OFFICE OF THE PROSECUTOR

County of Atlantic

4997 Unami Boulevard
P.O. Box 2002
Mays Landing, NJ 08330

(609) 909-7900 • Fax: (609) 909-7806

William E. Reynolds
Prosecutor

May 15, 2023

John Paff
opra+request-42690-a9827a3a@requests.opramachine.com

Re: Open Public Records Act Request #23-33

Dear Mr. Paff:

This letter is in response to your public records request under the Open Public Records Act and common law, received by this agency via email on May 14, 2023, seeking "[t]he CDR-1, CDR-2 or other form of complaint issued in State v. Frankowski, Complaint No. 0102-S-2018-003260" and "[t]he judgment of conviction, dismissal, plea bargain or other record that shows the disposition of the above-mentioned complaint."

Please find enclosed the complaint and a dismissal order.

Very truly yours,

John J. Santoliquido
Assistant Prosecutor
Custodian of Records

Enclosures

COMPLAINT - SUMMONS

COMPLAINT NUMBER			
0102	S	2018	003260
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

ATLANTIC CITY MUNICIPAL COURT
2715 ATLANTIC AVE
ATLANTIC CITY NJ 08401-0000
609-347-5560 COUNTY OF: ATLANTIC

THE STATE OF NEW JERSEY
VS.
MATTHEW B FRANKOWSKI

ADDRESS: 137 4TH AVE
MOUNT EPHRAIM NJ 08059-0000

# of CHARGES	CO-DEFTS	POLICE CASE #:
1		1809-0868

COMPLAINANT NAME: THOMAS HARDING
1 BORGATA WAY
ATLANTIC CITY NJ 08401

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: 11/08/1977
DRIVER'S LIC. #. [redacted] DL STATE: NJ
SOCIAL SECURITY #: xxx-xx-[redacted] SBI #:
TELEPHONE #: ( )
LIVESCAN PCN #:

By certification or on oath, the complainant says that to the best of his/her knowledge, information and belief the named defendant on or about 11/17/2017 in ATLANTIC CITY, ATLANTIC County, NJ did:

WITHIN THE JURISDICTION OF THIS COURT, COMMIT THE OFFENSE OF THEFT BY PURPOSELY OBTAINING SERVICES, TO WIT A BILL FOR PREMIER AND BORGATA HOTEL AND CASINO, WITHOUT PAYMENT OR OFFER TO PAY BY SPECIFY OTHER MEANS, KNOWING THE SERVICES ARE ONLY AVAILABLE FOR COMPENSATION, SPECIFICALLY BY RUNNING UP A BILL AT PREMIER NIGHT CLUB AND BORGATA CASINO AND HOTEL AND ONLY PAYING A PORTION OF THE BILL LEAVING AN OUTSTANDING BALANCE OF $3012.26 INCLUDING FINANCE CHARGES.
THIS IS IN VIOLATION N.J.S. 2C:20-8A. THIS IS A THIRD DEGREE CRIME.

in violation of:

Original Charge	1) 2C:20-8A	2)	3)
Amended Charge			

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

Signed: _____ **Date:** _____

PROBABLE CAUSE DETERMINATION AND ISSUANCE OF SUMMONS

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

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

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

_____ _____
Signature of Judge — Date

SUMMONS

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

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

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

Date of Arrest: Appearance Date: 10/19/2018 Time: 10:00AM Phone: 609-625-7000

Signature of Person Issuing Summons: HARRIETT EASTON JUDICIAL OFFICER Date: 09/21/2018

☐ **Domestic Violence – Confidential** ☐ **Related Traffic Tickets or Other Complaints** ☐ **Serious Personal Injury/ Death Involved**

Special conditions of release:
☐ **No phone, mail or other personal contact w/victim**
☐ **No possession firearms/weapons**
☐ **Other** (specify): _____

ORIGINAL

COMPLAINT – SUMMONS (Court Action)

COMPLAINT NUMBER				STATE V.
0102	S	2018	003260	MATTHEW B FRANKOWSKI
COURT CODE	PREFIX	YEAR	SEQUENCE NO.	

FTA Bail Information	Date Bail Set:	Amount Bail Set: $_____ by:_____	❑ Bail Recog. Attached

Released on Bail	R.O.R.	Committed Default	Committed w/o Bail	Place Committed:	Date Referred to County Prosecutor: _____

Date of First Appearance: 10/19/2018	❑ Advised of Rights by_____	Defendant Desires Counsel: ❑ Yes ❑ No

