESSING TWENTY (20) WAX FOLDS WITH WHITE RESIDUE SUSPECTED CDS HEROIN, IN VIOLATION OF N.J.S. 2C:36-2 (A DISORDERLY PERSONS OFFENSE).

in violation of:

	1)	2)	3)
Original Charge	2C:35-10A(1)	2C:36-2	
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: OWEN M MCCANN Date: 09/01/2020

The complaining witness is a law enforcement officer and a judicial probable cause determination is not required prior to the issuance of this Complaint-Summons.

SUMMONS

YOU ARE HEREBY SUMMONED to appear before the Superior Court in the county of: MONMOUTH
at the following address: MONMOUTH COUNTY COURTS
71 MONUMENT PARK PO BOX 1271 FREEHOLD NJ 07728-0000
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: 09/01/2020 Appearance Date: 09/28/2020 Time: 08:30AM Phone: 732-358-8700

Signature of Person Issuing Summons: OWEN M MCCANN Date: 09/01/2020

☐ **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

NJ/CDR1 1/1/2017

COMPLAINT – SUMMONS (Court Action)

COMPLAINT NUMBER				STATE V.
1319	S	2020	000551	MICHAEL R MORETTI
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: 09/28/2020	☐ 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

	1)	2)	3)
Original Charge	2C:35-10A(1)	2C:36-2	
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:

Related Traffic Tickets and Complaints:

* 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

JUDGE'S SIGNATURE _____ DATE _____

ORIGINAL - Court Action

Affidavit of Probable Cause

COMPLAINT NUMBER			
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DRIVER'S LIC. #. [redacted] DL STATE: NJ
SOCIAL SECURITY #: xxx-xx-x[redacted] SBI #:
TELEPHONE #[redacted] (C)
LIVESCAN PCN #: 406111013680

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

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THE STATE OF NEW JERSEY
VS.
MICHAEL R MORETTI

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: _____

Preliminary Law Enforcement Incident Report

COMPLAINT NUMBER			
1319	S	2020	000551
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

HOWELL TWP MUNICIPAL COURT
300 OLD TAVERN RD.
HOWELL NJ 07731-0000
732-938-4848 COUNTY OF: MONMOUTH

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SOCIAL SECURITY #: XXX-XX-[redacted] SBI #:
TELEPHONE #: [redacted] (C)
LIVESCAN PCN #: 406111013680

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: _____