COMPLAINT - SUMMONS

COMPLAINT NUMBER: 0180 S 2022 003937

THE STATE OF NEW JERSEY
VS.
SCOTT D SHERWOOD

ATLANTIC COUNTY CENTRAL MC
5905 MAIN ST.
MAYS LANDING NJ 08330-0000
609-909-5999 COUNTY OF: ATLANTIC

ADDRESS: [redacted]
MAYS LANDING NJ 08330-0000

# of CHARGES	CO-DEFTS	POLICE CASE #:
2		22-23971

COMPLAINANT NAME: JASON C SAMARITANO [redacted]
TOMS RIVER NJ 08757

DEFENDANT INFORMATION
SEX: [redacted] EYE COLOR: [redacted] DOB: [redacted]
DRIVER'S LIC. #: [redacted] DL STATE: [redacted]
SOCIAL SECURITY #: [redacted] SBI #:
TELEPHONE #: [redacted] (W)
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 06/01/2022 in HAMILTON TWP , ATLANTIC County, NJ did:
WITHIN THE JURISDICTION OF THIS COURT, KNOWINGLY GIVE OR CAUSE TO BE GIVEN FALSE INFORMATION TO A LAW ENFORCEMENT OFFICER WITH PURPOSE TO IMPLICATE ANOTHER, SPECIFICALLY BY, STATING TO THE LAW ENFORCEMENT OFFICER THAT THE COMPLAINTANT WAS ACTING DISORDERLY AND MADE THREATS DURING AN ALTERCATION, IN VIOLATION OF,

N.J.S.A 2C:28-4A

A THIRD DEGREE CRIME

WITHIN THE JURISDICTION OF THIS COURT, REPORT OR CAUSE TO BE REPORTED TO A LAW ENFORCEMENT AUTHORITIES AN OFFENSE OR OTHER INCIDENT WITHIN THE AUTHORITY'S CONCERN, KNOWING THAT SUCH OFFENSE OR INCIDENT DID NOT OCCUR, SPECIFICALLY BY MAKING FALSE ACCUSATIONS THAT THE COMPLAINTANT WAS ACTING DISORDERLY AND MAKING THREATS AGAINST THE DEFENDANT DURING AN ALTERCATION, IN VIOLATION OF,

in violation of:

Original Charge	1) 2C:28-4A	2) 2C:28-4B(1)	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:** 9-22-22

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: ATLANTIC

at the following address: ATLANTIC SUPERIOR COURT
4997 UNAMI BLVD MAYS LANDING NJ 08330-0000

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: 10/21/2022 Time: 10:00AM Phone: 609-625-7000

Signature of Person Issuing Summons: _____ Date: _____

☐ 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

COMPLAINT NUMBER				STATE V.
0180	S	2022	003937	SCOTT D SHERWOOD
COURT CODE	PREFIX	YEAR	SEQUENCE NO.	

N.J.S.A 2C:28-4B(1)

A FOURTH DEGREE CRIME.

Original Charge			
Amended Charge			

COMPLAINT – SUMMONS (Court Action)

COMPLAINT NUMBER: 0180 S 2022 003937

STATE V.

SCOTT D SHERWOOD

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: 10/21/2022	☐ 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:28-4A	2C:28-4B(1)	
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:
ADDITIONAL COMPLAINTS FOR THE SAME INCIDENT, ORIGINAL COMPLAINT # S-2022-002473

* 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

COMPLAINT – SUMMONS (Court Action)

COMPLAINT NUMBER	STATE V.
0180 S 2022 003937	SCOTT D SHERWOOD

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: 10/21/2022	☐ 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:
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:
ADDITIONAL COMPLAINTS FOR THE SAME INCIDENT, ORIGINAL COMPLAINT # S-2022-002473

* Finding Codes
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2 – Not Guilty
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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

COMPLAINT - SUMMONS (DEFENDANT'S COPY)

COMPLAINT NUMBER

COURT CODE	PREFIX	YEAR	SEQUENCE NO.
0180	S	2022	003937

ATLANTIC COUNTY CENTRAL MC
5905 MAIN ST.
MAYS LANDING NJ 08330-0000
609-909-5999 COUNTY OF: ATLANTIC

THE STATE OF NEW JERSEY
VS.
SCOTT D SHERWOOD

ADDRESS: [redacted]
MAYS LANDING NJ 08330-0000

# of CHARGES	CO-DEFTS	POLICE CASE #:
2		22-23971

COMPLAINANT
NAME: JASON C SAMARITANO

DEFENDANT INFORMATION
SEX: [redacted] EYE COLOR: [redacted] DOB: [redacted]
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #:
TELEPHONE #: [redacted] (W)
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 06/01/2022 in HAMILTON TWP , ATLANTIC County, NJ did:
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N.J.S.A 2C:28-4A

A THIRD DEGREE CRIME

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in violation of:

	1)	2)	3)
Original Charge	2C:28-4A	2C:28-4B(1)	
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: 9-22-22

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

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at the following address: ATLANTIC SUPERIOR COURT
4997 UNAMI BLVD MAYS LANDING NJ 08330-0000

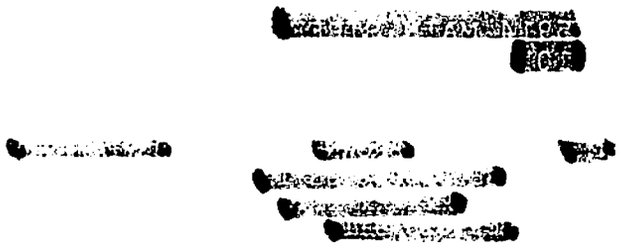
If you fail to appear on the date and at the time stated below, a warrant may be issued for your arrest.