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

Original Charge	1) 2C:20-8A	2)	3)
Amended Charge			
Waiver Indt/Jury			
Plea/Date of Plea	Plea: Date:	Plea: Date:	Plea: Date:
Adjudication (* see code)	Finding Code: Date:	Finding Code: Date:	Finding Code: Date:
Jail Term	Jail time credit / Susp. Imp	Jail time credit / Susp. Imp	Jail time credit / Susp. Imp
Probation Term	Susp. Imp	Susp. Imp	Susp. Imp
Cond. Discharge Term			
Community Service			
D/L Suspension Term			
Fines/Costs	Fines: Costs:	Fines: Costs:	Fines: Costs:
VCCB/SNSF	VCCB: SNSF:	VCCB: SNSF:	VCCB: SNSF:
DEDR/Lab Fee	DEDR: LAB:	DEDR: LAB:	DEDR: LAB:
CD Fee/Drug Ed Fnd	CD: DAEF:	CD: DAEF:	CD: DAEF:
DV Surch/Other Fees	DV: Other:	DV: Other:	DV: Other:
Restitution Beneficiary:_____			

Miscellaneous Information, Adjournments, Companion Complaints, Co-Defendants, Case Notes:

Related Traffic Tickets and Complaints:

* Finding Codes
1 – Guilty
2 – Not Guilty
3 – Dismissed – Other
4 – Guilty but Merged
5 – Dismissed-Rule
6 – Dismissed Lack of Prosecution
7 – Dismissed – Pros Motion/Vic Req
8 – Conditional Discharge
D – Dismissed- Prosecutor Discretion
M – Dismissed- Mediation
P - Dismissed-Plea Agreement
S – Disposed at Superior
W – Dismissed-False ID

_____ JUDGE'S SIGNATURE

_____ DATE

ORIGINAL - Court Action

NJ/CDR1 1/1/2017

ACPO/18003945/0000009

COMPLAINT - SUMMONS (DEFENDANT'S COPY)

COMPLAINT NUMBER			
0102	S	2018	003260
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

ATLANTIC CITY MUNICIPAL COURT
2715 ATLANTIC AVE
ATLANTIC CITY NJ 08401-0000
609-347-5560 COUNTY OF: ATLANTIC

THE STATE OF NEW JERSEY
VS.
MATTHEW B FRANKOWSKI

ADDRESS: 137 4TH AVE
MOUNT EPHRAIM NJ 08059-0000

# of CHARGES	CO-DEFTS	POLICE CASE #:
1		1809-0868

COMPLAINANT
NAME: THOMAS HARDING

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: 11/08/1977
DRIVER'S LIC. #. [redacted] DL STATE: NJ
SOCIAL SECURITY #: xxx-xx-[redacted] SBI #:
TELEPHONE #: ( )
LIVESCAN PCN #:

By certification or on oath, the complainant says that to the best of his/her knowledge, information and belief the named defendant on or about **11/17/2017** in **ATLANTIC CITY**, **ATLANTIC** County, **NJ** did:

WITHIN THE JURISDICTION OF THIS COURT, COMMIT THE OFFENSE OF THEFT BY PURPOSELY OBTAINING SERVICES, TO WIT A BILL FOR PREMIER AND BORGATA HOTEL AND CASINO, WITHOUT PAYMENT OR OFFER TO PAY BY SPECIFY OTHER MEANS, KNOWING THE SERVICES ARE ONLY AVAILABLE FOR COMPENSATION, SPECIFICALLY BY RUNNING UP A BILL AT PREMIER NIGHT CLUB AND BORGATA CASINO AND HOTEL AND ONLY PAYING A PORTION OF THE BILL LEAVING AN OUTSTANDING BALANCE OF $3012.26 INCLUDING FINANCE CHARGES.
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in violation of:

	1)	2)	3)
Original Charge	2C:20-8A		
Amended Charge			

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

Signed: _____ **Date:** _____

PROBABLE CAUSE DETERMINATION AND ISSUANCE OF SUMMONS

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

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

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

_____ _____
Signature of Judge | Date

SUMMONS

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☐ **Domestic Violence – Confidential**

☐ **Related Traffic Tickets or Other Complaints**

☐ **Serious Personal Injury/ Death Involved**

Special conditions of release:
☐ **No phone, mail or other personal contact w/victim**
☐ **No possession firearms/weapons**
☐ **Other** (specify): _____

RETURN OF SERVICE INFORMATION

COMPLAINT NUMBER			
0102	S	2018	003260
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

ATLANTIC CITY MUNICIPAL COURT
2715 ATLANTIC AVE
ATLANTIC CITY NJ 08401-0000
609-347-5560 COUNTY OF: ATLANTIC

THE STATE OF NEW JERSEY
VS.
MATTHEW B FRANKOWSKI

ADDRESS :
137 4TH AVE
MOUNT EPHRAIM NJ 08059-0000

# of CHARGES	CO-DEFTS	POLICE CASE #:
1		1809-0868

COMPLAINANT NAME: THOMAS HARDING
1 BORGATA WAY
ATLANTIC CITY NJ 08401

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: 11/08/1977
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY # xxx-xx-[redacted] SBI #:
TELEPHONE #: ( )
LIVESCAN PCN #:

