



MARK MUSELLA  
Bergen County Prosecutor

# Office of the County Prosecutor

DENNIS CALO  
First Assistant Prosecutor

## County of Bergen

THOMAS MCGUIRE  
Executive Assistant Prosecutor

Two Bergen County Plaza  
Hackensack, New Jersey 07601  
(201) 646-2300

ROBERT ANZILOTTI  
Chief of Detectives

October 1, 2020

Via E-mail: Always cocacola <opra+request-16874-15a380e5@requests.opramachine.com

Re: Request for Public Records

Dear Requestor:

This is in response to your request for public records dated 09-22-20, which this office received on said date, and in which you requested the following:

- All information and outcome of criminal case of theft by deception and falsified records Against Christopher Giordano aka Courtney Breese DOB: 6-10-88

Your request is related to a closed investigation and prosecution of Christopher Giordano, A.K.A. Courtney Breese, of Monmouth Junction, NJ, who was charged with theft by deception and falsifying records.

As to your request for the case outcome, I attach the judgment of conviction which reflects the disposition of the criminal case and which appears responsive to your request. To the extent you may seek other "information", the New Jersey Open Public Records Act (OPRA) provides for access to specifically identifiable government records. *MAG Entertainment, LLC v. Division of Alcoholic Beverage Control*, 375 N.J. Super. 534 (2005). Your reference to information thus fails to identify particular government records, and is therefore improper and is otherwise vague and overboard. Please note that OPRA does not extend to requests for information, nor is it the custodian's obligation to research and analyze your submissions to discern the nature of your request. *See Bent v. Stafford Twp. Police Dep't*, 381 N.J. Super. 30, 37-39 (App. Div. 2005); *Lagerkvist v. Office of the Governor*, 443 N.J. Super. 230, 236-237 (App. Div. 2015); *Spectraserv v. Middlesex Util.*, 416 N.J. Super. 565, 576 (App. Div. 2010).

The Bergen County Prosecutor's Office also reserves the right to raise any other ground for denial not raised in this response. The failure of the Bergen County Prosecutor's Office to assert an exception or privilege does not act as a waiver of any ground for denial.



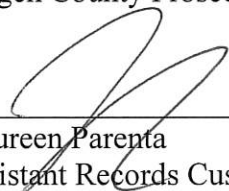
*A State Accredited and Nationally Recognized Law Enforcement Agency*

You have a right to appeal the decision that the document or documents are not public records or are otherwise exempt from disclosure. At your option, you may either institute a proceeding in the Superior Court of New Jersey or file a complaint with the Government Records Council ("GRC") by completing the Denial of Access Complaint Form. You may contact the GRC by toll-free telephone at 866-850-0511, by mail at PO Box 819, Trenton, NJ, 08625, by e-mail at [grc@dca.state.nj.us](mailto:grc@dca.state.nj.us), or at their web site at [www.state.nj.us/grc](http://www.state.nj.us/grc). The Council can also answer other questions about the law. All questions regarding complaints filed in Superior Court should be directed to the Court Clerk in your county.

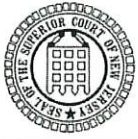
Very truly yours,

MARK MUSELLA  
Bergen County Prosecutor

By:

  
\_\_\_\_\_  
Maureen Parenta  
Assistant Records Custodian

MP/mf



## Judgment of Conviction

### Superior Court of New Jersey, BERGEN County

**State of New Jersey**
**v.**

Last Name

GIORDANO

First Name

CHRISTOPH

Middle Name

T

Also Known As

BREESE COURTNEY

Date of Birth

06/10/1988

SBI Number

984552G

Date(s) of Offense

07/27/2017

Date of Arrest

02/19/2019

PROMIS Number

19 000252-001

Date Ind / Acc / Complt Filed

08/15/2019

Original Plea

☐ Not Guilty☐ Guilty

Date of Original Plea

Adjudication By



Guilty Plea



Jury Trial Verdict



Non-Jury Trial Verdict



Dismissed / Acquitted

Date: 08/15/2019

#### Original Charges

Ind / Acc / Complt  
19-08-00739-ACount  
1

Description

THEFT BY DECEPTION-VALUE \$500-74999/GUN/MV/CDS&lt;=1KG ETC 2C:20-4

Statute

Degree

3

#### Final Charges

Ind / Acc / Complt  
19-08-00739-ACount  
1

Description

THEFT BY DECEPTION-VALUE \$500-74999/GUN/MV/CDS&lt;=1KG ETC 2C:20-4

Statute

Degree

3

#### Sentencing Statement

It is, therefore, on 12/20/2019 **ORDERED** and **ADJUDGED** that the defendant is sentenced as follows:

