



OFFICE OF THE PROSECUTOR

County of Atlantic

4997 Unami Boulevard

P.O. Box 2002

Mays Landing, NJ 08330

William E. Reynolds

Prosecutor

(609) 909-7900 • Fax: (609) 909-7806

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

THE STATE OF NEW JERSEY
VS.

MATTHEW B FRANKOWSKI

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

By certification or on oath, the complainant says that to the best of his/her knowledge, information and belief the named defendant on or about **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

0102 **S** **2018** **003260**

STATE V.

MATTHEW B FRANKOWSKI

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:

* Finding Codes

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

Related Traffic Tickets and Complaints:

JUDGE'S SIGNATURE

DATE

ORIGINAL - Court Action

Page 2 of 7

NJ/CDR1 1/1/2017

ACPO/18003945/00000009

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**

of CHARGES
1

CO-DEFTS

POLICE CASE #:
1809-0868

COMPLAINANT

NAME: **THOMAS HARDING***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. #:

DL STATE: **NJ**SOCIAL SECURITY #: **xxx-xx-**

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

SUMMONSYOU 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 OFFICERDate: **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):****COMPLAINT - SUMMONS (DEFENDANT'S COPY)**

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			
# of CHARGES 1	CO-DEFTS	POLICE CASE #: 1809-0868	
COMPLAINANT THOMAS HARDING NAME: 1 BORGATA WAY ATLANTIC CITY NJ 08401			
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 #:			

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

ACP01/18003945/00000011

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

1

CO-DEFTS

POLICE CASE #:

1809-0868COMPLAINANT **THOMAS HARDING**NAME: **1 BORGATA WAY****ATLANTIC CITY****NJ 08401**

ADDRESS:

137 4TH AVE**MOUNT EPHRAIM****NJ 08059-0000**

DEFENDANT INFORMATION

SEX: **M** EYE COLOR: **BROWN**DOB: **11/08/1977**

DRIVER'S LIC. #

DL STATE: **NJ**SOCIAL SECURITY #: **xxx-xx-**

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**Page 5 of 7**

1/1/2017

ACPO/18003945/00000012

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**

Affidavit of Probable Cause

Page 6 of 7

1/1/2017

ACPO/18003945/00000013

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

of CHARGES

1

CO-DEFTS

POLICE CASE #:

1809-0868COMPLAINANT **THOMAS HARDING**

NAME:

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. #:

DL STATE: **NJ**SOCIAL SECURITY #: **xxx-xx-**

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: _____

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

7/20/2018

ACPO/18003945/00000014

State of New Jersey

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

V.

Matthew B. Frankowski

Defendant

Pretrial Intervention Program

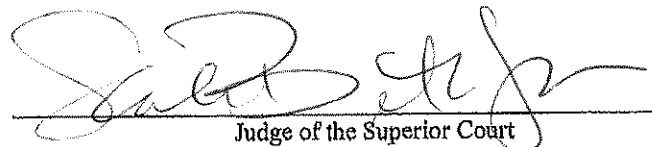
- 1) Order of Dismissal
- 2) Order to Discharge Bail
- 3) Order of Entry of Civil Judgment by Confession

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.

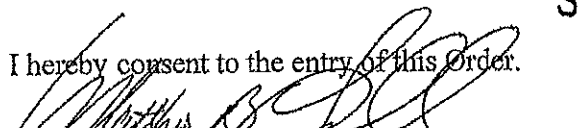
It is further **ORDERED** that any bail posted in this matter is discharged.

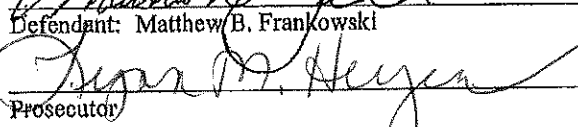
It is further **ORDERED** that, the defendant having given consent as a condition of the dismissal of charges, the Clerk of the Superior Court shall record this Order in the Civil Judgment and Order Docket pursuant to R. 4:101 as a Civil Judgment by Confession in favor of the Camden County Probation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