By certification or on oath, the complainant says that to the best of his/her knowledge, information and belief the named defendant on or about **11/17/2017 in ATLANTIC CITY , ATLANTIC County, NJ** did:

WITHIN THE JURISDICTION OF THIS COURT, COMMIT THE OFFENSE OF THEFT BY PURPOSELY OBTAINING SERVICES, TO WIT A BILL FOR PREMIER AND BORGATA HOTEL AND CASINO, WITHOUT PAYMENT OR OFFER TO PAY BY SPECIFY OTHER MEANS, KNOWING THE SERVICES ARE ONLY AVAILABLE FOR COMPENSATION, SPECIFICALLY BY RUNNING UP A BILL AT PREMIER NIGHT CLUB AND BORGATA CASINO AND HOTEL AND ONLY PAYING A PORTION OF THE BILL LEAVING AN OUTSTANDING BALANCE OF $3012.26 INCLUDING FINANCE CHARGES.
THIS IS IN VIOLATION N.J.S. 2C:20-8A. THIS IS A THIRD DEGREE CRIME.

in violation of:

Original Charge	1) 2C:20-8A	2)	3)

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

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

Affidavit of Probable Cause

COMPLAINT NUMBER			
0102	S	2018	003260
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

ATLANTIC CITY MUNICIPAL COURT
2715 ATLANTIC AVE
ATLANTIC CITY NJ 08401-0000
609-347-5560 COUNTY OF: ATLANTIC

# of CHARGES	CO-DEFTS	POLICE CASE #:
1		1809-0868

COMPLAINANT NAME: THOMAS HARDING
1 BORGATA WAY
ATLANTIC CITY NJ 08401

THE STATE OF NEW JERSEY
VS.
MATTHEW B FRANKOWSKI

ADDRESS: 137 4TH AVE
MOUNT EPHRAIM NJ 08059-0000

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: 11/08/1977
DRIVER'S LIC. #[redacted] DL STATE: NJ
SOCIAL SECURITY #: xxx-xx-[redacted] SBI #:
TELEPHONE #: ( )
LIVESCAN PCN #:

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

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

Affidavit of Probable Cause

COMPLAINT NUMBER			
0102	S	2018	003260
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

THE STATE OF NEW JERSEY
VS.
MATTHEW B FRANKOWSKI

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

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

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

Signed: _____ Date: **09/20/2018**

Preliminary Law Enforcement Incident Report

COMPLAINT NUMBER			
0102	S	2018	003260
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

ATLANTIC CITY MUNICIPAL COURT
2715 ATLANTIC AVE
ATLANTIC CITY NJ 08401-0000
609-347-5560 COUNTY OF: ATLANTIC

THE STATE OF NEW JERSEY
VS.
MATTHEW B FRANKOWSKI

ADDRESS: 137 4TH AVE
MOUNT EPHRAIM NJ 08059-0000

# of CHARGES	CO-DEFTS	POLICE CASE #:
1		1809-0868

COMPLAINANT NAME: THOMAS HARDING
1 BORGATA WAY
ATLANTIC CITY NJ 08401

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: 11/08/1977
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: xxx-xx-[redacted] SBI #:
TELEPHONE #: ( )
LIVESCAN PCN #:

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

Certification:

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

Signed: _____ **Date:** _____

State of New Jersey

V.

Matthew B. Frankowski
Defendant

Superior Court of New Jersey
Atlantic County
Complaint/Indictment/Accusation Number(s)
18-10-01781-I
S-2018-003260-0102
PROMIS Number 18 003945-001
CAPS ID Number F-34948
Probation Officer Tara Johnson

Pretrial Intervention Program

1) **Order of Dismissal**
2) **Order to Discharge Bail**
3) **Order of Entry of Civil Judgment by Confession**

Upon application of the Vicinage Chief Probation Officer for an Order to dismiss the above captioned Complaint(s)/Indictment(s)/Accusation(s) and having considered the report of the Pretrial Intervention Program concerning the defendant's participation and with consent of the Prosecutor and the defendant;

It is on this 13 day of January, 2020 **ORDERED** that the Complaint(s)/ Indictment(s)/Accusation(s) is/are hereby dismissed Pursuant to *R.* 3:28-7(b)(1) without cost to the defendant.

It is further **ORDERED** that any bail posted in this matter is discharged.

It is further **ORDERED** that, the defendant having given consent as a condition of the dismissal of charges, the Clerk of the Superior Court shall record this Order in the Civil Judgment and Order Docket pursuant to *R.* 4:101 as a Civil Judgment by Confession in favor of the Camden County Probation Division and against the defendant in the amount of 2537.26.

Judge of the Superior Court
SARAH BETH JOHNSON, J.S.C.

I hereby consent to the entry of this Order.

Defendant: Matthew B. Frankowski

Prosecutor

Attach Certification of Amount Due

Distribution: Criminal Division, Finance Division, Probation Division, Prosecutor, Defense Attorney, Defendant