COUNT 1: THE DEFENDANT IS SENTENCED TO 2 YEARS OF PROBATION  
--DISMISS S-2019-60-290 ON THE STATE'S MOTION

CONDITIONS OF PROBATION:

--DNA NEEDED

--CAN TRANSFER TO MIDDLESEX COUNTY

--DEFENDANT IS TO PAY \$73,184.70 IN RESTITUTION

JAIL CREDITS OF 1 DAY



It is further **ORDERED** that the sheriff deliver the defendant to the appropriate correctional authority.

Total Custodial Term

000 Years 00 Months 000 Days

Institution Name

Total Probation Term

02 Years 00 Months

State of New Jersey v.  
GIORDANO, CHRISTOPH T

S.B.I. # 984552G Ind / Acc / Compl # 19-08-00739-A

| <b>DEDR (N.J.S.A. 2C:35-15 and 2C:35-5.11)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                  |                                                                                                                                                         |          | <b>Additional Conditions</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |        |   |        |                             |                  |                             |                  |                             |                  |                             |                  |                        |                  |                           |                  |                                                                                                                                                                                                                                                   |  |   |          |                                       |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|---|--------|-----------------------------|------------------|-----------------------------|------------------|-----------------------------|------------------|-----------------------------|------------------|------------------------|------------------|---------------------------|------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---|----------|---------------------------------------|--|--|--|
| A mandatory Drug Enforcement and Demand Reduction (DEDR) penalty is imposed for each count. (Write in number of counts for each degree.)<br><input type="checkbox"/> DEDR penalty reduction granted (N.J.S.A. 2C:35-15a(2))                                                                                                                                                                                                                                                                                                                                                                                                  |                  |                                                                                                                                                         |          | <input checked="" type="checkbox"/> The defendant is hereby ordered to provide a DNA sample and ordered to pay the costs for testing of the sample provided (N.J.S.A. 53:1-20.20 and N.J.S.A. 53:1-20.29).<br><input type="checkbox"/> The defendant is hereby sentenced to community supervision for life (CSL) if offense occurred before 1/14/04 (N.J.S.A. 2C:43-6.4).<br><input type="checkbox"/> The defendant is hereby sentenced to parole supervision for life (PSL) if offense occurred on or after 1/14/04 (N.J.S.A. 2C:43-6.4).<br><input type="checkbox"/> The defendant is hereby ordered to serve a _____ year term of parole supervision, pursuant to the No Early Release Act (NERA), which term shall begin as soon as the defendant completes the sentence of incarceration (N.J.S.A. 2C:43-7.2).<br><input type="checkbox"/> The court imposes a Drug Offender Restraining Order (DORO) (N.J.S.A. 2C:35-5.7h). DORO expires _____<br><input type="checkbox"/> The court continues/imposes a Sex Offender Restraining Order (SORO) if the offense occurred on or after 8/7/07 (Nicole's Law N.J.S.A. 2C:14-12 or N.J.S.A. 2C:44-8).<br><input type="checkbox"/> The court imposes a Stalking Restraining Order (N.J.S.A. 2C:12-10.1).<br><input type="checkbox"/> The defendant is prohibited from purchasing, owning, possessing, or controlling a firearm and from receiving or retaining a firearms purchaser identification card or permit to purchase a handgun (N.J.S.A. 2C:25-27c(1)). |        |   |        |                             |                  |                             |                  |                             |                  |                             |                  |                        |                  |                           |                  |                                                                                                                                                                                                                                                   |  |   |          |                                       |  |  |  |
| <table border="0" style="width: 100%;"> <tr> <th style="text-align: left;">Standard</th> <th style="text-align: left;">Doubled</th> </tr> <tr> <td>1st Degree _____ @ \$ _____</td> <td>_____ @ \$ _____</td> </tr> <tr> <td>2nd Degree _____ @ \$ _____</td> <td>_____ @ \$ _____</td> </tr> <tr> <td>3rd Degree _____ @ \$ _____</td> <td>_____ @ \$ _____</td> </tr> <tr> <td>4th Degree _____ @ \$ _____</td> <td>_____ @ \$ _____</td> </tr> <tr> <td>DP or _____ @ \$ _____</td> <td>_____ @ \$ _____</td> </tr> <tr> <td>Petty DP _____ @ \$ _____</td> <td>_____ @ \$ _____</td> </tr> </table>                      |                  | Standard                                                                                                                                                | Doubled  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        |   |        | 1st Degree _____ @ \$ _____ | _____ @ \$ _____ | 2nd Degree _____ @ \$ _____ | _____ @ \$ _____ | 3rd Degree _____ @ \$ _____ | _____ @ \$ _____ | 4th Degree _____ @ \$ _____ | _____ @ \$ _____ | DP or _____ @ \$ _____ | _____ @ \$ _____ | Petty DP _____ @ \$ _____ | _____ @ \$ _____ | <b>Total DEDR Penalty \$ _____</b><br><input type="checkbox"/> The court further ORDERS that collection of the DEDR penalty be suspended upon defendant's entry into a residential drug program for the term of the program. (N.J.S.A. 2C:35-15e) |  |   |          |                                       |  |  |  |
| Standard                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Doubled          |                                                                                                                                                         |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        |   |        |                             |                  |                             |                  |                             |                  |                             |                  |                        |                  |                           |                  |                                                                                                                                                                                                                                                   |  |   |          |                                       |  |  |  |
| 1st Degree _____ @ \$ _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | _____ @ \$ _____ |                                                                                                                                                         |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        |   |        |                             |                  |                             |                  |                             |                  |                             |                  |                        |                  |                           |                  |                                                                                                                                                                                                                                                   |  |   |          |                                       |  |  |  |
| 2nd Degree _____ @ \$ _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | _____ @ \$ _____ |                                                                                                                                                         |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        |   |        |                             |                  |                             |                  |                             |                  |                             |                  |                        |                  |                           |                  |                                                                                                                                                                                                                                                   |  |   |          |                                       |  |  |  |
| 3rd Degree _____ @ \$ _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | _____ @ \$ _____ |                                                                                                                                                         |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        |   |        |                             |                  |                             |                  |                             |                  |                             |                  |                        |                  |                           |                  |                                                                                                                                                                                                                                                   |  |   |          |                                       |  |  |  |
| 4th Degree _____ @ \$ _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | _____ @ \$ _____ |                                                                                                                                                         |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        |   |        |                             |                  |                             |                  |                             |                  |                             |                  |                        |                  |                           |                  |                                                                                                                                                                                                                                                   |  |   |          |                                       |  |  |  |