Date of Arrest: Appearance Date: 10/21/2022 Time: 10:00AM Phone: 609-625-7000

Signature of Person Issuing Summons: _____ Date: _____

☐ **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 NUMBER			
0180	S	2022	001937

STATE V.

SCOTT D SHERWOOD

N.J.S.A 2C:28-4B(1)

A FOURTH DEGREE CRIME.

Original Charge			
Amended Charge			

RETURN OF SERVICE INFORMATION

COMPLAINT NUMBER			
0180	S	2022	003937
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

THE STATE OF NEW JERSEY
VS.
SCOTT D SHERWOOD

ATLANTIC COUNTY CENTRAL MC
5905 MAIN ST.
MAYS LANDING NJ 08330-0000
609-909-5999 COUNTY OF: ATLANTIC

ADDRESS: [redacted]
MAYS LANDING NJ 08330-0000

# of CHARGES	CO-DEFTS	POLICE CASE #:
2		22-23971

COMPLAINANT JASON C SAMARITANO
NAME: [redacted]
TOMS RIVER NJ 08757

DEFENDANT INFORMATION
SEX: [redacted] EYE COLOR: [redacted] DOB: [redacted]
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY # [redacted] SBI #:
TELEPHONE #: [redacted] (W)
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 06/01/2022 in HAMILTON TWP , ATLANTIC County, NJ did:
WITHIN THE JURISDICTION OF THIS COURT, KNOWINGLY GIVE OR CAUSE TO BE GIVEN FALSE INFORMATION TO A LAW ENFORCEMENT OFFICER WITH PURPOSE TO IMPLICATE ANOTHER, SPECIFICALLY BY, STATING TO THE LAW ENFORCEMENT OFFICER THAT THE COMPLAINTANT WAS ACTING DISORDERLY AND MADE THREATS DURING AN ALTERCATION, IN VIOLATION OF,

N.J.S.A 2C:28-4A

A THIRD DEGREE CRIME

WITHIN THE JURISDICTION OF THIS COURT, REPORT OR CAUSE TO BE REPORTED TO A LAW ENFORCEMENT AUTHORITIES AN OFFENSE OR OTHER INCIDENT WITHIN THE AUTHORITY'S CONCERN, KNOWING THAT SUCH OFFENSE OR INCIDENT DID NOT OCCUR, SPECIFICALLY BY MAKING FALSE ACCUSATIONS THAT THE COMPLAINTANT WAS ACTING DISORDERLY AND MAKING THREATS AGAINST THE DEFENDANT DURING AN ALTERCATION, IN VIOLATION OF,
in violation of:

Original Charge	1) 2C:28-4A	2) 2C:28-4B(1)	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: _____ Date of Action: _____
Name, Title and Department of Officer

RETURN OF SERVICE INFORMATION

COMPLAINT NUMBER			
0180	S	2022	003937
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

STATE V.

SCOTT D SHERWOOD

N.J.S.A 2C:28-4B(1)

A FOURTH DEGREE CRIME.

Original Charge			
Amended Charge			

Affidavit of Probable Cause

COMPLAINT NUMBER: 0180 [redacted] 2022 003937

ATLANTIC COUNTY CENTRAL MC
5905 MAIN ST.
MAYS LANDING NJ 08330-0000
609-909-5999 COUNTY OF: ATLANTIC

# of CHARGES	CO-DEFTS	POLICE CASE #:
2		22-23971

COMPLAINANT NAME: JASON C SAMARITANO [redacted]
TOMS RIVER NJ 08757

THE STATE OF NEW JERSEY
VS.
SCOTT D SHERWOOD

ADDRESS: [redacted]
MAYS LANDING NJ 08330-0000

DEFENDANT INFORMATION
SEX: [redacted] EYE COLOR: [redacted] DOB: [redacted]
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #:
TELEPHONE #: [redacted] (W)
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:

[redacted]

Affidavit of Probable Cause

COMPLAINT NUMBER			
0180	S	2022	003937
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THE STATE OF NEW JERSEY
VS.
SCOTT D SHERWOOD

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

0180 S 2022 005937

THE STATE OF NEW JERSEY

VS.

SCOTT D SHERWOOD

ADDRESS: [redacted]

MAYS LANDING NJ 08330-0000

ATLANTIC COUNTY CENTRAL MC
5905 MAIN ST.
MAYS LANDING NJ 08330-0000
609-909-5999 COUNTY OF: ATLANTIC

# of CHARGES	CO-DEFTS	POLICE CASE #:
2		[redacted]

COMPLAINANT NAME: JASON C SAMARITANO [redacted]

TOMS RIVER NJ 08757

DEFENDANT INFORMATION
SEX: [redacted] EYE COLOR: [redacted] DOB: [redacted]
DRIVER'S LIC. #: [redacted] DL STATE: [redacted]
SOCIAL SECURITY #: [redacted] SBI #:
TELEPHONE #: [redacted] (W)
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:** _____

[redacted]