| DP or _____ @ \$ _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | _____ @ \$ _____ |                                                                                                                                                         |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        |   |        |                             |                  |                             |                  |                             |                  |                             |                  |                        |                  |                           |                  |                                                                                                                                                                                                                                                   |  |   |          |                                       |  |  |  |
| Petty DP _____ @ \$ _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | _____ @ \$ _____ |                                                                                                                                                         |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        |   |        |                             |                  |                             |                  |                             |                  |                             |                  |                        |                  |                           |                  |                                                                                                                                                                                                                                                   |  |   |          |                                       |  |  |  |
| Forensic Laboratory Fee (N.J.S.A. 2C:35-20) _____<br>Offenses @ \$ _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                  | Total Lab Fee \$ _____                                                                                                                                  |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        |   |        |                             |                  |                             |                  |                             |                  |                             |                  |                        |                  |                           |                  |                                                                                                                                                                                                                                                   |  |   |          |                                       |  |  |  |
| <b>VCCO Assessment (N.J.S.A. 2C:43-3.1)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  |                                                                                                                                                         |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        |   |        |                             |                  |                             |                  |                             |                  |                             |                  |                        |                  |                           |                  |                                                                                                                                                                                                                                                   |  |   |          |                                       |  |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Counts</th> <th style="width: 10%;">Number</th> <th style="width: 10%;">@</th> <th style="width: 60%;">Amount</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>1</td> <td>@</td> <td>\$ 50.00</td> </tr> <tr> <td> </td> <td> </td> <td>@</td> <td>\$ _____</td> </tr> <tr> <td> </td> <td> </td> <td>@</td> <td>\$ _____</td> </tr> <tr> <td> </td> <td> </td> <td>@</td> <td>\$ _____</td> </tr> <tr> <td colspan="4" style="text-align: right;"><b>Total VCCO Assessment \$ 50.00</b></td> </tr> </tbody> </table> |                  |                                                                                                                                                         |          | Counts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Number | @ | Amount | 1                           | 1                | @                           | \$ 50.00         |                             |                  | @                           | \$ _____         |                        |                  | @                         | \$ _____         |                                                                                                                                                                                                                                                   |  | @ | \$ _____ | <b>Total VCCO Assessment \$ 50.00</b> |  |  |  |
| Counts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Number           | @                                                                                                                                                       | Amount   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        |   |        |                             |                  |                             |                  |                             |                  |                             |                  |                        |                  |                           |                  |                                                                                                                                                                                                                                                   |  |   |          |                                       |  |  |  |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1                | @                                                                                                                                                       | \$ 50.00 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        |   |        |                             |                  |                             |                  |                             |                  |                             |                  |                        |                  |                           |                  |                                                                                                                                                                                                                                                   |  |   |          |                                       |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                  | @                                                                                                                                                       | \$ _____ |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        |   |        |                             |                  |                             |                  |                             |                  |                             |                  |                        |                  |                           |                  |                                                                                                                                                                                                                                                   |  |   |          |                                       |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                  | @                                                                                                                                                       | \$ _____ |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        |   |        |                             |                  |                             |                  |                             |                  |                             |                  |                        |                  |                           |                  |                                                                                                                                                                                                                                                   |  |   |          |                                       |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                  | @                                                                                                                                                       | \$ _____ |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        |   |        |                             |                  |                             |                  |                             |                  |                             |                  |                        |                  |                           |                  |                                                                                                                                                                                                                                                   |  |   |          |                                       |  |  |  |
| <b>Total VCCO Assessment \$ 50.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                  |                                                                                                                                                         |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        |   |        |                             |                  |                             |                  |                             |                  |                             |                  |                        |                  |                           |                  |                                                                                                                                                                                                                                                   |  |   |          |                                       |  |  |  |
| <b>Vehicle Theft / Unlawful Taking Penalty (N.J.S.A. 2C:20-2.1)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                  |                                                                                                                                                         |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        |   |        |                             |                  |                             |                  |                             |                  |                             |                  |                        |                  |                           |                  |                                                                                                                                                                                                                                                   |  |   |          |                                       |  |  |  |
| Offense _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  | Mandatory Penalty \$ _____                                                                                                                              |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        |   |        |                             |                  |                             |                  |                             |                  |                             |                  |                        |                  |                           |                  |                                                                                                                                                                                                                                                   |  |   |          |                                       |  |  |  |
| <b>Offense Based Penalties</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                  |                                                                                                                                                         |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        |   |        |                             |                  |                             |                  |                             |                  |                             |                  |                        |                  |                           |                  |                                                                                                                                                                                                                                                   |  |   |          |                                       |  |  |  |
| Penalty _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  | Amount \$ _____                                                                                                                                         |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        |   |        |                             |                  |                             |                  |                             |                  |                             |                  |                        |                  |                           |                  |                                                                                                                                                                                                                                                   |  |   |          |                                       |  |  |  |
| <b>Other Fees and Penalties</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                  |                                                                                                                                                         |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        |   |        |                             |                  |                             |                  |                             |                  |                             |                  |                        |                  |                           |                  |                                                                                                                                                                                                                                                   |  |   |          |                                       |  |  |  |
| Law Enforcement Officers Training and Equipment Fund Penalty (N.J.S.A. 2C:43-3.3)<br><input checked="" type="checkbox"/> \$ 30.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                  | Safe Neighborhoods Services Fund Assessment (N.J.S.A. 2C:43-3.2)<br><input checked="" type="checkbox"/> 1 Offenses @ \$ 75.00<br><b>Total: \$ 75.00</b> |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        |   |        |                             |                  |                             |                  |                             |                  |                             |                  |                        |                  |                           |                  |                                                                                                                                                                                                                                                   |  |   |          |                                       |  |  |  |
| Probation Supervision Fee (N.J.S.A. 2C:45-1d)<br><input checked="" type="checkbox"/> \$ 10.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  | Statewide Sexual Assault Nurse Examiner Program Penalty (N.J.S.A. 2C:43-3.6)<br><input type="checkbox"/> Offenses @ \$ _____<br><b>Total \$ _____</b>   |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        |   |        |                             |                  |                             |                  |                             |                  |                             |                  |                        |                  |                           |                  |                                                                                                                                                                                                                                                   |  |   |          |                                       |  |  |  |
| Transaction Fee (N.J.S.A. 2C:46-1.1)<br><input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                  | Certain Sexual Offenders Surcharge (N.J.S.A. 2C:43-3.7)<br><input type="checkbox"/> \$ _____                                                            |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        |   |        |                             |                  |                             |                  |                             |                  |                             |                  |                        |                  |                           |                  |                                                                                                                                                                                                                                                   |  |   |          |                                       |  |  |  |
| Domestic Violence Offender Surcharge (N.J.S.A. 2C:25-29.4)<br><input type="checkbox"/> \$ _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                  | Sex Crime Victim Treatment Fund Penalty (N.J.S.A. 2C:14-10)<br><input type="checkbox"/> \$ _____                                                        |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        |   |        |                             |                  |                             |                  |                             |                  |                             |                  |                        |                  |                           |                  |                                                                                                                                                                                                                                                   |  |   |          |                                       |  |  |  |
| Fine \$ _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  | Restitution Joint & Several<br>\$ 73,184.70 <input type="checkbox"/>                                                                                    |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        |   |        |                             |                  |                             |                  |                             |                  |                             |                  |                        |                  |                           |                  |                                                                                                                                                                                                                                                   |  |   |          |                                       |  |  |  |
| Total Financial Obligation \$ 73,339.70                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                  | Date of Birth _____ Sex <input type="checkbox"/> M <input type="checkbox"/> F Eye Color _____                                                           |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        |   |        |                             |                  |                             |                  |                             |                  |                             |                  |                        |                  |                           |                  |                                                                                                                                                                                                                                                   |  |   |          |                                       |  |  |  |
| Details<br>PAYMENT SCHEDULE AS FOLLOWS: DEFENDANT WILL PAY FINES TODAY.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                  |                                                                                                                                                         |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        |   |        |                             |                  |                             |                  |                             |                  |                             |                  |                        |                  |                           |                  |                                                                                                                                                                                                                                                   |  |   |          |                                       |  |  |  |

State of New Jersey v.  
GIORDANO, CHRISTOPH T

S.B.I. # 984552G Ind / Acc / Compl # 19-08-00739-A

**Time Credits**

| Time Spent in Custody   | Gap Time Spent in Custody | Prior Service Credit |
|-------------------------|---------------------------|----------------------|
| R. 3:21-8               | N.J.S.A. 2C:44-5b(2)      |                      |
| Date: From - To         | Date: From - To           | Date: From - To      |
| 02/19/2019 - 02/19/2019 | -                         | -                    |
| -                       | -                         | -                    |
| -                       | -                         | -                    |
| -                       | -                         | -                    |
| -                       | -                         | -                    |
| -                       | -                         | -                    |
| -                       | -                         | -                    |
| -                       | -                         | -                    |
| -                       | -                         | -                    |
| -                       | -                         | -                    |
| -                       | -                         | -                    |
| -                       | -                         | -                    |
| Total Number of Days 1  | Total Number of Days      | Total Number of Days |

**Statement of Reasons - Include all applicable aggravating and mitigating factors**

## AGGRAVATING FACTORS

9. The need for deterring the defendant and others from violating the law.

## MITIGATING FACTORS

8. The defendant's conduct was the result of circumstances unlikely to recur.

9. The character and attitude of the defendant indicate that he/she is unlikely to commit another offense.

10. The defendant is particularly likely to respond affirmatively to probationary treatment.

AGGRAVATING FACTORS OUTWEIGH MITIGATING FACTORS.

ALL JAIL CREDITS AS AGREED UPON BETWEEN THE PARTIES.

Attorney for Defendant at Sentencing

JASON A VOLET

Public Defender

☐ Yes ☒ No

Prosecutor at Sentencing

AVON MORGAN

Deputy Attorney General

☐ Yes ☒ No

Judge at Sentencing

Keith A. Bachmann, JSC

Judge (Signature)

/s Keith A. Bachmann, JSC

Date

12/31/2019